



PATIENT

Ceres Singh

SPECIES

Feline

BREED

Domestic Medium Hair

SEX

Neutered male

AGE

4 years

WEIGHT

8 lbs

INTERPRETED BY

Alicia Angosto
Guerrero, DMV,
PgDip, MSc.

IMAGING PERFORMED BY

Raj Singh

HOSPITAL NAME

Oakridge VC

REFERRING VET

Dr. Singh

INVOICE

74834

DATE

4/24/26

PRESENTING CLINICAL SIGNS

History: 4yo MN Domestic Medium Hair presenting for intermittent vomiting bile and hairballs. P has a hx of not eating very much, and vomiting after eating dry kibble too fast. Smaller, more frequent meals have helped but in past week has been increased. Mildly dehydrated on physical exam. Bloodwork unremarkable. Hx of hit by car and inguinal hernia repair in 2022.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is normally distended. The bladder wall is thin and smooth. The luminal contents are anechoic. The bladder neck and proximal urethra appear normal. No uroliths or ultrasonographic evidence of inflammatory or proliferative/neoplastic changes are identified.

The left kidney measures 3.06×1.67 cm, with a cortical thickness of 0.21 cm in the sagittal plane. The right kidney measures 3.34×2.27 cm, with a cortical thickness of 0.25 cm. Both kidneys are normal in shape and size for a cat. The cortex is mildly hyperechoic relative to the liver. The corticomedullary ratio is preserved, and corticomedullary definition is maintained. No pyelectasia, nephrolithiasis, or hydronephrosis is identified. Doppler color demonstrates a normal vascular pattern.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.22 cm at the cranial pole and 0.25 cm at the caudal pole. The right adrenal gland measures 0.21 cm at the cranial pole and 0.20 cm at the caudal pole.

Spleen

Splenic thickness is 0.78 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

Liver

The liver is subjectively normal in size, with sharp edges and a regular contour. The liver parenchyma looks uniform and isoechoic compared to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is observed.

The gallbladder lumen is moderately distended. The wall is thin and the contents are primarily anechoic. No evident dilation of the cystic duct or common bile duct is observed.

Gastrointestinal

The stomach is empty and folded, with a mural thickness of 1.63 mm and preserved wall layering (within normal limits). A small amount of luminal fluid is present in the pyloric region. The pylorus measures



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2.45 mm. Duodenum: 1.71 mm. Jejunum: 1.84 mm (mucosa 1.03 mm, submucosa 0.40 mm, muscularis 0.18 mm). Ileum: 2.16 mm (mucosa 0.85 mm, submucosa 0.80 mm, muscularis 0.69 mm). The ileocecal junction measures 2.29 mm (muscularis 0.67 mm). Wall layering is preserved throughout. No ultrasonographic evidence of inflammation, ileus, or foreign material is identified. The colon measures approximately 0.78 mm, within normal limits, with formed feces present.

Pancreas

The pancreas measures approximately 5.5 mm in thickness and appears isoechoic relative to the surrounding fat. The pancreatic duct measures approximately 0.75 mm, within normal limits. No ultrasonographic evidence of pancreatitis or focal mass lesions is identified.

Free Abdomen

No sonographic evidence of abdominal effusion, peritonitis, or lymphadenomegaly is identified. The iliac trifurcation is normal.

PRIMARY FINDINGS

- Mild diffuse renal cortical hyperechogenicity.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This is a largely unremarkable abdominal ultrasound, with no significant structural abnormalities identified to explain the patient's intermittent vomiting.

The gastrointestinal tract appears within normal limits, with preserved wall layering and no evidence of obstruction, inflammation, or infiltrative disease. The pancreas is unremarkable, and there is no ultrasonographic evidence of pancreatitis.

Mild diffuse renal cortical hyperechogenicity is noted bilaterally. This is a nonspecific finding, which may be incidental or reflect mild or early renal changes, and should be interpreted in light of clinical and laboratory findings.

Overall, the findings are most consistent with a functional or mild gastrointestinal disorder that does not produce significant ultrasonographic changes.

Recommendations

- Dietary and feeding management.
- Measurement of feline pancreatic lipase (fPLI) may be considered if clinical signs persist or if there is ongoing concern for pancreatitis, as ultrasonography may not detect mild disease.
- If clinical signs persist or worsen, further evaluation (gastrointestinal panel, trial therapy, or repeat imaging) may be considered.
- Monitor renal values.



