



## PATIENT

Elner Schimfizzle  
Larson

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Intact female

## AGE

10 months

## WEIGHT

6.8 lbs

## INTERPRETED BY

Dr. Alicia Angosto  
Guerrero

## IMAGING PERFORMED BY

Anshu Gupta

## HOSPITAL NAME

Liverpool Village AH

## REFERRING VET

Dr. Sichak

## INVOICE

68582

## DATE

11/11/25

## PRESENTING CLINICAL SIGNS

History: Presented for spay, abnormal preanesthetic bloodwork. No clinical signs at home (e/d/u/d normally, no v/d). Patient was treated 10/14/25 with methylpred and convenia for stomatitis, tresaderm for otitis externa, and given pyrantel for dewormer. FeLV/FIV/HW negative. Booster appointment 11/6/25 found small firm mass between shoulders (r/o injection site granuloma vs. other), and gave profender for dewormer.

Abnormal PE/Chem/CBC/UA Results: Severely elevated ALT (712), mildly elevated ALP (102) and BUN (34) Moderate gingivitis on PE, otherwise NSF.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The bladder lumen is normally distended, and the wall of the urinary bladder appears thin and smooth. The urine is anechoic. Normal appearance of the proximal urethra and vesicoureteral junction. There are no calculi, and no evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size: 3.32x1.95 cm, and the thickness of the cortex is 0.31 cm, in the sagittal plane. The cortical is isoechogenic compared to liver parenchyma. The corticomedullary ratio is normal and the corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths or hydronephrosis. Doppler color shows normal pattern.

The right kidney is normal in shape and size: 3.85x2.06 cm, and the thickness of the cortex is 0.31 cm, in the sagittal plane. The cortical is isoechogenic compared to liver parenchyma. The corticomedullary ratio is normal and the corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths or hydronephrosis. Doppler color shows normal pattern.

The uterus and ovaries were not visualized in any of the provided video clips.

### Adrenal Glands

Both adrenal glands are normal in shape and echogenicity. The left adrenal gland measures 0.19 cm (cranial pole) and 0.20 cm (caudal pole). The right adrenal gland measures 0.24 cm (cranial pole) and 0.24 cm (caudal pole).

### Spleen

Splenic thickness is 0.77 cm. The parenchyma is of normal echogenicity and fine, homogeneous echotexture, without focal abnormalities. The splenic capsule is smooth and regular, and splenic vasculature appears normal.

### Liver

The liver extends slightly beyond the gastric body, with the stomach empty. The caudal margin of the left hepatic lobe is seen beyond the midline plane of the stomach. Although margins are not clearly rounded, the overall appearance is consistent with subjective mild hepatomegaly. The parenchyma is



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homogeneous, isoechoic relative to falciform fat, and shows normal echotexture. No hepatic lymphadenopathy is noted.

The gallbladder is moderately distended, with a thin wall and anechoic contents containing a small amount of biliary sludge. The common bile duct measures 2.61–2.01 mm proximally and 1.32 mm just before entering the duodenal papilla – within normal limits for feline patients.

### ***Gastrointestinal***

The stomach is empty and partially folded, with normal mural thickness (1.87 mm) and preserved wall layering. The pylorus measures 2.44 mm, with a small amount of intraluminal fluid.

Duodenum: 1.28 mm; duodenal papilla: 3.06×2.39 mm. Jejunum: 2.05 mm total thickness (mucosa 1.50 mm, submucosa 0.41 mm, muscularis 0.24 mm). Ileum: 1.69 mm total thickness (mucosa 0.60 mm, submucosa 0.70 mm, muscularis 0.39 mm). Wall layering is normal throughout. The ileocecal junction was not visualized. No evidence of obstruction, ileus, or foreign material is observed.

Colon: transverse 1.3 mm, descending 1.12 mm, mostly empty with a small amount of formed feces.

### ***Pancreas***

The right limb measures 3.91 mm and the left limb 5.17 mm. The parenchyma is isoechoic to adjacent omental fat, and the pancreatic duct is not dilated. No signs of active inflammation or neoplastic change are observed.

### ***Peritoneal Cavity***

No abdominal effusion or peritonitis is seen.

Cranial mesenteric and ileocecal lymph nodes were not visualized, but the surrounding regions appear unremarkable.

The iliac trifurcation is normal.

## **ULTRASONOGRAPHIC FINDINGS**

- Mild hepatomegaly, with homogeneous parenchyma and normal echogenicity.
- Gallbladder moderately distended with anechoic bile and a smooth, thin wall; common bile duct diameter within reference limits.

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

The ultrasound findings reveal a mild, subjective hepatomegaly without changes in echotexture, echogenicity, or vascular pattern. The hepatic margins remain sharp and non-rounded, suggesting a functional or metabolic rather than structural hepatopathy. The marked gallbladder distension with



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minimal biliary sludge is most consistent with physiologic bile stasis, particularly in a fasted or stressed feline patient, rather than cholestasis or inflammatory biliary disease.

Given the marked ALT elevation with only mild ALP increases, and considering that the patient recently received methylprednisolone, Convenia, pyrantel, and Profender, the most likely explanation is a steroid- or drug-induced hepatocellular enzyme elevation, possibly compounded by mild vacuolar hepatopathy. This pattern is well-documented in young cats following corticosteroid exposure or polypharmacy.

The absence of ultrasonographic parenchymal heterogeneity, nodularity, biliary dilation, or portal abnormalities makes primary hepatobiliary disease (cholangiohepatitis, lipidosis, or neoplasia) unlikely at this stage.

### Recommendations

- Recheck serum biochemistry (ALT, ALP, total bilirubin, and BUN) in 3–4 weeks after discontinuation of corticosteroids and antibiotics.
- Maintain a balanced, high-quality diet with moderate fat and protein; avoid unnecessary supplements or hepatotoxic drugs.
- Monitor clinically for any emerging signs.





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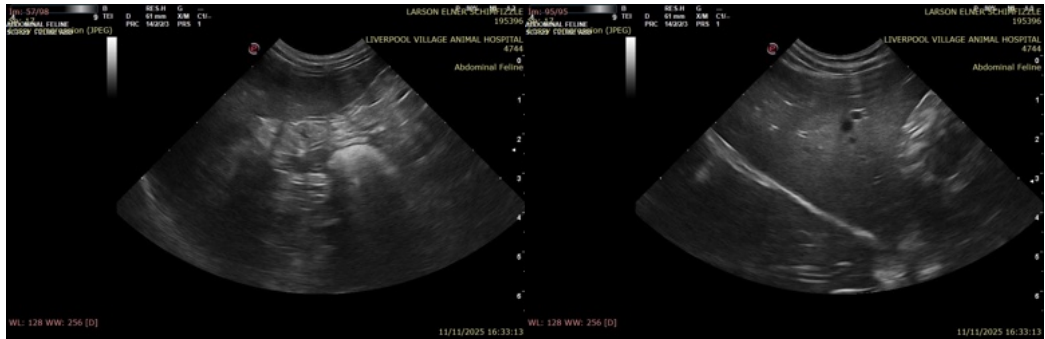
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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