



PATIENT

Tigger McDonald

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

14 years

WEIGHT

9.6 lbs

INTERPRETED BY

Alicia Angosto
Guerrero, DMV,
PgDip, MSc.

IMAGING PERFORMED BY

Dr. Joan Kula

HOSPITAL NAME

Narrowsburg
Veterinary

REFERRING VET

Dr. Kula

INVOICE

77797

DATE

5/20/26

PRESENTING CLINICAL SIGNS

History: Has been vomiting everyday, no weight loss noted. Still wanting to eat and drink
Abnormal PE/Chem/CBC/UA Results: CALCIUM 11.3 8.2-10.8 mg/dL HIGH FOLATE 22.0 9.7-21.6 ng/mL HIGH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended, and the urinary bladder wall appears thin and smooth. The urine is anechoic. Normal appearance of the bladder neck and proximal urethra. There are no calculi and no evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size, measuring 3.36×2.38 cm, with cortical thickness measuring 0.34 cm in the sagittal plane. The right kidney is normal in shape and size, measuring 3.24×2.16 cm, with cortical thickness measuring 0.32 cm in the sagittal plane. The renal cortices are isoechoic relative to the liver parenchyma bilaterally. The corticomedullary ratio is normal and corticomedullary definition is preserved. Mild scattered hyperechoic medullary foci are present bilaterally, most compatible with mild/early medullary mineralization-nephrocalcinosis change. No evidence of pyelectasia, nephrolithiasis, or hydronephrosis is identified. Doppler color interrogation demonstrates a normal vascular pattern.

Adrenal Glands

The adrenal glands were not confidently visualized during the current examination.

Spleen

Splenic thickness is 0.64 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 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 preserved wall layering. The pylorus measures approximately 3.16 mm in thickness. Duodenum: 1.71 mm. Jejunum: 1.82 mm. Mucosa: 0.93 mm. Submucosa: 0.58



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mm. Muscularis propria: 0.27 mm. Ileum: 1.67–2.95 mm. Mucosa: 0.63 mm. Submucosa: 0.55 mm. Muscularis propria: 0.25 mm. Wall layering remains preserved. The ileoceocolic junction was not visualized. No evidence of gastrointestinal obstruction, focal mural thickening, ileus, or foreign material is identified. The colon measures approximately 0.98 mm in thickness and contains formed fecal material within 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

- Mild bilateral medullary mineralization/nephrocalcinosis-type change.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The current abdominal ultrasonographic examination is overall unremarkable and does not demonstrate significant infiltrative gastrointestinal disease, clinically relevant intestinal muscularis propria thickening, focal intestinal mass lesion, abdominal lymphadenopathy, or convincing sonographic evidence of feline low-grade alimentary lymphoma at this time.

Mild bilateral medullary mineralization/nephrocalcinosis-type change is present and may reflect mild chronic renal mineralization/remodeling. Given the reported mild hypercalcemia, correlation with serial renal values, ionized calcium concentration, and overall calcium-phosphorus metabolism may be clinically relevant.

Despite the relatively unremarkable abdominal ultrasound findings, chronic functional gastrointestinal disease, intermittent gastritis, food-responsive enteropathy, early chronic enteropathy, mild chronic pancreatopathy, or extra-gastrointestinal causes of vomiting (including early hyperthyroidism or other metabolic disease) cannot be completely excluded based on ultrasound alone.

Mildly increased folate concentration may reflect altered intestinal microbiota/dysbiosis or altered intestinal transit time.

Recommendations

- Correlation with pending CBC, serum biochemistry, urinalysis, total T4/free T4 status, and ionized calcium measurement is recommended.
- Correlation with feline pancreatic lipase testing (Spec fPL) may also be clinically useful, as chronic pancreatopathy/chronic pancreatitis may occasionally demonstrate minimal or absent



