



PATIENT

Pippa Martins

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

3 Years

WEIGHT

18.62 Pounds

INTERPRETED BY

Alicia Angosto
Guerrero, DMV,
PgDip, MSc.

IMAGING PERFORMED BY

Dr. Christina Wagner

HOSPITAL NAME

Angeles Clinic for
Animals

REFERRING VET

Dr. Christina Wagner

INVOICE

37275

DATE

5/28/26

PRESENTING CLINICAL SIGNS

History: Owner reports soft stool for years. Improved when eliminated fish-based diet. Pet was sedated for bloodwork and thoracic rads (to eval coughing) and owner elected to have u/s performed at same time.

Abnormal PE/Chem/CBC/UA Results: CBC, chem, proBNP, HWT, felv/fiv tests pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended, and the wall appears thin and smooth. The urine is moderately turbid with abundant suspended sediment. The bladder neck and proximal urethra have a normal ultrasonographic appearance. No calculi or sonographic evidence of inflammatory or neoplastic disease are identified.

The left kidney is normal in shape and size, measuring 3.73 × 2.87 cm. The cortical thickness measures 0.41 cm in the sagittal plane.

The right kidney is normal in shape and size, measuring 3.80 × 2.51 cm. The cortical thickness measures 0.45 cm in the sagittal plane.

The renal cortices are isoechoic relative to the hepatic parenchyma. The corticomedullary ratio is normal, and corticomedullary definition is preserved. No evidence of pyelectasia, nephrolithiasis, or hydronephrosis is identified. Color Doppler evaluation demonstrates a normal vascular pattern.

Adrenal Glands

The left adrenal gland measures 0.42 cm in dorsoventral diameter and is within normal limits. The right adrenal gland is not visualized.

Spleen

Splenic thickness is 1.06 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 mildly under 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 tract

The stomach is moderately distended with ingesta. Gastric wall thickness measures 1.99 mm, with preserved wall layering.

The duodenal wall measures 1.53 mm.



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The jejunal wall measures 2.25 mm. The mucosa measures 1.30 mm, the submucosa 0.54 mm, and the muscularis propria 0.31 mm. Wall layering is preserved.

The ileal wall measures 1.36 mm. The mucosa measures 0.39 mm, the submucosa 0.60 mm, and the muscularis propria 0.18 mm. Wall layering is preserved.

The ileocecolic junction is not definitively visualized.

No evidence of gastrointestinal obstruction, ileus, mural thickening, or foreign material is identified.

The colonic wall measures approximately 0.87–1.69 mm. Formed fecal material is present within the descending colon.

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

- Moderate urinary bladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The abdominal ultrasonographic examination is largely unremarkable.

No sonographic evidence of clinically significant gastrointestinal disease is identified. Specifically, there is no evidence of intestinal wall thickening, muscularis propria hypertrophy, loss of wall layering, abdominal lymphadenopathy, intestinal obstruction, or other ultrasonographic abnormalities to support clinically significant chronic enteropathy or infiltrative gastrointestinal disease.

Given the reported lifelong history of intermittently soft stools and apparent improvement following dietary modification, food-responsive enteropathy, mild chronic colitis, dysbiosis, or other functional gastrointestinal disorders remain possible despite the absence of significant ultrasonographic abnormalities.

Moderate urinary bladder sediment is present and may reflect suspended crystalline material, cellular debris, or mucus. Correlation with urinalysis findings is recommended.

Recommendations:

- Correlation with pending CBC, serum biochemistry, urinalysis, and fecal testing is recommended.
- Continued dietary management appears reasonable given the reported clinical improvement following elimination of fish-based ingredients.
- Additional gastrointestinal diagnostics are not strongly supported by the current ultrasonographic findings but may be considered if clinical signs worsen or become more frequent.
- Clinical monitoring is recommended, with reassessment if weight loss, vomiting, diarrhea, or



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progressive gastrointestinal signs develop.

