



PATIENT

Elvis Barbato

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

7 years

WEIGHT

17.5 lbs

INTERPRETED BY

Dr. Alicia Angosto
Guerrero

IMAGING PERFORMED BY

Shannon Matthies

HOSPITAL NAME

Saugerties AH

REFERRING VET

Dr. Winkler

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DATE

1/21/26

PRESENTING CLINICAL SIGNS

- Anemia, Weight loss, Hyporexia, Dental disease
- PE - overweight, dental disease CBC - HCT 15%, poorly regenerative anemia, thrombocytopenia (platelet 29 k/uL). Chem - elevated liver enzymes (AST 201 (n <100), ALT 252 (n 10-100), Alk Phos 148 (n 6-102)), hypertriglyceridemia (831, n 25-160), elevated amylase 6927 (n 10-3000), increased CPK 2227 (n 56-529), hyperbilirubinemia (total 0.6, n 0.1-0.4), hypercalcemia 12.8 (n 8.2-10.8). FeLV/FIV negative T4 WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is normally distended. The bladder wall is thin and smooth, and the urine is anechoic. The bladder neck and proximal urethra appear normal. No uroliths are identified, and there is no ultrasonographic evidence of inflammatory or neoplastic changes.

Left kidney: Normal in shape and size, measuring 4.03×2.49 cm, with cortical thickness of 0.45 cm in the sagittal plane.

Right kidney: Normal in shape and size, measuring 4.05×2.47 cm.

In both kidneys, cortical echogenicity is normal. The corticomedullary ratio and corticomedullary definition are preserved. Mild hyperechoic medullary deposits are present bilaterally. No pyelectasia, nephroliths, or hydronephrosis are identified. Color Doppler evaluation demonstrates normal perfusion.

Adrenal Glands

Both adrenal glands have normal shape and echogenicity. The left adrenal gland measures 0.37 cm at the cranial pole and 0.38 cm at the caudal pole. The right adrenal gland measures 0.36 cm at the cranial pole and 0.38 cm at the caudal pole.

Spleen

Ultrasonographic evaluation of the spleen is limited.

Liver

The liver is subjectively enlarged, with regular contour. The hepatic parenchyma is uniform and mildly hyperechoic relative to the falciform fat, with a fine echotexture.

A smoothly marginated, homogeneous, round-to-oval structure measuring approximately 1.01-1.05 cm in length and 0.54 cm in width is identified between the gastric body and the extrahepatic portal vein, consistent with a portal (hepatic) lymph node.



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The gallbladder is normally distended. The wall is thin, and the contents contain a moderate amount of biliary sludge. The common bile duct measures approximately 1.79–2.64 mm. No definitive ultrasonographic evidence of biliary obstruction is identified.

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Gastrointestinal

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Stomach: Empty and folded, with mural thickness of 1.79 mm and preserved wall layering.

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Pylorus: Measures 2.52 mm. Duodenum: Wall thickness 1.80 mm. Jejunum: Wall thickness 1.49–1.50 mm. Ileum: Wall thickness 0.99 mm. Wall layering is preserved throughout the visualized small intestine. The ileocecal junction is not clearly visualized. No ultrasonographic evidence of inflammation, ileus, or foreign material is identified.

Colon: Wall thickness 0.78 mm, with formed feces in the descending segment.

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Pancreas

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The pancreas measures approximately 5.32 mm in thickness and appears normal. The pancreatic parenchyma is isoechoic relative to the adjacent omental fat. No ultrasonographic evidence of pancreatitis or focal pancreatic lesions is identified.

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Peritoneal Cavity

A very small volume of abdominal effusion is present between the hepatic lobes. Cranial mesenteric and ileocecal lymph nodes are not visualized, and the surrounding regions appear unremarkable. The iliac trifurcation is normal.

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ULTRASONOGRAPHIC FINDINGS

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PRIMARY FINDINGS

- Subjective hepatic enlargement with mild diffuse hepatic hyperechogenicity.
- Mild enlargement of a portal lymph node.
- Very small volume abdominal effusion between the hepatic lobes.

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SECONDARY FINDINGS

- Mild bilateral renal medullary hyperechoic deposits (likely secondary to hypercalcemia).
- Moderate biliary sludge.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The presence of a small amount of biliary sludge in the absence of gallbladder wall thickening, biliary duct dilation, or ultrasonographic signs of cholecystitis or biliary obstruction, is unlikely to be clinically significant and may be related to decreased gallbladder emptying or bile stasis.



