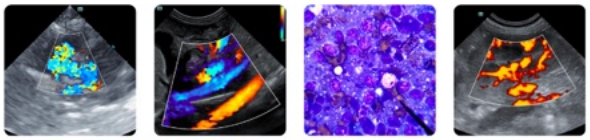


PATIENT

Lucky Scott

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

16 years

WEIGHT

9 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Dr. Beth Coe

HOSPITAL NAME

Riverside Animal Clinic

REFERRING VET

Dr. Cline

INVOICE

74809

DATE

4/24/26

PRESENTING CLINICAL SIGNS

History: Progressive weight loss for past two years. Weighed 12.3 lbs in 2025 (BCS 4/9), then 11.2 lbs in 2025 at annual exams. No reported v/d or inappetance then.
Seen for annual exam 3/2026, and weighed 9.66 lbs. Eating still. No reported v/d.
Today weighs 9.3 lbs.
(History right femoral fx as kitten. Secondary OA/DJD bilateral stifles)
Abnormal PE/Chem/CBC/UA Results: PE 3/2026: Thin BCS 3/9. Mild tartar teeth. Otherwise NSF. CBC 3/2026: WNL Chem 3/2026: Mild elevation BUN (37), Crea 1.5, SDMA 10. Rest WRI. TT4 3/2026: WRI Chest/Body radiographs 4/2026: NSF Thorax. Calcification left renal pelvis. Bladder stones. Severe OA/DJD right and left stifles, and left femur (prior fracture).

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. The bladder wall is thin and smooth. The luminal contents are predominantly anechoic, with a small amount of mineral sediment or multiple very small aggregated cystoliths. The bladder neck and proximal urethra appear normal. No large calculi or ultrasonographic evidence of inflammatory or proliferative/neoplastic changes are identified.

The left kidney measures 4.00×2.04 cm, with a cortical thickness of 0.35 cm in the sagittal plane, within normal limits for a cat (typically ~3.0–4.5 cm length). The cortex is isoechoic relative to the liver. A well-defined anechoic cyst measuring 1.63×1.69 cm is present at the caudal pole. The corticomedullary ratio is preserved, and corticomedullary definition is maintained. No pyelectasia, nephrolithiasis, or hydronephrosis is identified. Color Doppler demonstrates a normal vascular pattern.

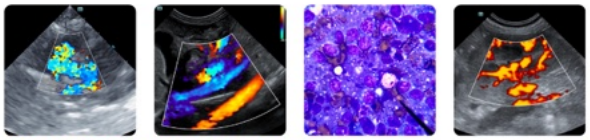
The right kidney measures 3.60×1.82 cm, with a cortical thickness of 0.36 cm, within normal limits. The cortex is isoechoic relative to the liver. The corticomedullary ratio is preserved, and corticomedullary definition is maintained. No pyelectasia, nephrolithiasis, or hydronephrosis is identified. Color Doppler 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 0.27 cm at the cranial pole and 0.26 cm at the caudal pole. The right adrenal gland measures 0.30 cm at the cranial pole and 0.27 cm at the caudal pole.

Spleen

Splenic thickness is 0.92 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.



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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 with a small amount of biliary sludge. The common bile duct measures 2.44–3.12 mm from distal to proximal, which is mildly prominent for a cat (typically ≤2–3 mm), but without associated biliary dilation or obstruction.

Gastrointestinal

The stomach is empty and folded, with a mural thickness of 1.54 mm and preserved wall layering (within normal limits). The pylorus measures 3.26 mm. Duodenum: 1.57 mm. Jejunum: 2.08 mm (mucosa 1.14 mm, submucosa 0.56 mm, muscularis 0.42 mm). The muscularis-to-mucosa ratio is approximately 0.37, within normal limits (<0.5–0.6 in cats). Ileum: 1.29 mm (mucosa 0.53 mm, submucosa 0.47 mm, muscularis 0.26 mm), with preserved layering. The ileocecal junction is not clearly visualized. No ultrasonographic evidence of inflammation, ileus, or obstructive disease is identified.
Colon wall thickness is 0.73 mm, within normal limits, with formed feces present.

Pancreas

The evaluated pancreatic areas do not show evidence of overt inflammation or neoplastic disease.

