



## PATIENT

Winx Waye

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Neutered male

## AGE

15 years

## WEIGHT

14.5 lbs

## INTERPRETED BY

Alicia Angosto  
Guerrero, DMV,  
PgDip, MSc.

## IMAGING PERFORMED BY

Dr. Katie Margulies

## HOSPITAL NAME

Fairland AH

## REFERRING VET

Dr. Margulies

## INVOICE

78380

## DATE

6/4/26

## PRESENTING CLINICAL SIGNS

History: P has history of recent weight loss and increased amounts of vomiting. Vomiting resolves while on cerenia. Hx'l borderline high thyroid levels. P historically was 16lbs in 2025 and is now 14.5 lbs. On labwork taken recently liver values were mildly elevated. Vomiting recurs when cerenia is stopped.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder is normally distended, and the wall of the urinary bladder appears thin and smooth. The urine is predominantly anechoic with scant suspended echoes. 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 3.62×2.45 cm, with a cortical thickness of 0.40 cm in the sagittal plane. The right kidney is normal in shape and size, measuring 3.53×2.21 cm, with a cortical thickness of 0.39 cm in the sagittal plane. In both kidneys, the renal cortices are mildly hyperechoic relative to the hepatic parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

### *Adrenal Glands*

Not confidently visualized.

### *Spleen*

Splenic thickness measures 0.68 cm. The splenic parenchyma demonstrates normal overall echogenicity. Several small, well-defined hyperechoic nodules are present, most consistent with myelolipoma-like lesions. The largest measures approximately 3.33 × 4.99 mm. 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 with a small amount of biliary sludge. No evident dilation of the cystic duct or common bile duct is observed.



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## ***Gastrointestinal tract***

The stomach is empty and contains a small amount of luminal fluid. Gastric wall thickness measures 2.06 mm and normal wall layering is preserved. The duodenal wall measures 1.02 mm. The jejunal wall measures 1.65 mm. The ileal wall measures 1.71 mm. Normal wall layering is preserved throughout the evaluated gastrointestinal tract. The ileoceocolic junction was not confidently visualized. No sonographic evidence of gastrointestinal obstruction, chronic enteropathy, infiltrative intestinal disease, ileus, or foreign material is identified. The colonic wall measures approximately 0.69 mm and contains formed fecal materia

## ***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 renal cortical hyperechogenicity.

## **SECONDARY FINDINGS**

- Small amount of biliary sludge.
- Multiple small splenic myelolipoma-like nodules.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Mild bilateral renal cortical hyperechogenicity is present. In conjunction with the mildly increased SDMA concentration, borderline increased creatinine concentration, and inadequately concentrated urine, these findings are most compatible with mild chronic kidney disease or early chronic nephropathy.

No ultrasonographic evidence of gastrointestinal obstruction, chronic enteropathy, intestinal infiltrative disease, abdominal lymphadenopathy, or other significant abdominal pathology is identified. Mild chronic pancreatitis cannot be completely excluded given the clinical history and mildly increased Precision PSL concentration.

A small amount of biliary sludge and several small splenic myelolipoma-like nodules are present and are considered incidental age-related findings.

## **Recommendations**

- Monitor renal parameters (creatinine, SDMA, urinalysis, urine specific gravity, and blood pressure) as clinically indicated.



