



PATIENT

Zelda Fiore

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

6 years

WEIGHT

9.8 lbs

INTERPRETED BY

Alicia Angosto
Guerrero, DMV,
PgDip, MSc.

IMAGING PERFORMED BY

Heather

HOSPITAL NAME

Animal Care Center of
Flanders

REFERRING VET

Dr. Casulli

INVOICE

74855

DATE

4/27/26

PRESENTING CLINICAL SIGNS

History: mild hematuria

Abnormal PE/Chem/CBC/UA Results: pO₂- 206.5(hi), O₂sat-99.7(hi), be(ecf) - (-7.2) (lo), k+ 3.4(lo), lact-4.84(hi)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is normally distended, with a thin, smooth wall. The urine is anechoic. The bladder neck and proximal urethra appear normal. There are no calculi and no ultrasonographic evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size, measuring 3.48×2.20 cm, with a cortical thickness of 0.33 cm in the sagittal plane. The right kidney is normal in shape and size, measuring 4.25×2.43 cm, with a cortical thickness of 0.41 cm in the sagittal plane. In both kidneys, the cortex is mildly hyperechoic relative to the liver parenchyma. The corticomedullary ratio is within normal limits and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler demonstrates a normal vascular pattern.

Adrenal Glands

Dorsoventral diameters measured in the sagittal plane: the left adrenal gland measures 0.24 cm at the cranial pole and 0.28 cm at the caudal pole. The right adrenal gland is not confidently visualized.

Spleen

Splenic thickness is 0.7 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 is normally distended, with a thin wall. The contents are anechoic. The common bile duct measures 1.85 mm, within normal limits, with no evidence of biliary dilation.

Gastrointestinal

The stomach is empty and folded, with a mural thickness of 1.34 mm and preserved wall layering. The pylorus measures 3.18 mm and contains a small amount of fluid. Duodenum: 1.90 mm. Jejunum: 1.56–1.61 mm. Ileum: 1.25 mm. Wall layering is preserved throughout. No ultrasonographic evidence of



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inflammation, ileus, or foreign material is identified. Colon: 0.97–0.99 mm, containing formed feces in the descending segment.

Pancreas

The evaluated pancreatic regions 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

- Very mild bilateral renal cortical hyperechogenicity.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This is a largely unremarkable abdominal ultrasound study.

The urinary bladder appears normal, with no ultrasonographic evidence of cystitis, urolithiasis, or mass lesion. In a 6-year-old cat with mild hematuria, this does not exclude feline idiopathic cystitis, as many affected cats have normal imaging.

The kidneys are normal in size and architecture, with preserved corticomedullary definition. Cortical thickness values are appropriate for a cat of this size. The mild increase in cortical echogenicity relative to the liver is a nonspecific finding, which may be seen with early or subclinical renal change, but can also fall within normal variation in some cats, potentially including lipid-related changes. In the absence of structural changes (no pyelectasia, no contour irregularity, normal Doppler), this finding alone does not support clinically significant renal disease.

Recommendations

- Correlate with complete urinalysis, including sediment exam, to confirm hematuria and assess for small crystals or infection.
- Urine culture may be considered, although infection is less common in this signalment
- Management as suspected FIC (environmental modification, hydration, dietary support) may be appropriate depending on clinical context.

