



PATIENT

Squatch Waterbury

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

14 years

WEIGHT

14.7 lbs

INTERPRETED BY

Alicia Angosto
Guerrero, DMV,
PgDip, MSc.

IMAGING PERFORMED BY

Jenn Copp

HOSPITAL NAME

Westside AH

REFERRING VET

Dr. Copp

INVOICE

74159

DATE

4/3/26

PRESENTING CLINICAL SIGNS

- Recent weight loss over last 30 days (16.1-14.6lbs). was started on Fluoxetine in December but seemed to do well initially. No vomiting, diarrhea. recent lab work NSF.
- PE- NSF other than weight loss CBC- WNL Chem- WNL T4- 3.6, free T4 2.5 (H normal)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is markedly distended. The bladder wall is thin, smooth, and regular. The luminal contents are mildly turbid with scant suspended echogenic material. The bladder neck and proximal urethra have a normal appearance. No evidence of urolithiasis or proliferative changes is identified.

The left kidney is normal in shape and size, measuring 3.75×2.30 cm in the sagittal plane. Cortical thickness is 0.33 cm. Two small mineral foci consistent with nephroliths are identified, measuring 2.01 mm and 5.01 mm. There is no evidence of pyelectasia or hydronephrosis.

The right kidney is normal in shape and size, measuring 3.94×2.30 cm in the sagittal plane. Cortical thickness is 0.37 cm. There is no evidence of nephrolithiasis, pyelectasia, or hydronephrosis.

In both kidneys, the cortex is mildly hyperechoic compared to the hepatic parenchyma. The corticomedullary ratio is within normal limits, and corticomedullary definition is preserved. A marked medullary rim sign is present.

Adrenal Glands

Not confidently visualized.

Spleen

Splenic thickness is 1.08 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 normally distended. The wall is 1.93 mm and the contents are primarily anechoic. No evident dilation of the cystic duct or common bile duct is observed.



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Gastrointestinal

The stomach is empty and folded, with wall thickness ranging from 1.47–1.62 mm and preserved layering. The pylorus is not visualized.

Duodenum: 2.37 mm. Jejunum: 1.69–2.20 mm, with mucosa 1.28 mm, submucosa 0.56 mm, and muscularis propria 0.30 mm. Ileum: 2.43 mm, with mucosa 0.87 mm, submucosa 1.09 mm, and muscularis propria 0.50 mm. Wall layering is preserved. The ileocecal junction is not visualized. No evidence of ileus, obstruction, or focal inflammatory change is identified.

Colon: 0.62 mm, containing small amounts of formed fecal material.

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 appears normal.

PRIMARY FINDINGS

- Mild bilateral renal cortical hyperechogenicity.
- Marked medullary rim sign (bilateral).
- Left nephrolithiasis (2.01 mm and 5.01 mm).
- Turbid urinary bladder contents.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most relevant findings in this study are renal. Both kidneys are within normal size and cortical thickness with preserved corticomedullary definition, supporting maintained renal architecture. However, the presence of bilateral cortical hyperechogenicity and a marked medullary rim sign indicates underlying renal change. The medullary rim sign in cats is a nonspecific finding, reported in both normal individuals and in association with conditions such as early chronic kidney disease, tubular mineralization, or medullary lipid deposition. When accompanied by cortical hyperechogenicity, it more strongly supports early or mild chronic renal change, although it does not allow precise etiologic classification.

The left nephroliths are small and currently non-obstructive, with no evidence of pyelectasia or hydronephrosis.

The urinary bladder contains mildly echogenic debris, which may represent suspended cellular material, crystals, or proteinaceous content. In the absence of wall thickening, this is a nonspecific finding, but correlation with urinalysis is recommended.



