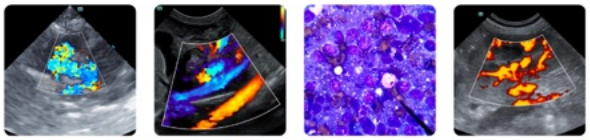


PATIENT

Eeny Animals in Distress

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

7 months

WEIGHT

6.14 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Pamela Bay

HOSPITAL NAME

For Cats Only VC

REFERRING VET

Dr. Bay

INVOICE

69395

DATE

12/8/25

PRESENTING CLINICAL SIGNS

History: Presented with lethargy and elevated ALT

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

The left kidney is normal in shape and size: 3.25 x 2.06 cm, with a cortical thickness of 0.29 cm in the sagittal plane. The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is normal, and corticomedullary definition is preserved. No pyelectasia, nephroliths, or hydronephrosis are observed. Color Doppler shows a normal pattern.

The right kidney is normal in shape and size: 3.32 x 1.99 cm, with a cortical thickness of 0.33 cm in the sagittal plane. The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is normal, and corticomedullary definition is preserved. No pyelectasia, nephroliths, or hydronephrosis are observed. Color Doppler shows a normal pattern.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. The left adrenal gland measures 0.22 cm at the cranial pole and 0.20 cm at the caudal pole. The right adrenal gland measures 0.24 cm at the cranial pole and 0.23 cm at the caudal pole.

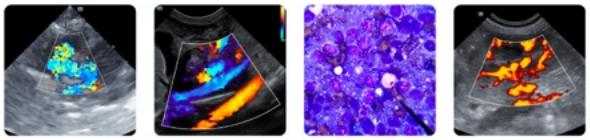
Spleen

Splenic thickness is 0.76 cm. The parenchyma demonstrates normal echogenicity and a fine, homogeneous echotexture without focal abnormalities. The splenic capsule is smooth and regular.

Liver

The liver is subjectively normal in size, with sharp edges and a regular contour. The parenchyma appears 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 measures 1.23 mm, and the contents are primarily anechoic. The common bile duct is moderately dilated (3.77 mm) up to its insertion at the duodenal papilla.



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Gastrointestinal

The stomach is semidistended with food remnants, with a mural thickness of 2.52 mm and preserved wall layering.

Pylorus: 3.21 mm. Duodenum: 2.77 mm. Jejunum: 1.46 mm. Ileum: 1.47 mm, with normal wall layering. The ileocecal junction was not visualized. No signs of obstruction, ileus, or foreign material are identified.

Colon: 0.66 mm, with formed feces in the descending segment.

Pancreas

The pancreas measures 5.18 mm. The right limb, body, and left limb appear normal. The pancreatic parenchyma is isoechoic to the adjacent omental fat. The pancreatic duct measures 1.06 mm. No signs of active inflammation or neoplastic disease are evident.

Peritoneal Cavity

No abdominal effusion or peritonitis is observed.

The cranial mesenteric lymph nodes measure 5.16 mm in thickness, with normal shape and echogenicity.

The ileocecal lymph nodes measure 3.23 mm in thickness, with normal shape and echogenicity.

The pancreaticoduodenal lymph node measures 5.42x5.52 mm.

The iliac trifurcation is normal.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Moderate dilation of the common bile duct extending to the duodenal papilla.
- Mild enlargement of the pancreaticoduodenal lymph node (5.42 x 5.52 mm).

SECONDARY FINDINGS

- Pancreatic duct mildly prominent (1.06 mm) without pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The abdominal ultrasound of this 7-month-old spayed female DSH with lethargy and an elevated ALT shows no structural hepatic, pancreatic, or obstructive biliary disease. However, the findings are compatible with early biliary or duodenal inflammation, including the possibility of early-stage cholangitis or cholangiohepatitis, especially the neutrophilic (ascending) form, which is more common in young cats. The moderately dilated common bile duct, in the absence of gallbladder dilation or biliary

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obstruction, fits a functional or transient biliary dilation pattern, which is common in young, recently fed cats.

