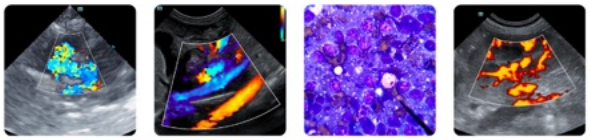


PATIENT

Red Martz

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

14 years

WEIGHT

5.97 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Dr. Seth Edgar

HOSPITAL NAME

Overpeck Creek AH

REFERRING VET

Dr. Edgar

INVOICE

71608

DATE

2/16/26

PRESENTING CLINICAL SIGNS

- Red is a 14 year old NM DSH presented for lethargy, decreased appetite (less than normal, he is normally picky). On presentation, he is icteric with obvious weight loss. Has been chronically losing weight. Was first 10.3lb 6/23, and is now 5.97 lb today. Last visit was 8/25 and he weighed 8.1 lb.
- In-house lab work showed: All WBC lines other than Neutrophils and Monocytes, and Platelets being very low normal; Glob 5.9(H); ALT 536(H); ALP 260(H); GGT 5(H); tBili 4.8(H); Cholesterol 235(H). BP Measurements: 120, 130, 118, 120, 118. PLI: 6.2ng/mL - consistent with pancreatitis FNA of the liver is pending at Idexx.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is normally distended. The wall is thin and smooth. The urine is predominantly anechoic with scant suspended echoes. The bladder neck and proximal urethra appear normal. No uroliths or ultrasonographic evidence of inflammatory or neoplastic changes are identified.

The left kidney is normal in shape and size, measuring 3.96×2.36cm in the sagittal plane. Cortical thickness 0.35 cm.

The left kidney is normal in shape and size, measuring 3.72×2.08 cm in the sagittal plane. Cortical thickness 0.31 cm.

Both Kidneys: The renal cortex is mildly increased in echogenicity, resulting in subjectively increased corticomedullary contrast. The corticomedullary ratio is normal, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Doppler color flow appears normal.

Adrenal Glands

Dorsoventral diameters measured in the sagittal plane:

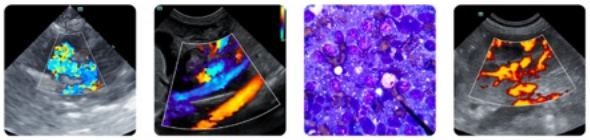
- Left adrenal gland measures 0.24cm at the cranial pole and 0.26cm at the caudal pole.
- Right adrenal gland measurements is not reliably visualized.

In adult cats, adrenal thickness ≤4–4.5mm is considered normal.

Spleen

Splenic thickness is 0.74cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal abnormalities. The splenic capsule is smooth and regular.

Liver



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The liver is subjectively enlarged, particularly the right lobes, which appear rounded while preserving internal architecture. The hepatic parenchyma is homogeneous and isoechoic relative to the falciform fat, with a mildly coarse echotexture. No hepatic lymphadenopathy is observed.

The gallbladder lumen is normally distended. The wall measures 1.72mm. A large amount of biliary sludge is present.

The common bile duct measures up to 3.79–3.80 mm and contains focal intraluminal material at the distal portion near its exit from the liver toward the duodenum, which may represent a mucous plug or inspissated bile; however, definition is insufficient for definitive characterization. Distal to this intraluminal structure, the common bile duct diameter decreases to approximately 1.13mm prior to entering the duodenal papilla. The common bile duct wall thickness measures 0.71mm. No dilation of the intrahepatic bile ducts is identified.

In adult cats, the common bile duct must be under ≤3–4mm.

Gastrointestinal

The stomach is distended and filled with food and fluid. Wall thickness measures 1.61mm with preserved layering.

Pylorus: 2.69mm. Duodenum: 1.77mm. Jejunum: 2.07–2.18mm. Mucosa: 1.11mm. Submucosa: 0.62mm. Muscularis propria: 0.31mm Ileum: 2.19mm. Mucosa: 0.81mm. Submucosa: 1.02mm. Muscularis propria: 0.25mm. Wall layering is preserved throughout. No ultrasonographic evidence of obstruction or infiltrative disease is identified. The muscularis-to-mucosa ratio in the jejunum and ileum are within normal limits and does not support muscularis-predominant enteropathy.

Colon: transverse 1.2mm; descending 0.90mm, with formed feces present.