Free Abdomen

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

PRIMARY FINDINGS

- Left renal cyst (1.63×1.69 cm)
- Mild mineral sediment / very small cystoliths in the urinary bladder

SECONDARY FINDINGS

- Mild biliary sludge
- Common bile duct at upper limits to mildly increased in diameter

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gastrointestinal tract is within normal ultrasonographic limits, with normal wall thickness, preserved layering, and a normal muscularis-to-mucosa ratio. In cats, this does not exclude clinically significant enteropathy, including inflammatory bowel disease, which may be present despite normal imaging findings. The lack of intestinal or lymph node abnormalities reduces, but does not eliminate, the

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likelihood of advanced infiltrative disease.

The mildly prominent common bile duct, in the absence of obstruction or hepatic changes, may represent age-related variation or mild biliary stasis.

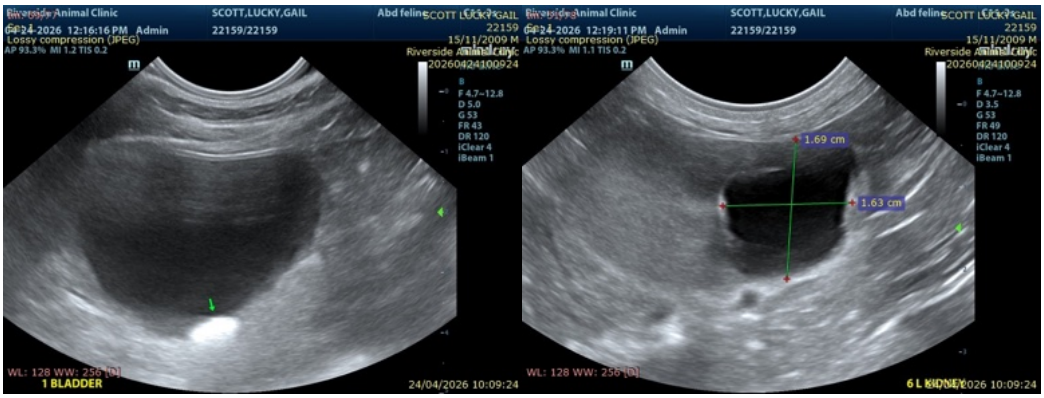
The left renal cyst is a common incidental finding in older cats and is not expected to be clinically significant; however, correlation with renal function parameters is recommended, particularly in the context of mild azotemia. Similarly, the small amount of bladder sediment or microcystolithiasis is unlikely to be related to the presenting complaint.

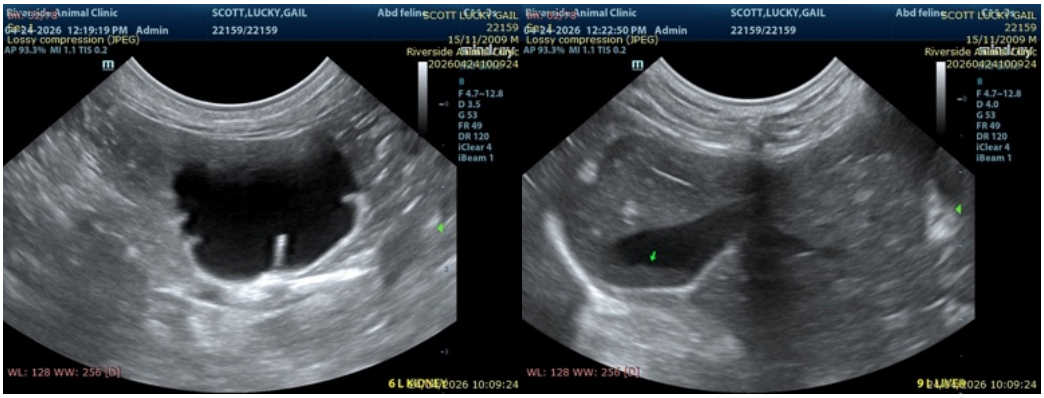
Overall, the ultrasound does not identify a definitive cause for the chronic weight loss. Functional or early-stage disease—particularly gastrointestinal or metabolic—remains a primary consideration.

Recommendations

- Further evaluation of gastrointestinal function is recommended, including serum cobalamin and folate assessment.
- Early or masked hyperthyroidism remains a differential consideration and may warrant further endocrine testing (repeat T4, free T4, or TSH).
- Continued monitoring of renal parameters and renal cyst.