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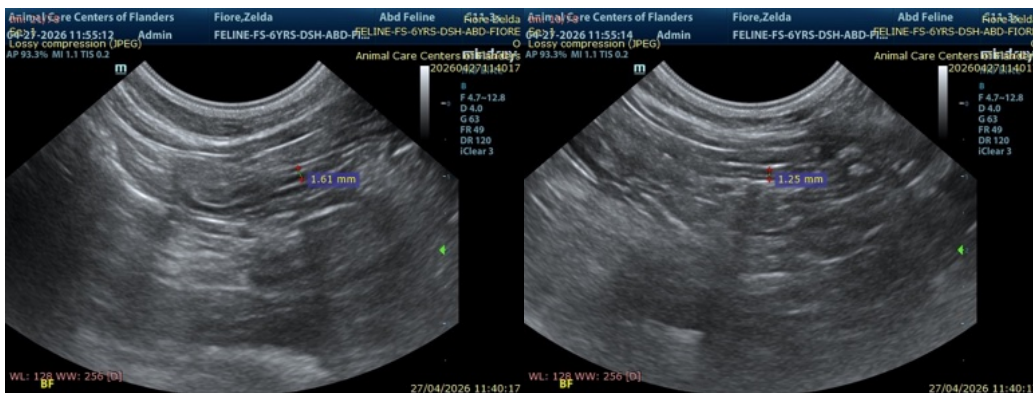
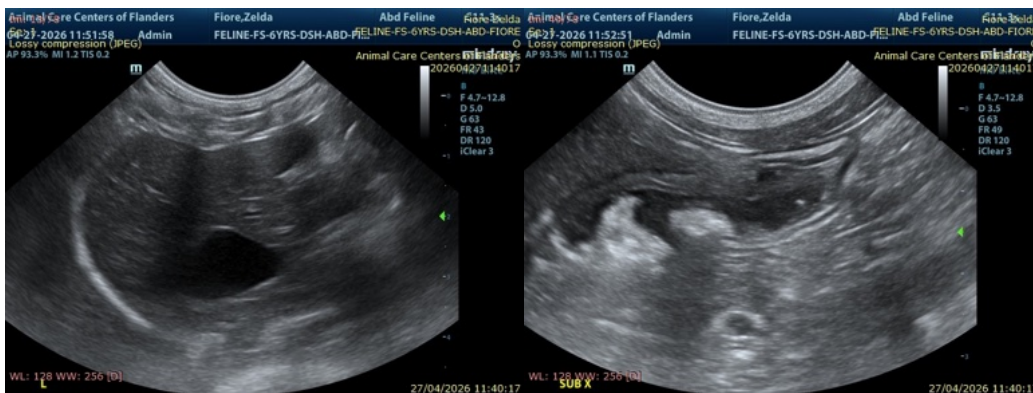
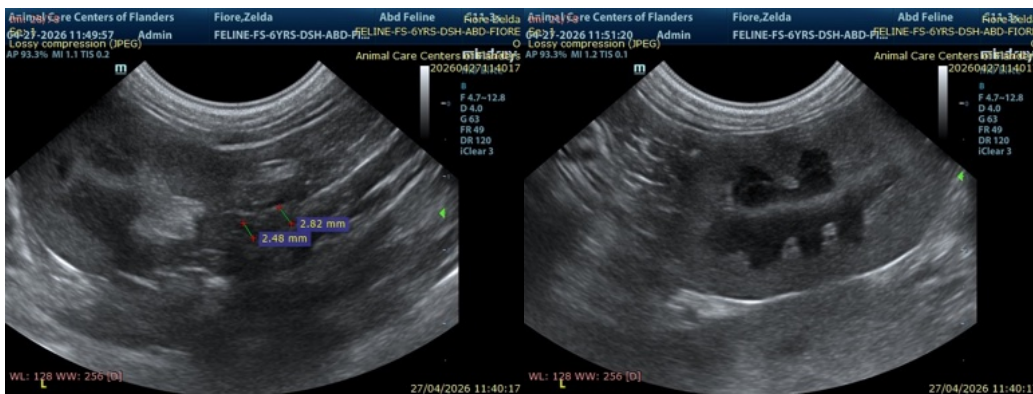
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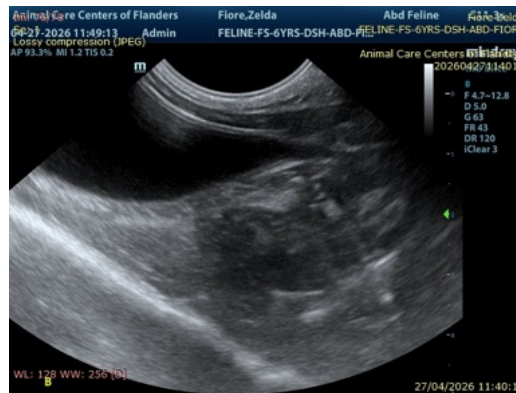
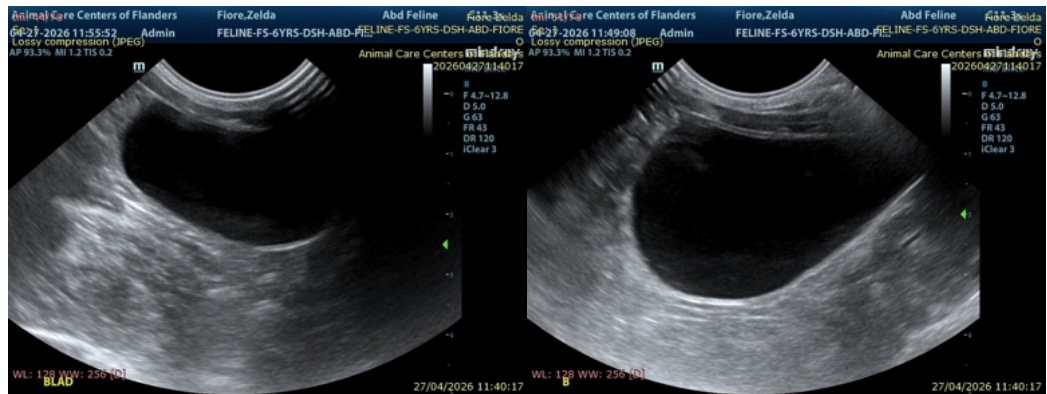
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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