



PATIENT

Indie Tully

SPECIES

Feline

BREED

Domestic Medium Hair

SEX

Neutered male

AGE

12 years

WEIGHT

12.3 lbs

INTERPRETED BY

Alicia Angosto
Guerrero, DMV,
PgDip, MSc.

IMAGING PERFORMED BY

Jazmin Munoz

HOSPITAL NAME

Oakridge VC

REFERRING VET

Dr. Nguyen

INVOICE

74381

DATE

4/9/26

PRESENTING CLINICAL SIGNS

History: 12yo MN DSH presented 4/8/26 for anorexia and cranial abdominal pain x 3 days. Bloodwork unremarkable except for mildly elevated globulins, pancreatic lipase normal. Rads showed no signs of foreign body obstruction but possible soft tissue structure within the cranial abdomen may represent splenomegaly (congestion, extramedullary hematopoiesis, lymphoid hyperplasia, infiltrative neoplasia). P appetite improved slightly 4/9/26 after SC fluids and Mirtazipine. P did eat at 2am before Ultrasound (~12hrs ago).

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended, with a thin and smooth wall. The urine is turbid, with abundant suspended echogenic material. The bladder neck and proximal urethra have a normal ultrasonographic appearance. No uroliths are identified, and there is no evidence of inflammatory or neoplastic change.

The left kidney is normal in shape and size, measuring 4.58x2.62 cm, with a cortical thickness of 0.36 cm in the sagittal plane. The right kidney is normal in shape and size, measuring 4.42x2.78 cm, with a cortical thickness of 0.38 cm in the sagittal plane. In both kidneys, the cortex is hyperechoic relative to the hepatic parenchyma. The corticomedullary ratio is within normal limits and corticomedullary definition is preserved. A mild medullary rim sign is present. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler demonstrates a normal vascular pattern.

Adrenal Glands

Not confidently visualized.

Spleen

Splenic thickness is 0.94 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 1.29 mm and the contents are primarily anechoic with a small amount of biliary sludge. common bile duct is 3.95-2.08 mm.



PATIENT

Indie Tully

SPECIES

Feline

BREED

Domestic Medium Hair

SEX

Neutered male

AGE

12 years

WEIGHT

12.3 lbs

INTERPRETED BY

Alicia Angosto
Guerrero, DMV,
PgDip, MSc.

IMAGING PERFORMED BY

Jazmin Munoz

HOSPITAL NAME

Oakridge VC

REFERRING VET

Dr. Nguyen

INVOICE

74381

DATE

4/9/26

Gastrointestinal

The stomach is distended with ingesta, with a wall thickness of 1.58 mm and preserved layering. The duodenum measures 1.84 mm. The jejunum measures 2.32–2.58 mm, with the following layering: mucosa 1.82 mm, submucosa 0.36 mm, muscularis propria 0.28 mm. The ileum measures 1.75 mm, with mucosa 0.53 mm, submucosa 0.83 mm, muscularis propria 0.34 mm. Wall layering is preserved throughout. The ileocecal junction is not visualized. No evidence of obstruction, ileus, or foreign material is identified. The colon measures 0.86–1.54 mm, with formed fecal material present in the lumen.

Pancreas

Pancreatic thickness ranges from 7.5–9.4 mm. The parenchyma is isoechoic relative to the adjacent mesenteric fat. The pancreatic duct measures 1.24 mm. No peripancreatic fat hyperechogenicity or fluid is identified.

Free Abdomen

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

PRIMARY FINDINGS

- Bilateral renal cortical hyperechogenicity with mild medullary rim sign.
- Pancreas mildly thickened (up to 9.4 mm) with pancreatic duct measuring 1.24 mm.
- Turbid urine with abundant suspended echogenic material.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, the study reveals only mild and nonspecific abnormalities. The presence of gastric ingesta approximately 12 hours after feeding may reflect delayed gastric emptying associated with nausea or systemic illness.

Mild pancreatic and biliary changes are noted but are of uncertain clinical significance and may represent chronic or age-related findings. While mild or early pancreatitis cannot be entirely excluded, the overall findings are most consistent with a functional or acute gastrointestinal disorder rather than a primary structural or obstructive process.

