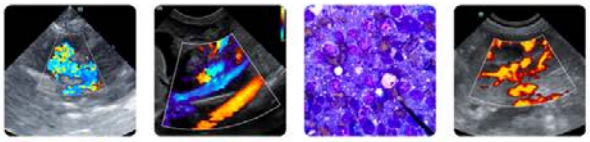


PATIENT

Rigby Crosby

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered Male

AGE

12.5 Years

WEIGHT

7.05 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Dr. Renee Ziegler-Post

HOSPITAL NAME

For Cats Only Veterinary Clinic

REFERRING VET

Dr. Renee Ziegler-Post

INVOICE

72423

DATE

1/23/26

PRESENTING CLINICAL SIGNS

Weight loss, increased appetite.

Abnormal PE/Chem/CBC/UA Results: Elevated liver enzymes

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is markedly distended. The bladder wall appears thin and smooth. The urine is predominantly anechoic with scant suspended echoes. The bladder neck and proximal urethra have a normal ultrasonographic appearance. No uroliths are identified, and there is no ultrasonographic evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size, measuring 3.91×2.94 cm. Cortical thickness measures 0.45 cm in the sagittal plane.
The right kidney is normal in shape and size, measuring 4.40×2.50 cm. Cortical thickness measures 0.50 cm in the sagittal plane.

In both kidneys, the renal cortex is increased in echogenicity, resulting in increased corticomedullary distinction. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler evaluation demonstrates a normal vascular pattern.

Adrenal Glands

The adrenal glands are not visualized.

Spleen

Splenic thickness measures 1.08 cm. The splenic parenchyma demonstrates normal echogenicity with a fine, homogeneous echotexture and no focal parenchymal abnormalities. The splenic capsule is smooth and regular.

Liver

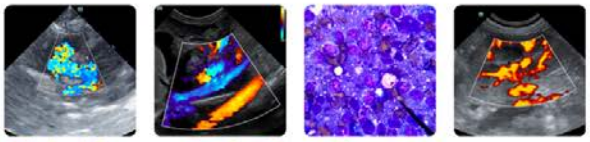
The liver is subjectively increased in size, with regular contour. The hepatic parenchyma is uniform and isoechoic relative to the falciform fat, with a normal echotexture.

The gallbladder lumen is markedly distended. The gallbladder wall is irregular and contains multiple heterogeneous intraluminal proliferative structures. The cystic duct and common bile duct are markedly dilated. Overall, the biliary system demonstrates severe dilation with complex structural abnormalities, resulting in a challenging sonographic appearance due to the degree of distension and overlapping abnormal features.

Gastrointestinal

The stomach is empty and folded, with intraluminal gas, preserved wall layering, and a mural thickness of 1.46 mm.

Duodenum: mural thickness 3.29 mm.
Jejunum: mural thickness 2.98 mm; mucosa 1.28 mm; submucosa 0.68 mm; muscularis propria 1.09 mm.
Ileum: mural thickness 2.33 mm; mucosa 0.90 mm; submucosa 0.72 mm; muscularis propria 0.72 mm,



PATIENT

Rigby Crosby

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered Male

AGE

12.5 Years

WEIGHT

7.05 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Dr. Renee Ziegler-Post

HOSPITAL NAME

For Cats Only Veterinary Clinic

REFERRING VET

Dr. Renee Ziegler-Post

INVOICE

72423

DATE

1/23/26

with preserved wall layering.
The ileocecal junction measures 2.72 mm, with muscularis thickness of 0.49 mm.

No ultrasonographic evidence of gastrointestinal obstruction, ileus, or foreign material is identified. The colon wall measures 0.74 mm, with soft fecal material present in the descending colon.

Pancreas

The pancreas measures up to 7.45 mm in thickness. Pancreatic parenchyma is mildly hypoechoic relative to the adjacent omental fat. The pancreatic duct measures 1.60 mm in diameter. No ultrasonographic evidence of active peripancreatic inflammation is identified.

Free Abdomen

Abdominal effusion is present. Cranial mesenteric lymph nodes measure up to 8.55 mm in thickness and appear mildly heterogeneous. Ileocecal lymph nodes are not visualized. The iliac trifurcation has a normal appearance.

PRIMARY FINDINGS

- Marked gallbladder distension with irregular wall architecture and heterogeneous intraluminal proliferative structures.
- Marked dilation of the gallbladder, cystic duct and common bile duct.
- Anechoic abdominal effusion.

SECONDARY FINDINGS

- Cranial mesenteric lymphadenopathy (8.55 mm), mildly heterogeneous.
- Pancreatic duct dilation with mild pancreatic parenchymal hypoechogenicity.
- Bilateral renal cortical hyperechogenicity.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This abdominal ultrasound demonstrates severe and complex hepatobiliary abnormalities, characterized by marked gallbladder distension, irregular gallbladder wall architecture with heterogeneous intraluminal proliferative material, and marked dilation of the cystic and common bile ducts. The degree of biliary dilation indicates a clinically significant process; however, the overall ultrasonographic pattern is not specific for a single etiology.

In cats, severe inflammatory biliary disease may produce complex gallbladder wall and intraluminal changes that can appear mass-like on ultrasonography. Differential considerations for the intraluminal gallbladder abnormalities in this case include chronic severe cholangitis/cholangiohepatitis with secondary gallbladder involvement, gallbladder wall hyperplasia, and inflammatory pseudopolyps or organized inflammatory debris, all of which may result in irregular wall thickening and heterogeneous intraluminal proliferations without representing true neoplasia. However, neoplastic biliary disease cannot be excluded, particularly given the intraluminal gallbladder changes and lymphadenopathy. Ultrasonography alone cannot definitively differentiate these entities.