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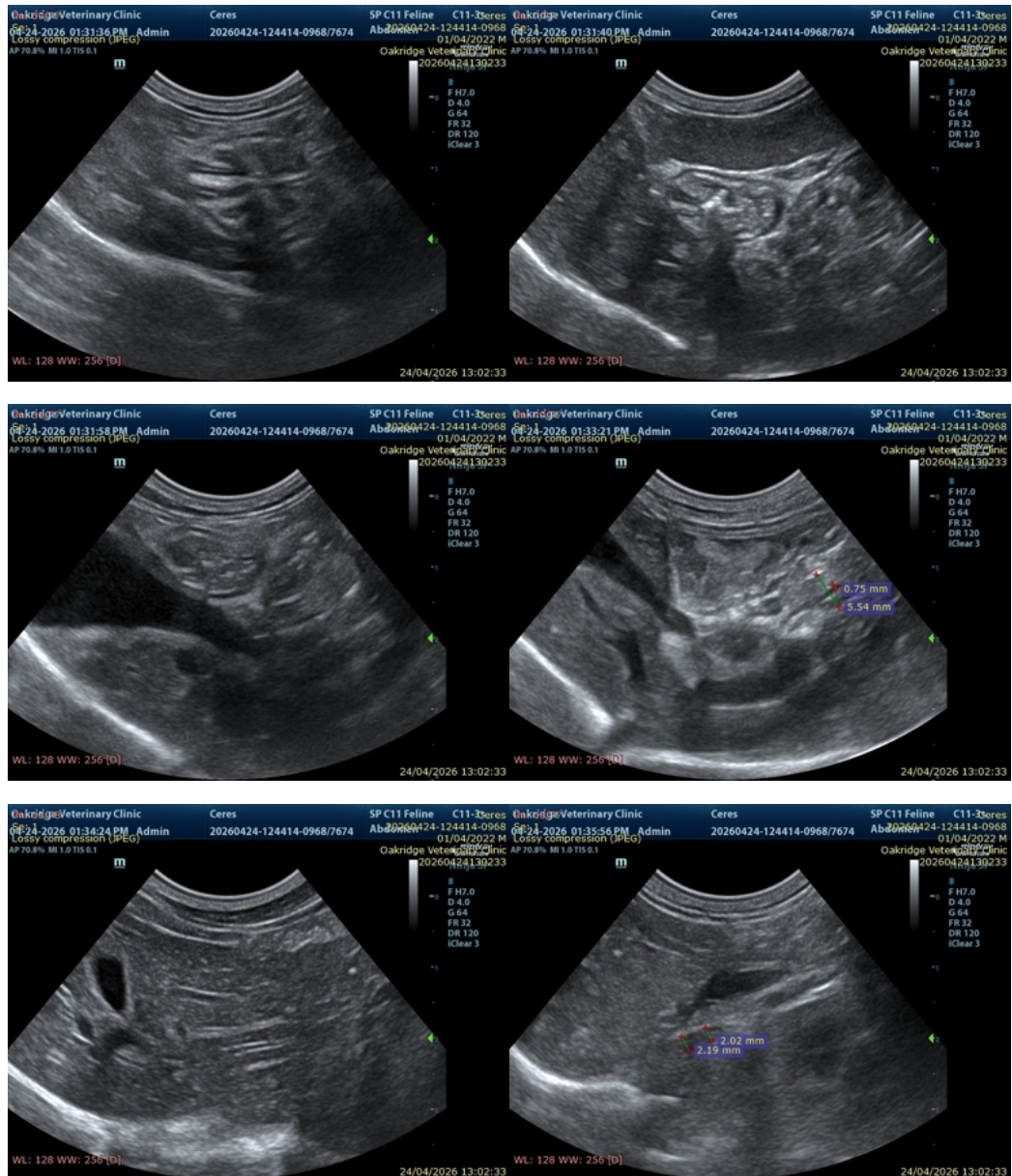
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Final diagnostic and therapeutic decisions should be made by the attending veterinarian, who can best integrate these findings with the patient's clinical status.





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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Alicia Angosto Guerrero, DMV, PgDip, MSc.

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