Mild bilateral renal cortical hyperechogenicity with a subtle medullary rim sign is noted. In the absence of structural distortion or supportive laboratory abnormalities, these findings are considered nonspecific and may reflect age-related or incidental changes.

The presence of turbid urine with suspended echogenic material may reflect concentrated urine, potentially associated with mild dehydration or reduced fluid intake, rather than primary lower urinary tract disease in the absence of additional abnormalities.



PATIENT

Indie Tully

SPECIES

Feline

BREED

Domestic Medium Hair

SEX

Neutered male

AGE

12 years

WEIGHT

12.3 lbs

INTERPRETED BY

Alicia Angosto
Guerrero, DMV,
PgDip, MSc.

**IMAGING
PERFORMED BY**

Jazmin Munoz

HOSPITAL NAME

Oakridge VC

REFERRING VET

Dr. Nguyen

INVOICE

74381

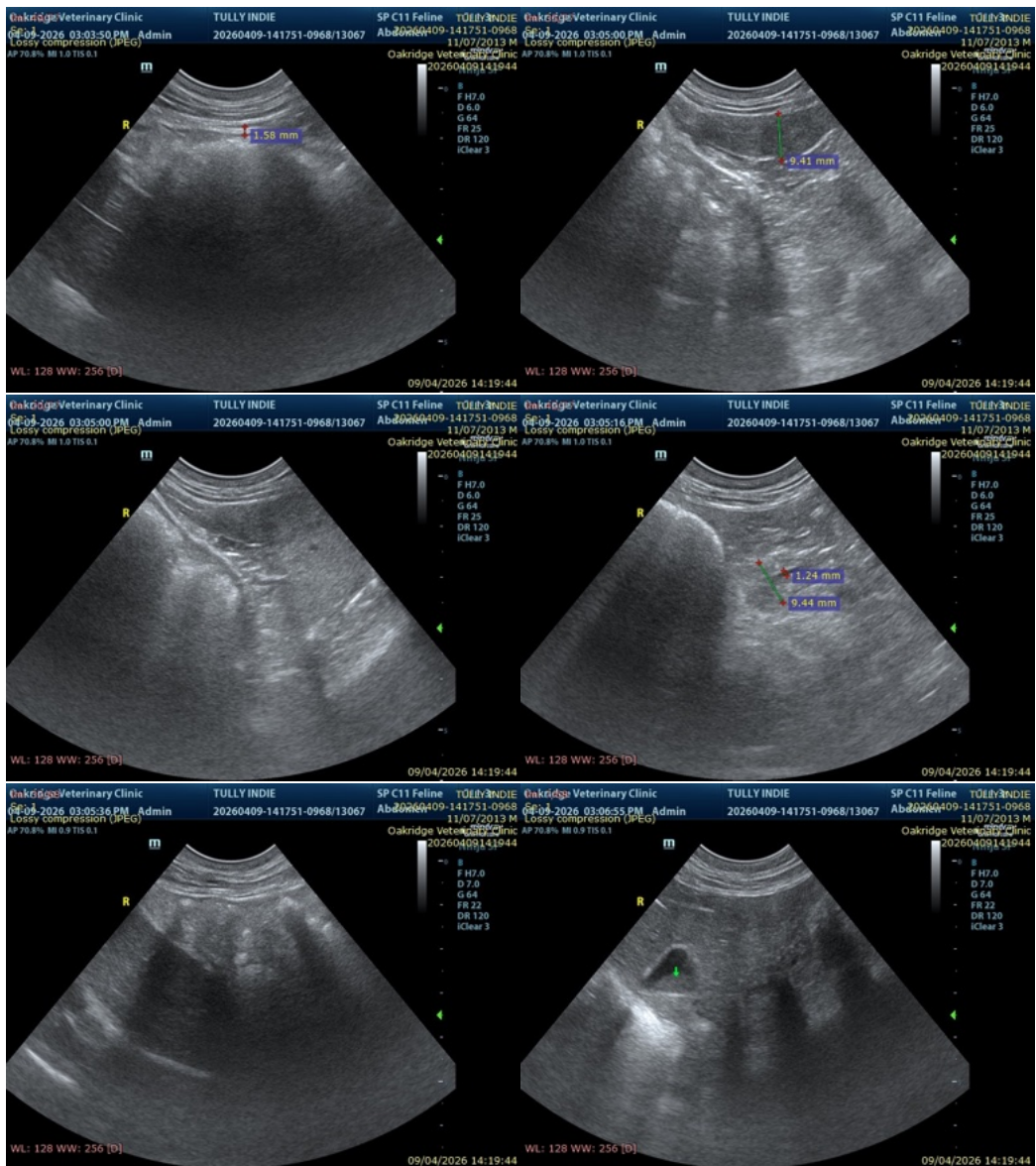
DATE

4/9/26