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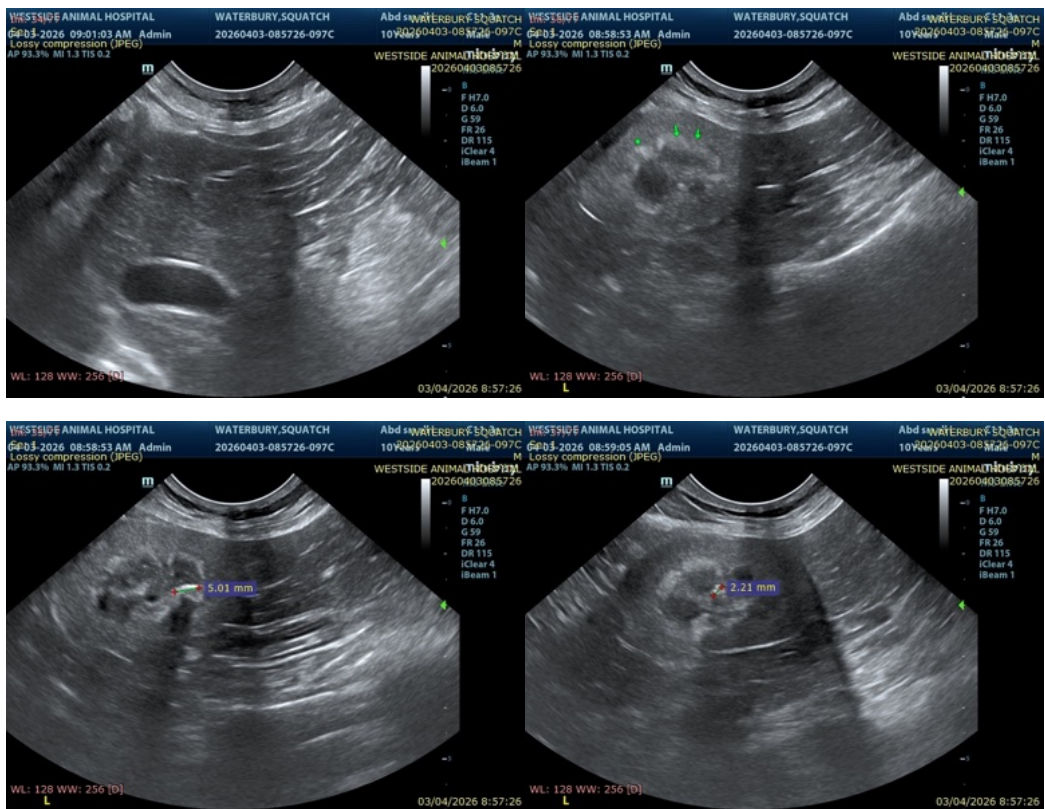
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The gastrointestinal tract does not demonstrate ultrasonographic features of clinically significant structural enteropathy. Wall thicknesses fall within accepted feline reference ranges (generally ≤ 2.5 – 3.0 mm), layering is preserved, and muscularis-to-mucosa ratios remain within expected limits.

Recommendations

- Further evaluation for early hyperthyroidism is strongly recommended, including repeat total T4 and/or TSH testing as clinically indicated.
- Urinalysis is recommended to further assess the significance of bladder sediment and monitor renal function. Renal parameters (including creatinine, SDMA if available, urine specific gravity, and UPC) is advised.

These recommendations should be interpreted in light of clinical priorities; however, given the weight loss and endocrine suspicion, further thyroid-focused diagnostics are warranted.





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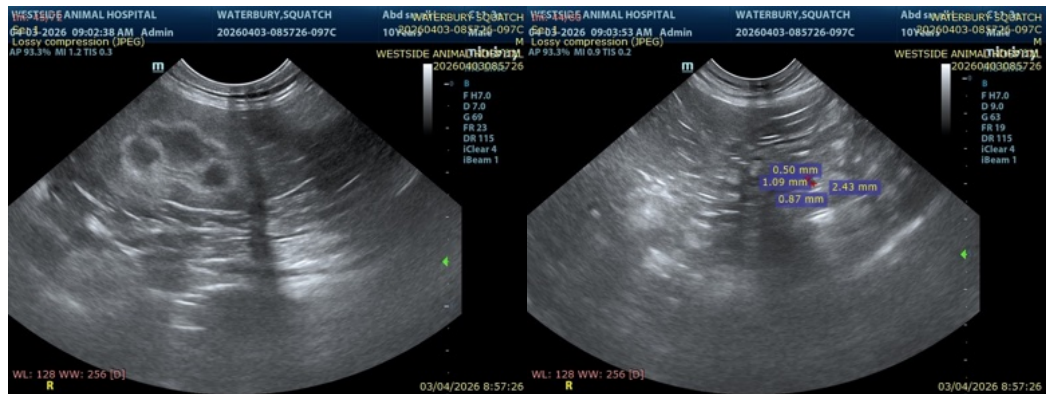
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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