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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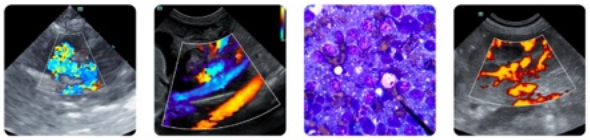

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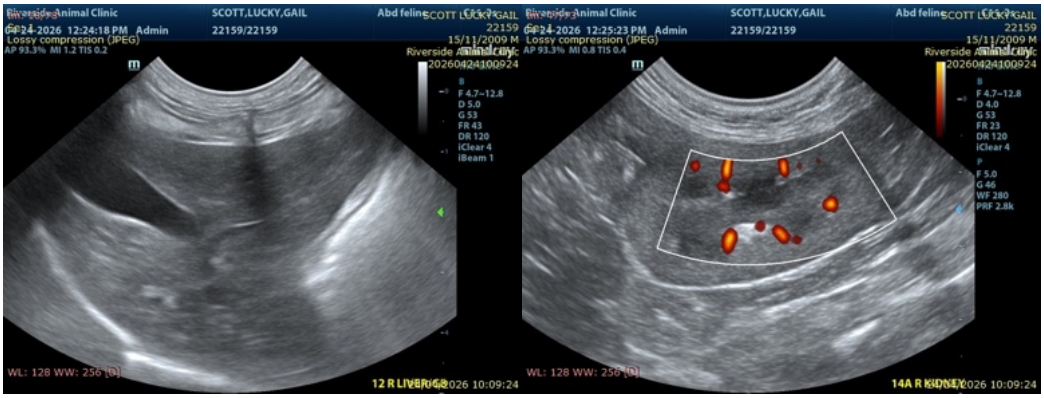

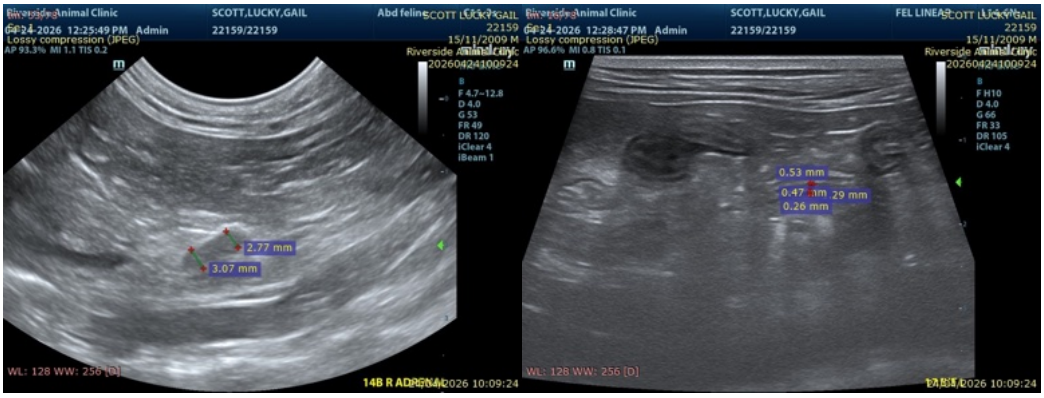

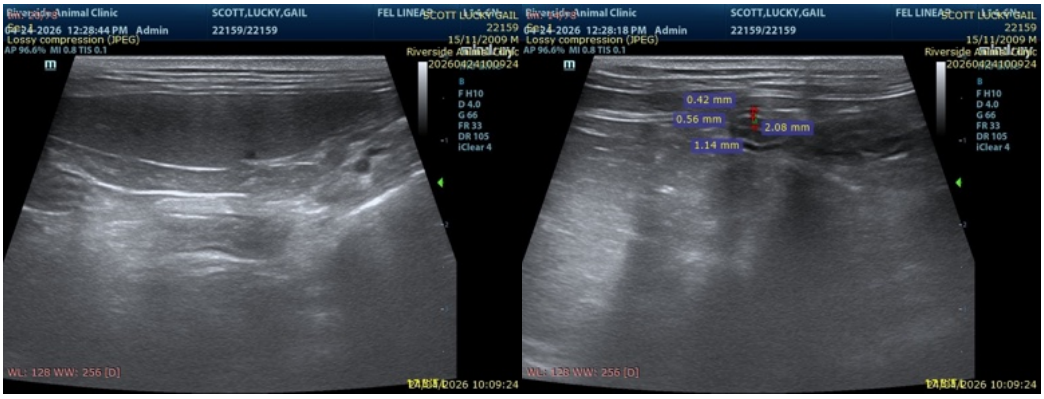

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

info@SonoPath.com