Pancreas

Right limb: 5.34mm. Body: 5.61mm. Left limb: 5.60mm. Margins are regular. The parenchyma is mildly hypoechoic relative to adjacent omental fat. The pancreatic duct measures 0.63mm. No focal mass lesion is identified.

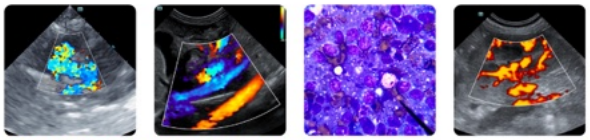
For geriatric cats, pancreatic thickness up to approximately 6–7mm may be seen; duct diameter ≤2–3mm is considered normal.

Peritoneal Cavity

No abdominal effusion or peritonitis is observed. Cranial mesenteric and ileocecal lymph nodes are not visualized.

Left gastric lymph node measures 2.89×5.30mm, with normal shape and echogenicity.

The iliac trifurcation is normal.



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ULTRASONOGRAPHIC FINDINGS

- Subjective hepatomegaly with mildly coarse echotexture.
- Abundant biliary sludge.
- Common bile duct dilation (3.7–3.8mm) with distal intraluminal material and common bile duct mural thickening.
- Mild pancreatic hypoechogenicity with normal thickness.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Marked hyperbilirubinemia, significant ALT elevation, hyperglobulinemia, hepatomegaly, abundant biliary sludge, and common bile duct mural thickening are most consistent with inflammatory cholangitis/cholangiohepatitis. While ultrasonography cannot differentiate lymphocytic from neutrophilic cholangitis, the overall pattern is more suggestive of a chronic inflammatory process rather than acute suppurative disease. However, an acute exacerbation or concurrent inflammatory component cannot be excluded, particularly given the marked ALT elevation.

Abundant biliary sludge with mild common bile duct dilation, mural thickening, and distal intraluminal biliary material most likely reflects inflammatory cholestasis with inspissated bile. While a partial or dynamic distal obstruction secondary to inflammatory debris cannot be excluded, there is no ultrasonographic evidence of established mechanical extrahepatic biliary obstruction. Inflammatory cholestasis likely contributes significantly to the marked hyperbilirubinemia.

The pancreas is within normal size parameters, with preserved architecture and no peripancreatic inflammatory changes. Given the known limited sensitivity of ultrasound for feline pancreatitis, a concurrent mild inflammatory component cannot be excluded; however, the primary ultrasonographic abnormalities are hepatobiliary rather than pancreatic.

Recommendations

- Empirical medical management for pancreatitis and inflammatory hepatobiliary disease is warranted while awaiting cytology results.
- Given the marked chronic weight loss and ongoing hyporexia, early and proactive nutritional intervention should be considered if adequate caloric intake cannot be reliably maintained.
- Serial monitoring of bilirubin and liver enzymes.
- Consider repeat abdominal ultrasound if bilirubin levels continue to rise, clinical status deteriorates, or concern for progression toward complete extrahepatic biliary obstruction develops. Advanced imaging (contrast-enhanced CT) may be considered if cytology is nondiagnostic or if a structural obstructive or neoplastic process becomes more strongly suspected.

