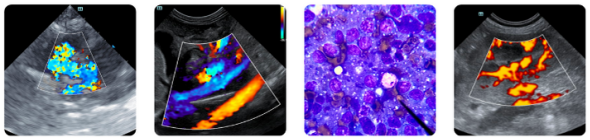


SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Leo Keysor

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

9 years

WEIGHT

5.7 kg

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Ryan Bergner, LVT

HOSPITAL NAME

Waterville Veterinary Clinic

REFERRING VET

Dr. Heather Culbertson

INVOICE

12103

DATE

6/5/2026

PRESENTING CLINICAL SIGNS

Has previously had a round cell tumor on small intestines that was removed in 2024. O likes to periodically have ultrasounds checked. Setting up for a dental procedure, so wanted to have it done prior to anesthesia.

Abnormal PE/Chem/CBC/UA Results: BW from 5/30/26 normal.

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 predominantly anechoic with scant suspended echoes. Normal appearance of the trigone and proximal urethra is observed. There are no calculi, and no evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size, measuring 3.88×2.20 cm, with a cortical thickness of 0.38 cm in the sagittal plane. The renal cortex is mildly hyperechoic relative to the liver parenchyma. The corticomedullary ratio is normal, and corticomedullary distinction is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

The right kidney is normal in shape and size, measuring 3.54×2.05 cm, with a cortical thickness of 0.29 cm in the sagittal plane. The renal cortex is mildly hyperechoic relative to the liver parenchyma. The corticomedullary ratio is normal, and corticomedullary distinction is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

Adrenal Glands

The left adrenal gland is not visualized. The right adrenal gland measures 0.24 cm at the cranial pole and 0.20 cm at the caudal pole.

Spleen

Splenic thickness is 0.58 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

Liver

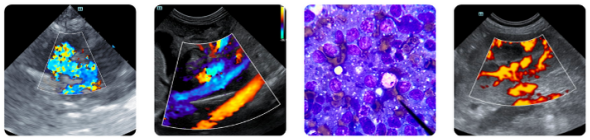
The liver is subjectively normal in size, with sharp edges and a regular contour. The liver parenchyma looks uniform and isoechoic compared to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is observed.

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 tract

The stomach is empty and folded, with a mural thickness of 1.28 mm and preserved wall layering.

The duodenum was not confidently identified within the submitted examination.



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The jejunal wall measures 1.81–2.09 mm. Wall layering is preserved. Individual wall layers measured within the jejunum include a mucosa of 0.98 mm, submucosa of 0.52 mm, and muscularis propria of 0.19 mm. The muscularis-to-mucosa ratio is approximately 0.19, which is within normal limits and does not support ultrasonographic evidence of chronic enteropathy, small-cell lymphoma, or muscularis hypertrophy within the evaluated segments.

The ileum and ileocolic junction were not confidently identified.

The colonic wall measures 0.81 mm and contains formed fecal material within the descending colon.

Pancreas

The pancreatic regions included in the examination 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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No sonographic evidence of recurrent intestinal mass formation, abdominal metastatic disease, or other significant abdominal pathology is identified within the evaluated portions of the abdomen. The jejunum demonstrates normal wall thickness, preserved layering, and a normal muscularis-to-mucosa ratio. No ultrasonographic evidence of infiltrative intestinal disease is identified within the visualized intestinal segments.

Mild bilateral renal cortical hyperechogenicity is present. In the absence of additional renal abnormalities, this finding is nonspecific and may represent mild chronic or age-related renal change.

Recommendations

•Continued abdominal ultrasound surveillance is reasonable given the patient's history of intestinal round cell neoplasia, to reassess the complete gastrointestinal tract and associated abdominal lymph nodes.

• Correlation with future clinical signs, physical examination findings, and routine laboratory testing is recommended.