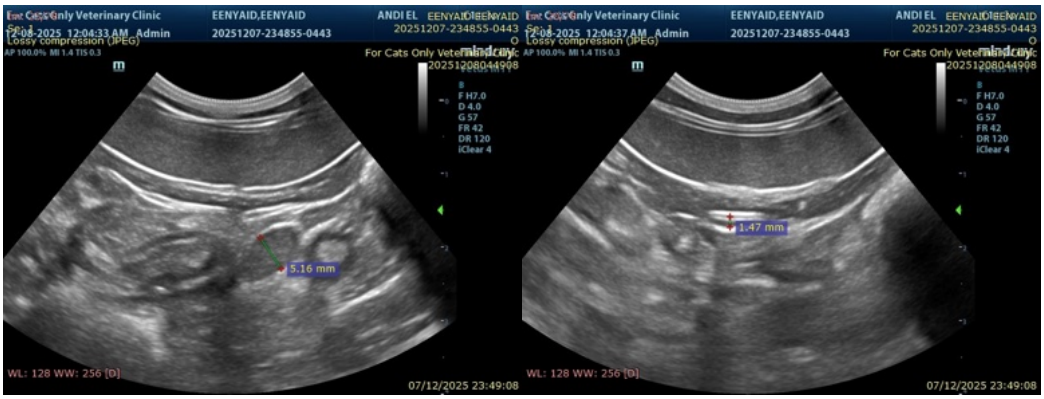
The pancreatic duct is mildly prominent, which can be seen with low-grade biliary or duodenal inflammation due to the shared biliopancreatic outflow region.

There is no evidence of extrahepatic biliary obstruction, pancreatitis, hepatic structural disease, or congenital portosystemic shunting.

The mild enlargement of the pancreaticoduodenal lymph node further supports a reactive, self-limiting process affecting the duodeno-biliary interface.

Clinical correlation and recommendations

- Interpret ALT trend: knowing the exact ALT value and repeating liver enzymes in 7–10 days will help determine whether the process is resolving, stable, or progressing.
- Consider broad-spectrum antibiotics if neutrophilic cholangitis or ascending bacterial involvement are suspected.
- Supportive care for mild GI disease may be appropriate depending on clinical signs.
- Spec fPL may be helpful for complete evaluation, particularly in a young patient with elevated ALT and mild biliary–duodenal reactivity. This test can help exclude subclinical or early pancreatic involvement, which may not yet be evident sonographically.
- Monitor bilirubin.
- Consider bile acids if hepatic functional assessment is needed.



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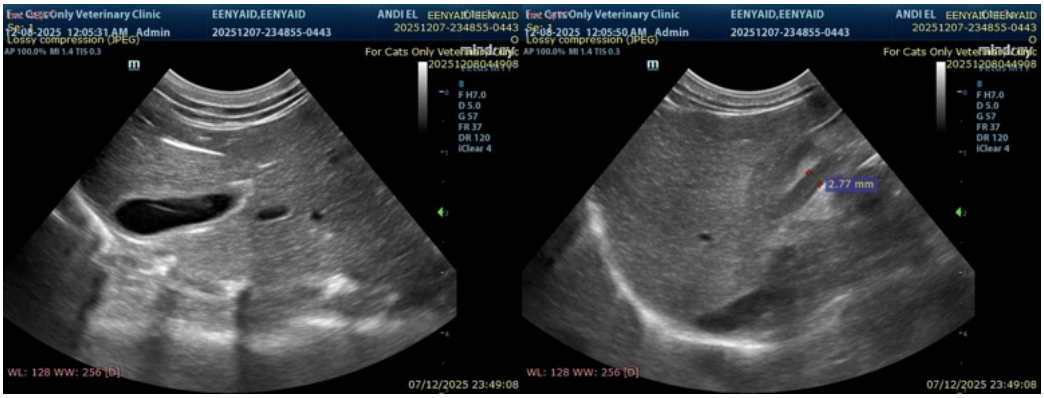

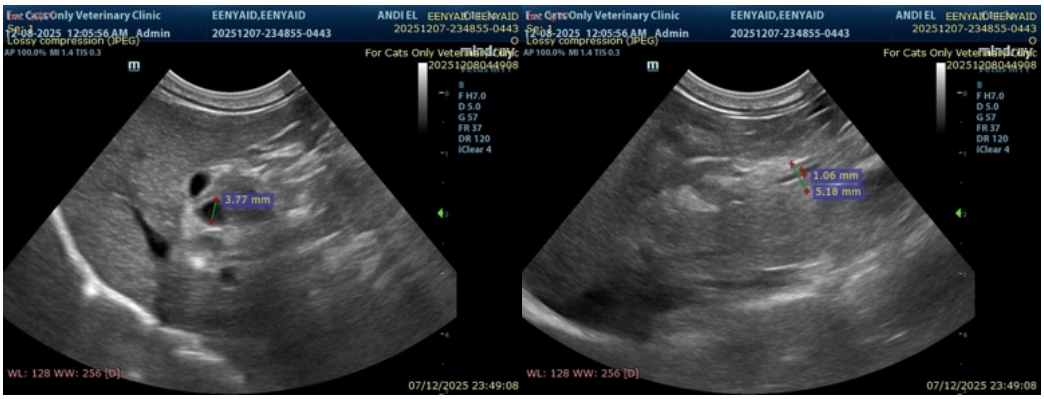

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com