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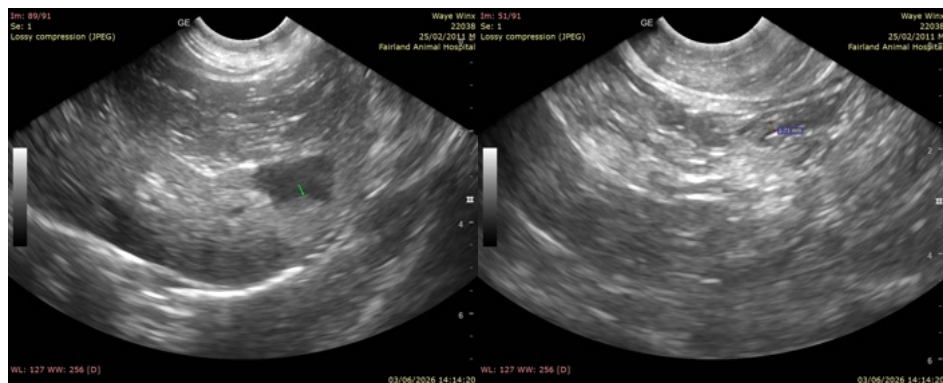
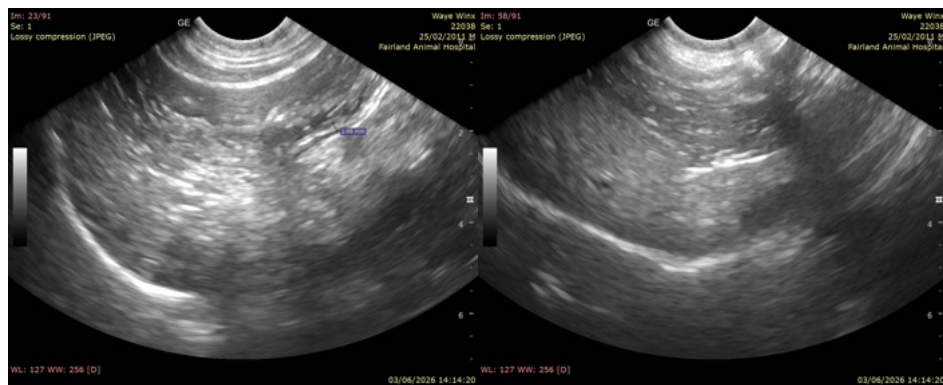
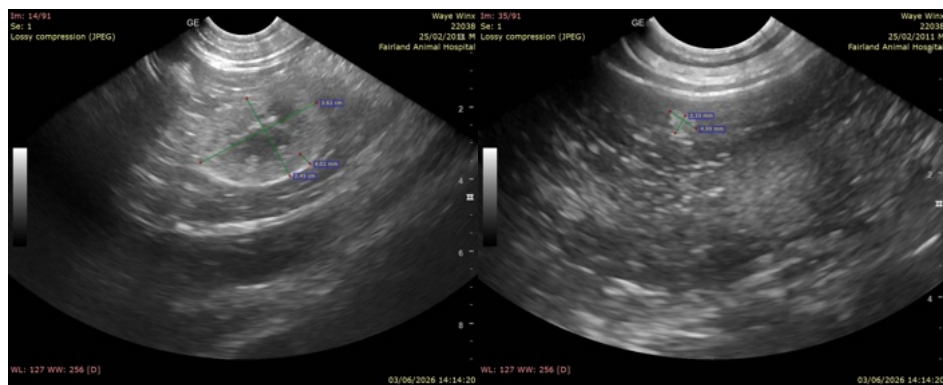
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- Correlation with feline pancreatic lipase immunoreactivity (Spec fPL) may be considered if clinical suspicion for pancreatitis remains high.
- Repeat thyroid testing (T4 and/or Free T4) may be considered in the future if weight loss persists or progresses despite current values remaining within reference intervals.
- If vomiting persists despite symptomatic therapy, further gastrointestinal investigation (including cobalamin assessment and GI panel) may be considered at the discretion of the attending veterinarian.

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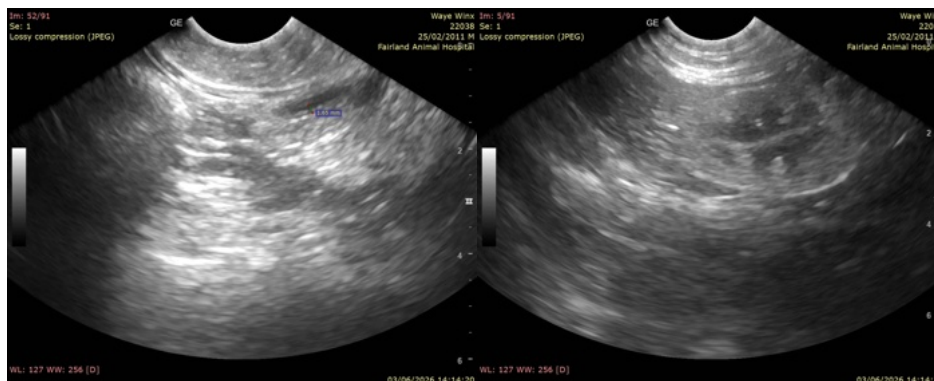
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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