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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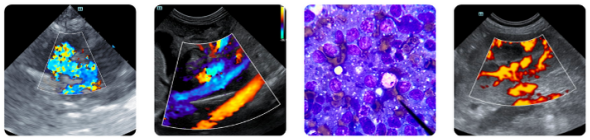

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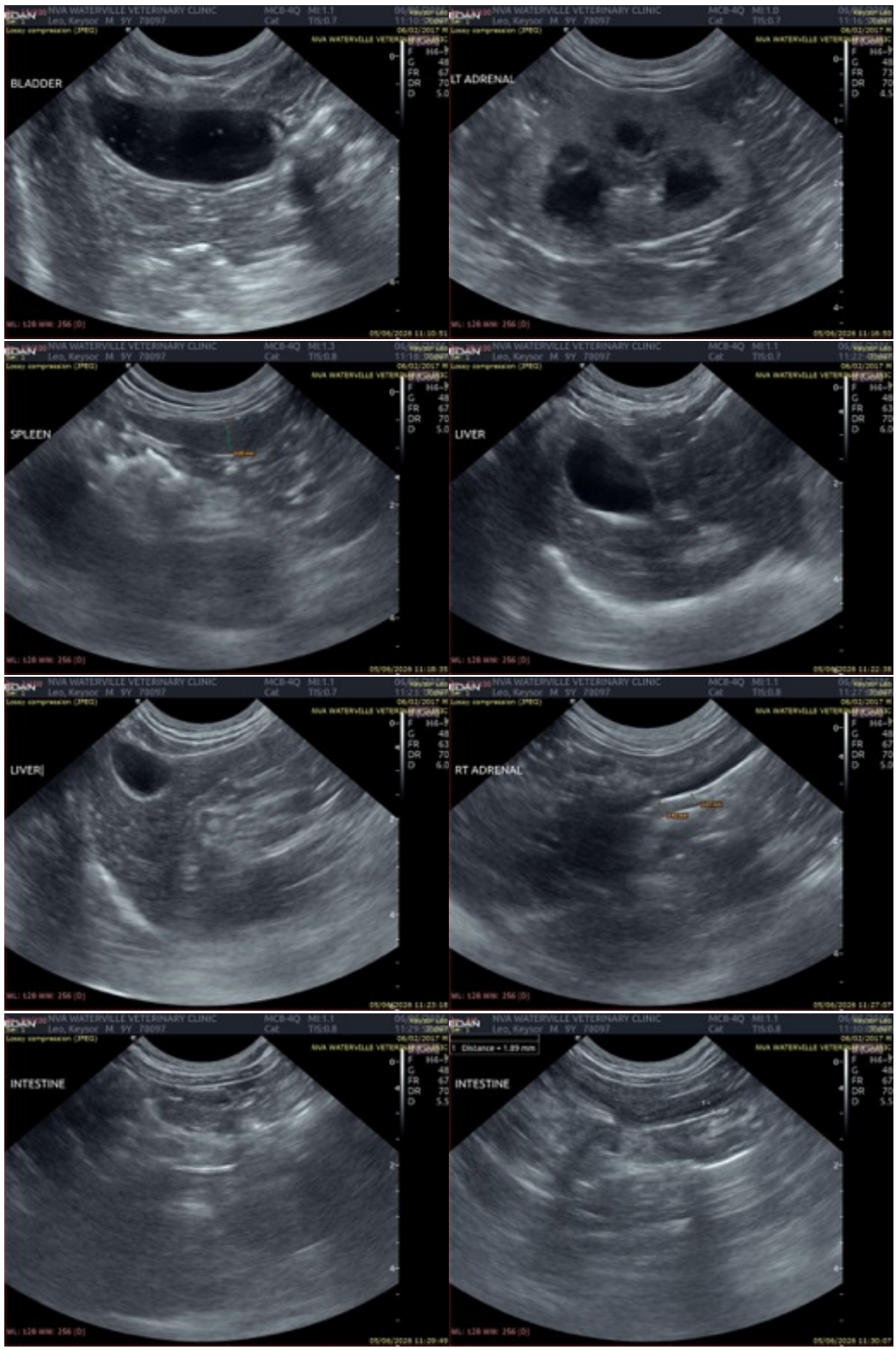

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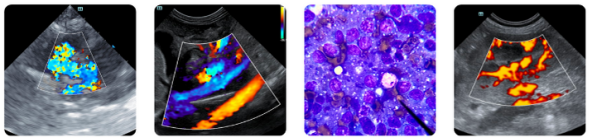

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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