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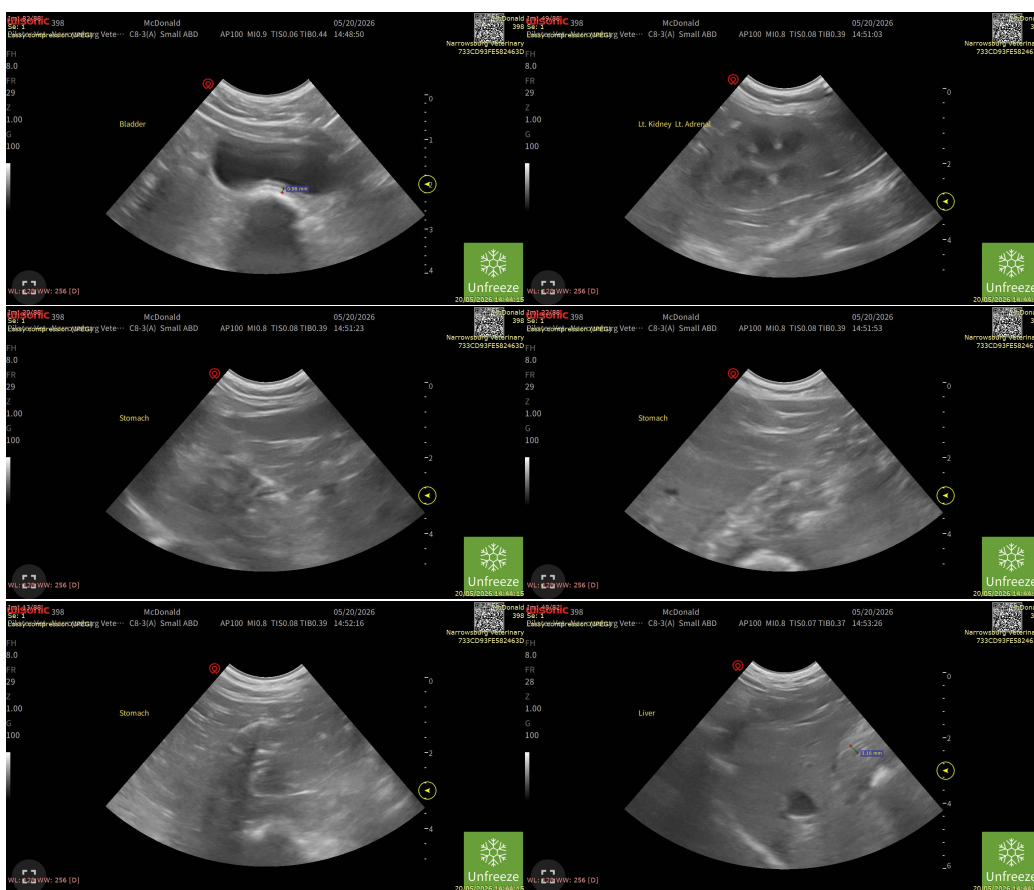
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ultrasonographic abnormalities in cats.

- A strict dietary trial with a highly digestible, novel protein, or hydrolyzed diet may be clinically reasonable given the chronic gastrointestinal history despite the relatively mild ultrasonographic findings.
- Empiric medical management for chronic gastritis/chronic functional gastrointestinal disease may also be clinically appropriate depending on overall clinical progression and laboratory findings.
- Clinical monitoring of body weight, appetite, vomiting frequency, renal values, and serum calcium trends.

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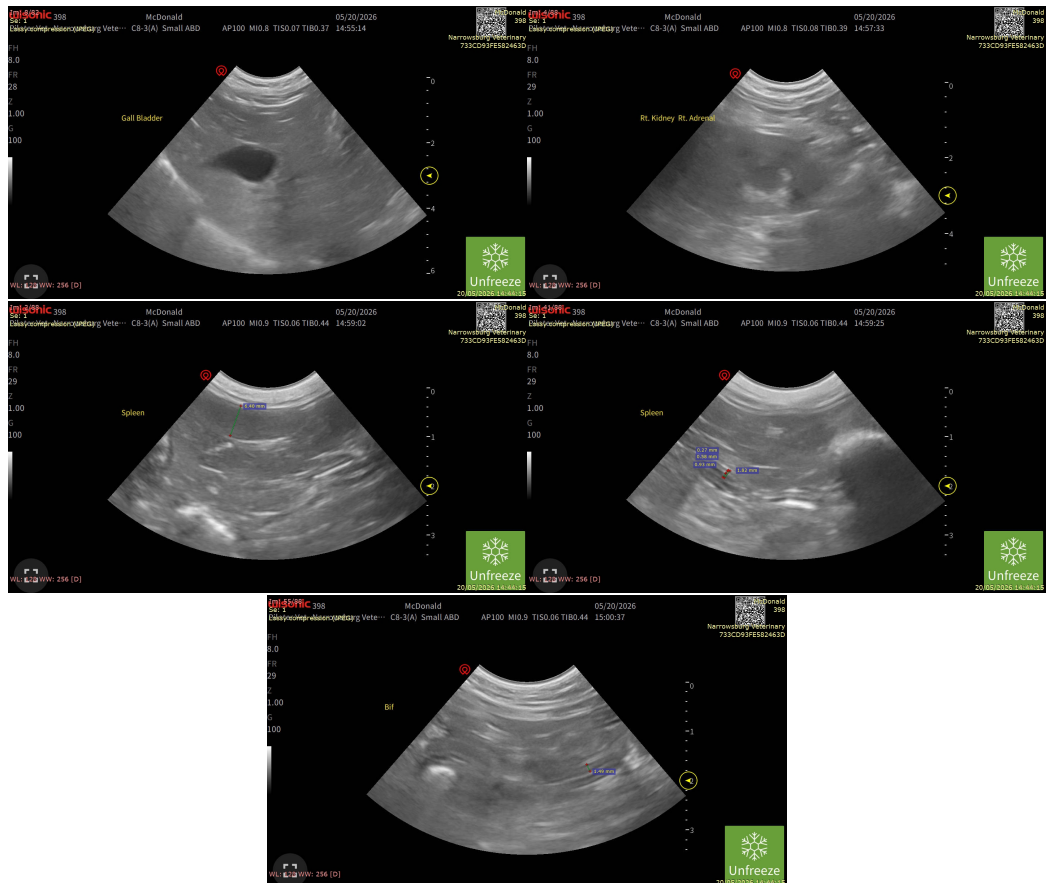
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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