Recommendations

- Symptomatic and supportive therapy.
- Encourage early, gentle nutritional intake, as prolonged fasting may exacerbate nausea and delayed gastric emptying. Assisted feeding or appetite stimulants may be continued if needed.
- Clinical monitoring over the next 24–72 hours is key, as response to therapy will help differentiate a self-limiting gastrointestinal disorder from evolving disease.

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





PATIENT

Indie Tully

SPECIES

Feline

BREED

Domestic Medium Hair

SEX

Neutered male

AGE

12 years

WEIGHT

12.3 lbs

INTERPRETED BY

Alicia Angosto
Guerrero, DMV,
PgDip, MSc.

IMAGING PERFORMED BY

Jazmin Munoz

HOSPITAL NAME

Oakridge VC

REFERRING VET

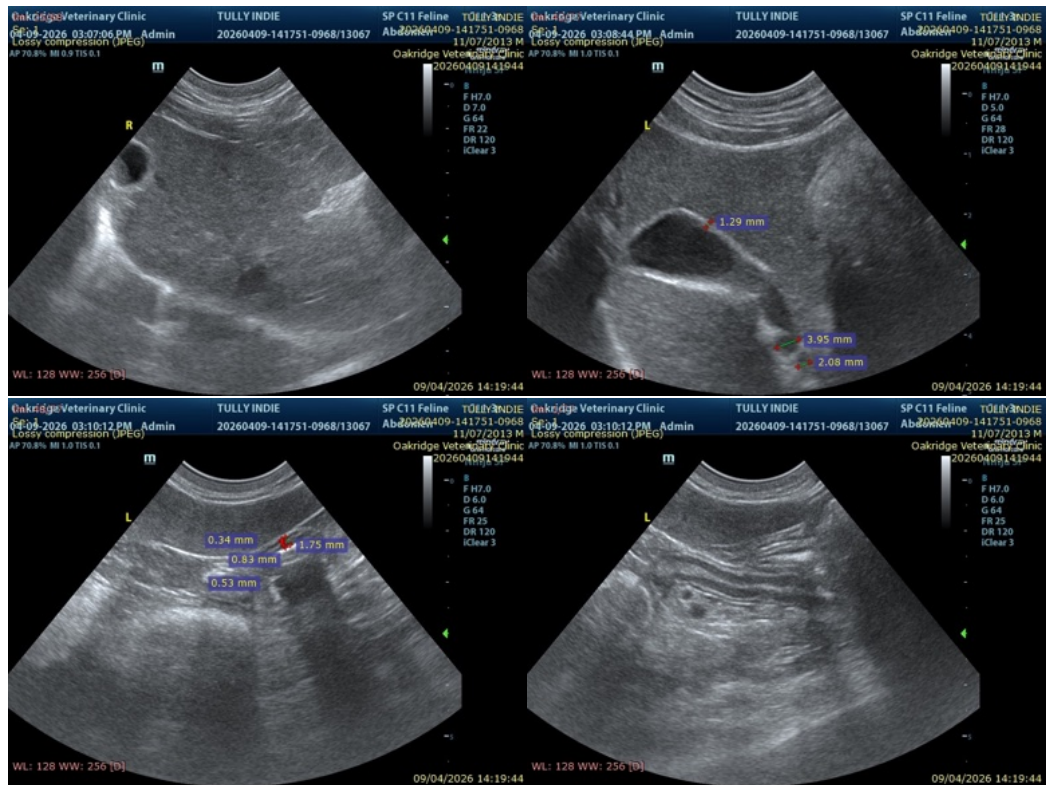
Dr. Nguyen

INVOICE

74381

DATE

4/9/26



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