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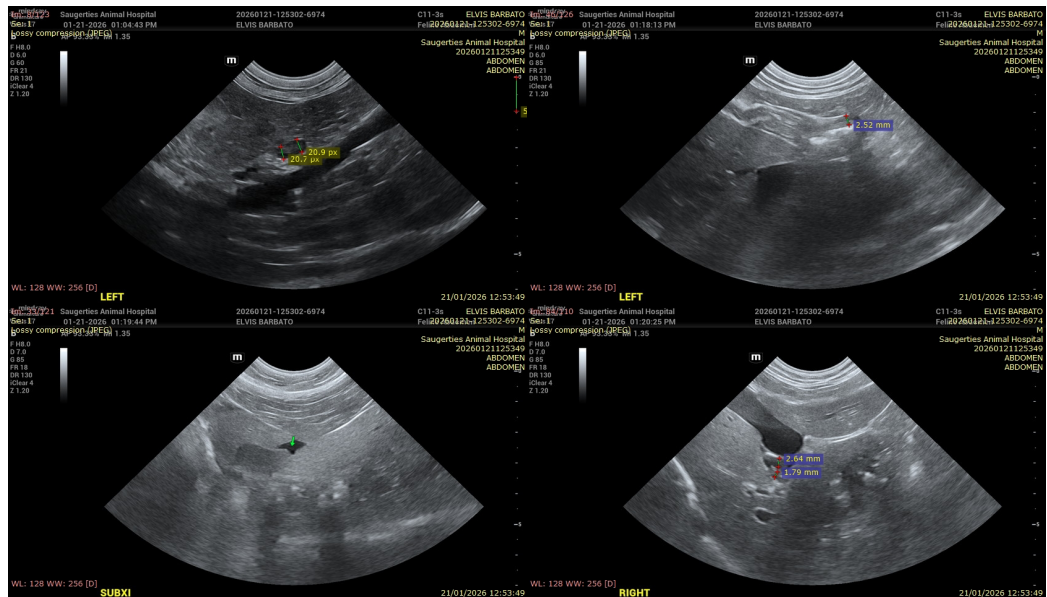
1/21/26

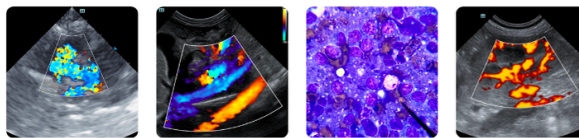
Overall, the findings are most consistent with a primary systemic or hematologic disorder, with secondary hepatic involvement. The hepatic changes identified on ultrasound are nonspecific and may reflect a metabolic or functional hepatopathy, including vacuolar hepatopathy or hepatic lipidosis, particularly in the context of systemic illness and hypoxemia.

However, given the presence of a mildly enlarged portal lymph node, hypercalcemia, hyperbilirubinemia, and severe hematologic abnormalities, a diffuse infiltrative disease cannot be completely excluded. Diffuse hepatic infiltration may occur without focal lesions or marked ultrasonographic abnormalities and therefore cannot be ruled out based on imaging alone.

Recommendations

- Further hematologic evaluation is strongly recommended, given the presence of severe, poorly regenerative anemia and marked thrombocytopenia. Assessment of bone marrow function (bone marrow aspiration and/or biopsy) should be considered to investigate primary hematologic disease.
- Invasive hepatic sampling (cytology or biopsy) is not recommended at this time, as the patient's current degree of thrombocytopenia and anemia significantly increase the risk of hemorrhage. Reassessment of hepatic sampling may be considered if hematologic parameters improve.
- Continued clinical and biochemical monitoring of hepatic parameters is recommended, recognizing that the current ultrasonographic findings do not exclude diffuse hepatic infiltration but are more suggestive of secondary or metabolic hepatic change.





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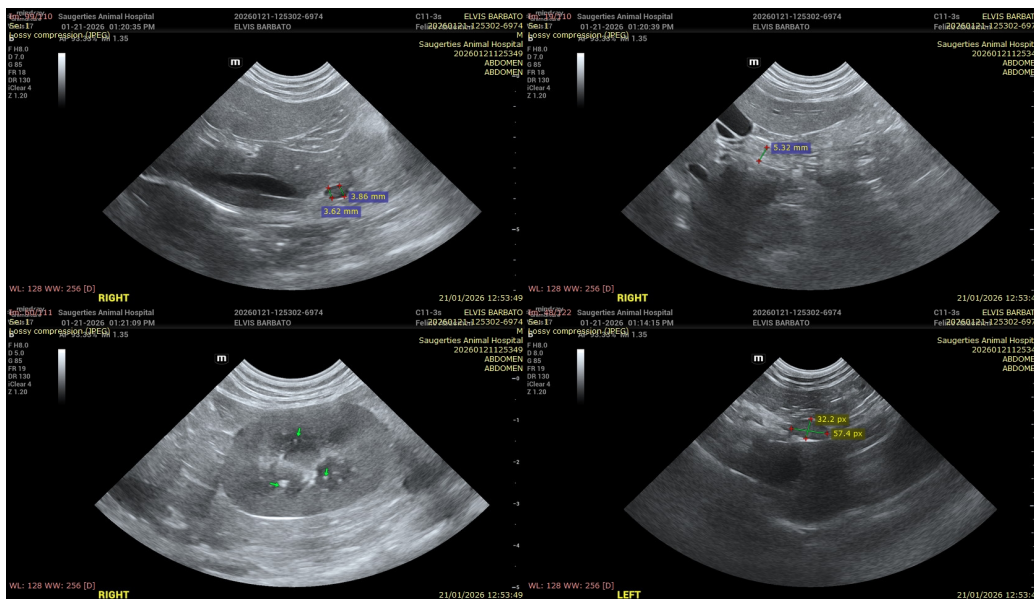
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

MV Esp Ultrasound in Domestic and Wild Animals

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