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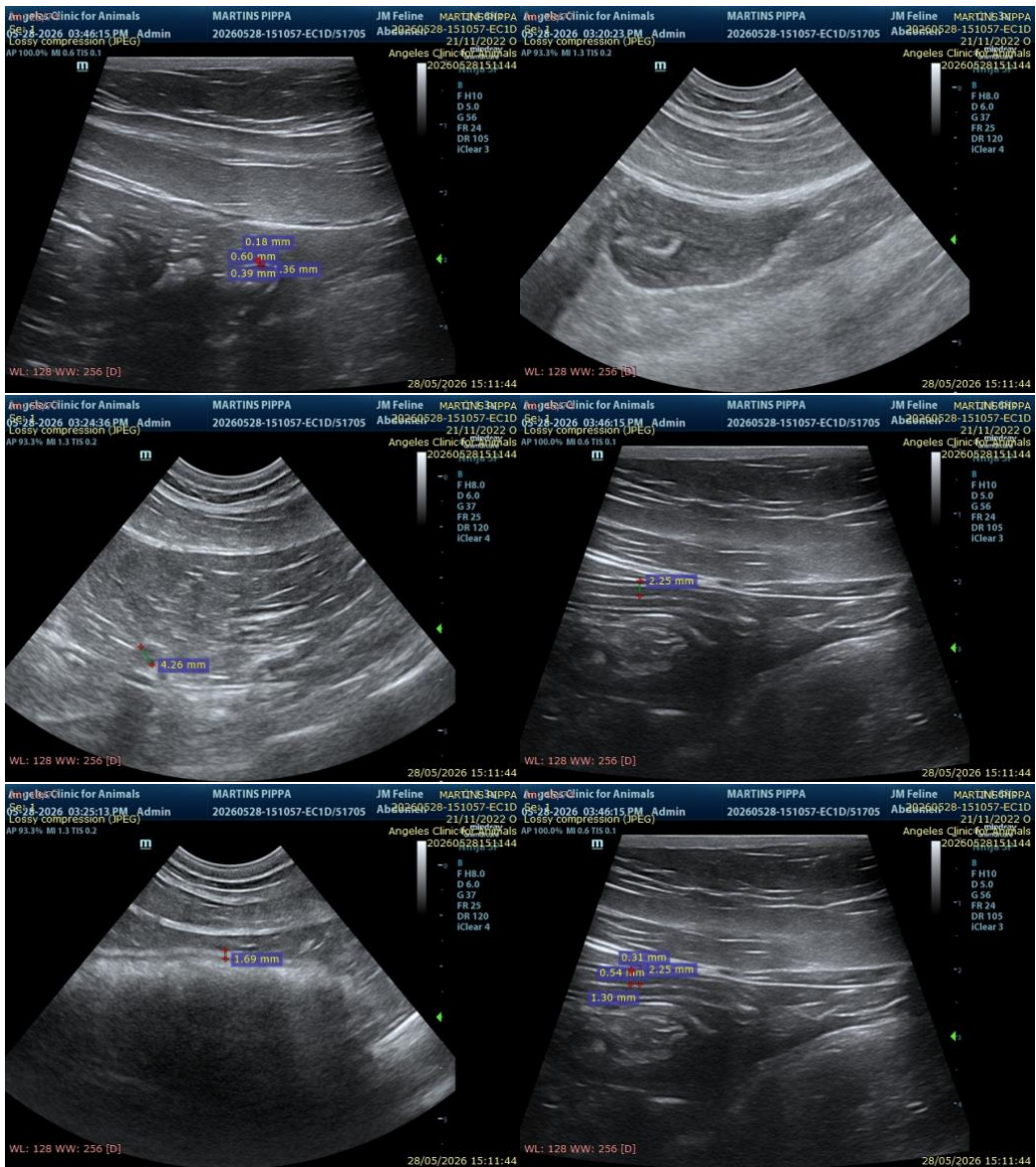
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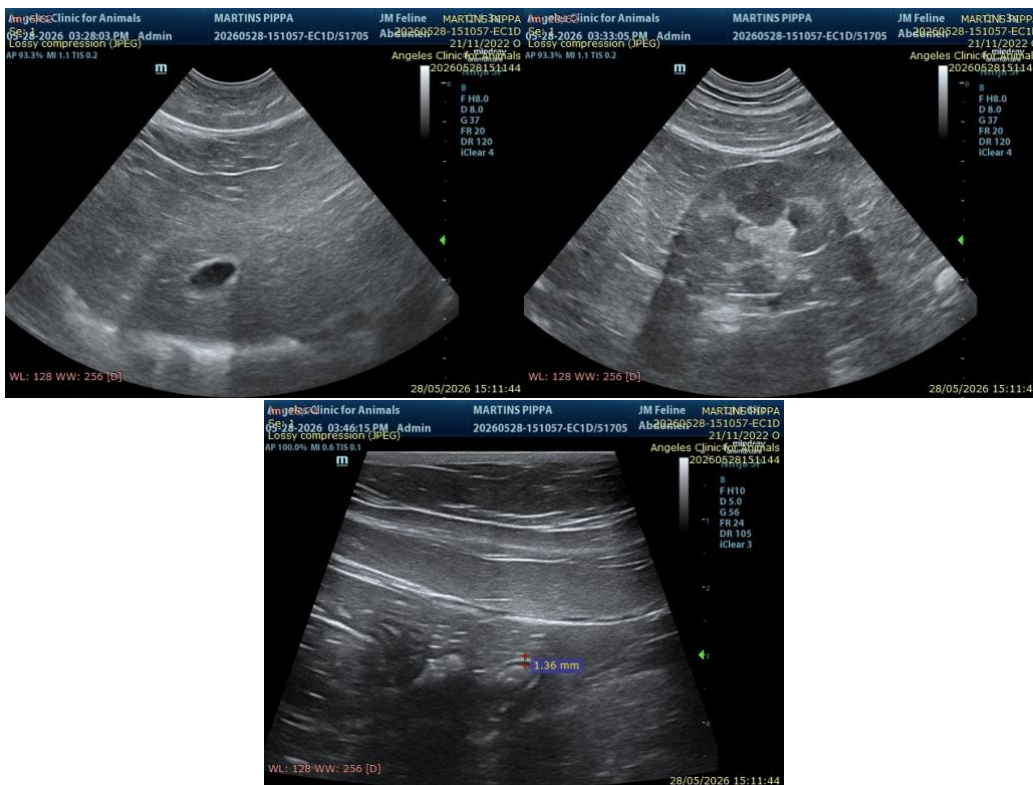
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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