PATIENT

Rigby Crosby

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered Male

AGE

12.5 Years

WEIGHT

7.05 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Dr. Renee Ziegler-Post

HOSPITAL NAME

For Cats Only Veterinary Clinic

REFERRING VET

Dr. Renee Ziegler-Post

INVOICE

72423

DATE

1/23/26

Pancreatic findings, including mild parenchymal hypoechogenicity and pancreatic duct dilation, may represent secondary pancreatic involvement and are commonly associated with biliary disease in cats, supporting the possibility of a triaditis-like process.

The gastrointestinal tract demonstrates preserved wall layering and objective measurements within expected limits, including muscularis-to-mucosa ratios <1, arguing against primary intestinal neoplasia as the driver of the current presentation.

Recommendations:

- Initiate prompt medical management directed toward severe inflammatory biliary disease, given the marked ultrasonographic abnormalities and the patient's currently compensated clinical status.
- Use clinical and biochemical response to medical therapy as a key diagnostic tool, recognizing that improvement would strongly support an inflammatory biliary process, whereas lack of response or deterioration would increase concern for obstructive or neoplastic disease.
- Ultrasound-guided cholecystocentesis may be considered for further characterization of the biliary disease, if clinically indicated and deemed safe.
- Further invasive diagnostics or advanced imaging (CT) should be reserved for cases with poor response to medical management, progressive biliary obstruction, or clinical deterioration, rather than pursued immediately based solely on the current ultrasonographic appearance.

PATIENT

Rigby Crosby

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered Male

AGE

12.5 Years

WEIGHT

7.05 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Dr. Renee Ziegler-Post

HOSPITAL NAME

For Cats Only Veterinary Clinic

REFERRING VET

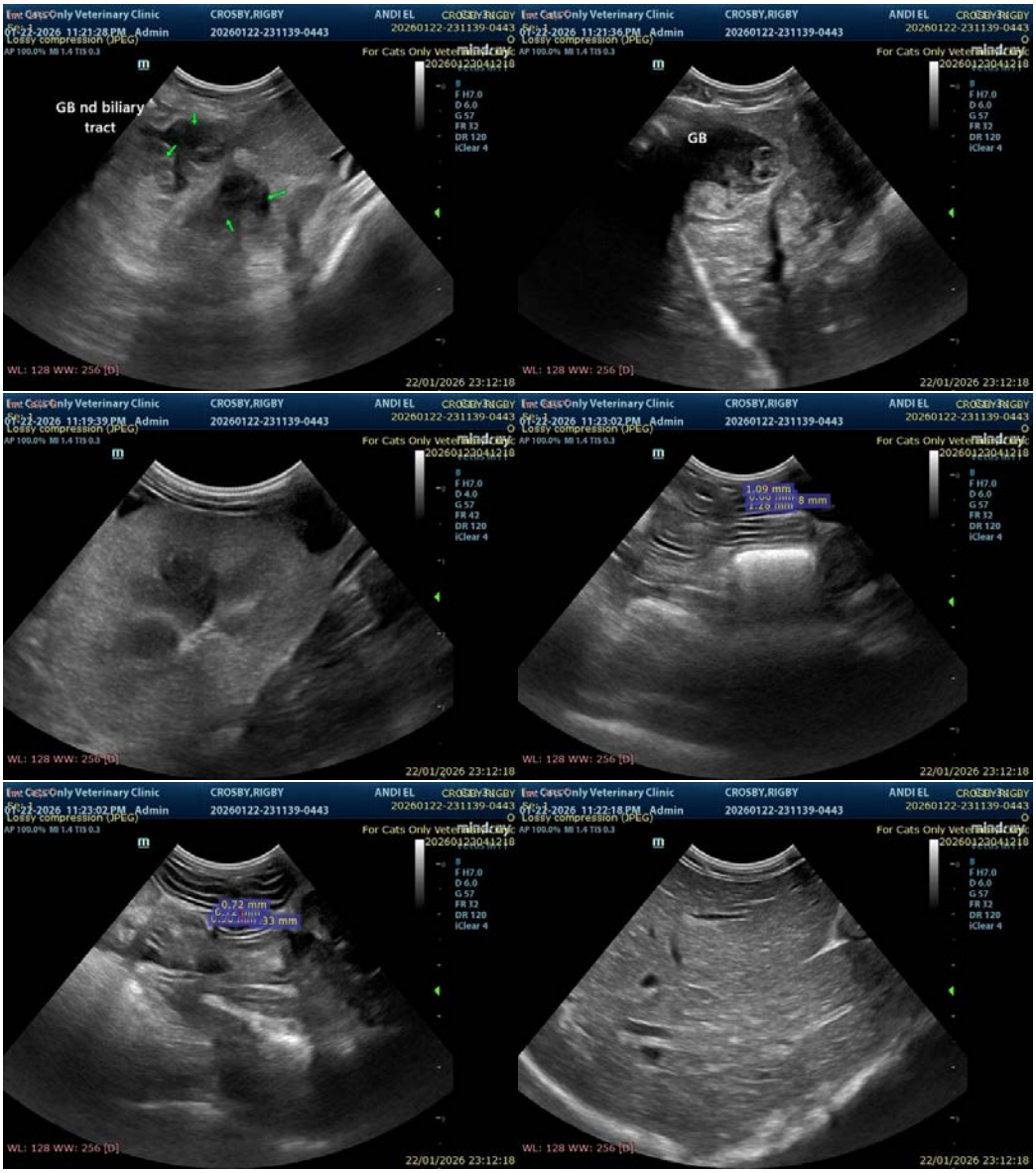
Dr. Renee Ziegler-Post

INVOICE

72423

DATE

1/23/26



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