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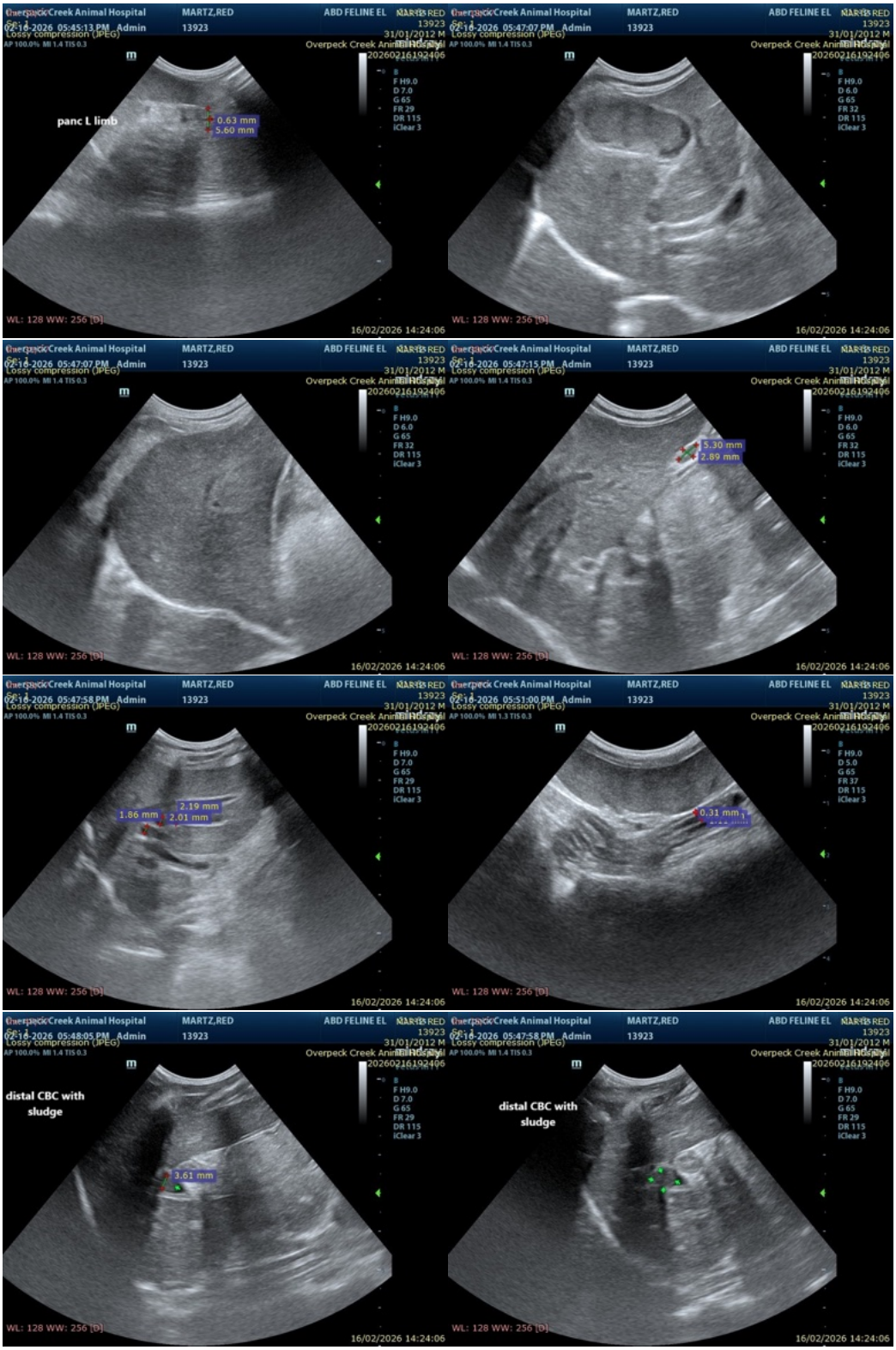

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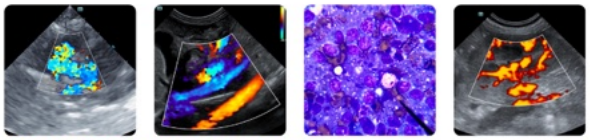

Clinical Sonography & Telecytology
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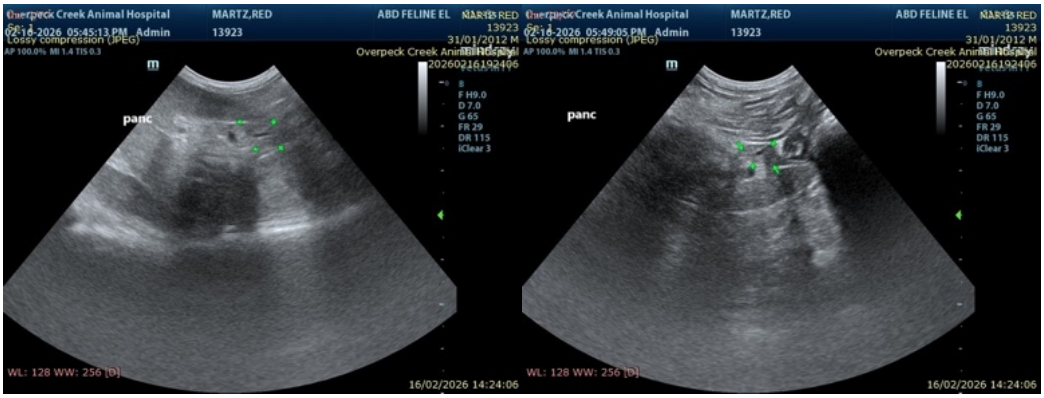

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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