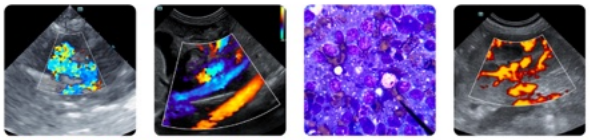




**PATIENT**

Kitty Magin

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Spayed female

**AGE**

15 years

**WEIGHT**

7.58 lbs

**INTERPRETED BY**

Dr. Alicia Angosto Guerrero

**IMAGING PERFORMED BY**

Ryan Moreno

**HOSPITAL NAME**

Seven Fields VH

**REFERRING VET**

Dr. Moreno

**INVOICE**

71650

**DATE**

2/17/26

## PRESENTING CLINICAL SIGNS

- Presented for Wellness and has historical liver value elevations. Patient was on denamerin but the medication was stopped due to iatrogenic vomiting. Recheck on 2/17/25 still eating/drinking, drinking more per o but other doing okay. Has had progressive weight loss since initial appointment. Grossly icteric on Physical at recheck on 2/17/25.
- 2/17/26: ALT 332 (H) TBili: 1.2 Cre: 2.8 BUN 40 Gluc: 164 (likely stress) TP: 9 Glob: 5.7
  12/4/25: ALP : 103 ALT: 309 AST: 130 TBili: 0.9

## 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 bladder neck and proximal urethra. There are no calculi, and no evidence of inflammatory or neoplastic changes.

Left kidney: 3.54×2.64cm in the sagittal plane. Cortical thickness 0.40 cm. Right kidney: 3.20×2.37cm in the sagittal plane. Cortical thickness 0.39 cm. Both kidneys are normal in size for an adult cat (reference renal length approximately 3.0–4.5cm). The cortices are diffusely hyperechoic relative to the hepatic parenchyma. Corticomedullary distinction is preserved and corticomedullary ratio is normal. A medullary rim sign is present bilaterally. No pyelectasia, nephrolithiasis, or hydronephrosis is identified. Doppler color flow appears normal.

### *Adrenal Glands*

Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.29 cm at the cranial pole and 0.30 cm at the caudal pole. The right adrenal gland measures 0.28 cm at the cranial pole and 0.28 cm at the caudal pole.

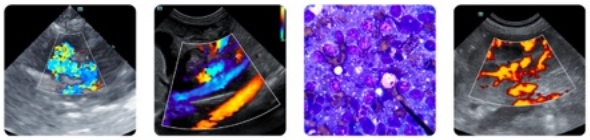
### *Spleen*

Splenic thickness is 0.61 cm. Parenchyma homogeneous with small hyperechoic foci, largest 1.01×1.08mm. The splenic capsule is smooth and regular. Splenic vasculature appears normal.

### *Liver*

The liver is subjectively enlarged. Margins are rounded and irregular. The parenchyma is heterogeneous with a markedly coarse echotexture and multifocal hyperechoic nodular areas of varying size throughout the parenchyma, the largest measuring 7.48×7.54cm. No hepatic lymphadenopathy is identified.

The gallbladder is normally distended. The wall is irregular with small intraluminal polypoid projections. A moderate amount of biliary sludge is present. The common bile duct measures 3.25–2.60mm (within upper normal limits for a cat; typically ≤3–4mm).





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### *Gastrointestinal*

Stomach empty and folded; wall thickness 1.44mm with preserved layering. Pylorus 3.86mm. Duodenum 1.31mm. Jejunum 1.86mm (mucosa 0.80mm, submucosa 0.61mm, muscularis 0.30mm).

Ileum 1.80mm; however, a segment measures up to 3.10mm in total thickness with muscularis measuring 1.81mm. Ileocecal junction 3.01mm; muscularis 1.22mm. Several segments contain undigested ingesta.

For feline small intestine, normal total thickness is typically ≤2.5–3.0mm. Muscularis-to-mucosa ratio in jejunum is 0.30/0.80 ≈ 0.38 (within normal limits). However, in the thickened ileal segment: muscularis 1.81mm relative to mucosa 0.46mm. Ratio ≈ 3.9, which is markedly abnormal and consistent with muscularis-predominant thickening.

Colon 0.42mm with formed feces.

### *Pancreas*

Pancreatic thickness 6.88–7.19mm. Margins irregular. Parenchyma hypoechoic relative to adjacent omental fat. Pancreatic duct diameter 2.96mm (markedly dilated; normal typically ≤2–3mm in geriatric cats, often <2mm in most). No peripancreatic fat hyperechogenicity identified.

### *Peritoneal Cavity*

No abdominal effusion. Cranial mesenteric lymph nodes not visualized. Ileocecal lymph nodes visualized and within normal limits. Iliac trifurcation normal.

## ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Subjective hepatomegaly with coarse echotexture and multifocal nodular hyperechoic lesions.
- Gallbladder mural irregularity with sludge.
- Marked ileal muscularis thickening.
- Enlarged pancreas with irregular margins, hypoechoic parenchyma and dilated pancreatic duct.

SECONDARY FINDINGS

- Bilateral renal cortical hyperechogenicity with medullary rim sign.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is subjectively mildly enlarged with rounded margins and a markedly coarse, heterogeneous parenchymal echotexture containing multifocal hyperechoic nodular areas. The overall appearance is most compatible with chronic hepatopathy, such as nodular hyperplasia, chronic cholangitis/cholangiohepatitis, or long-standing inflammatory or fibrotic change. There is no ultrasonographic evidence of diffuse infiltrative hepatic neoplasia (no hypoechoic nodular pattern, no lymphadenopathy, no peritoneal effusion).

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The gallbladder demonstrates mural irregularity with small polypoid projections and moderate biliary sludge, supporting chronic inflammatory biliary disease. The common bile duct measures 3.25–2.60mm, which falls within upper reference limits for a cat and does not indicate established extrahepatic biliary obstruction.

The ileum demonstrates segmental muscularis-predominant thickening, with a markedly increased muscularis-to-mucosa ratio. In cats, this pattern may be seen with chronic inflammatory enteropathy and is also described in small cell lymphoma. The preservation of wall layering, absence of mesenteric or ileocecal lymphadenopathy, and lack of mass effect favor chronic inflammatory bowel disease at this time. However, small cell lymphoma cannot be excluded based on wall thickness alone.

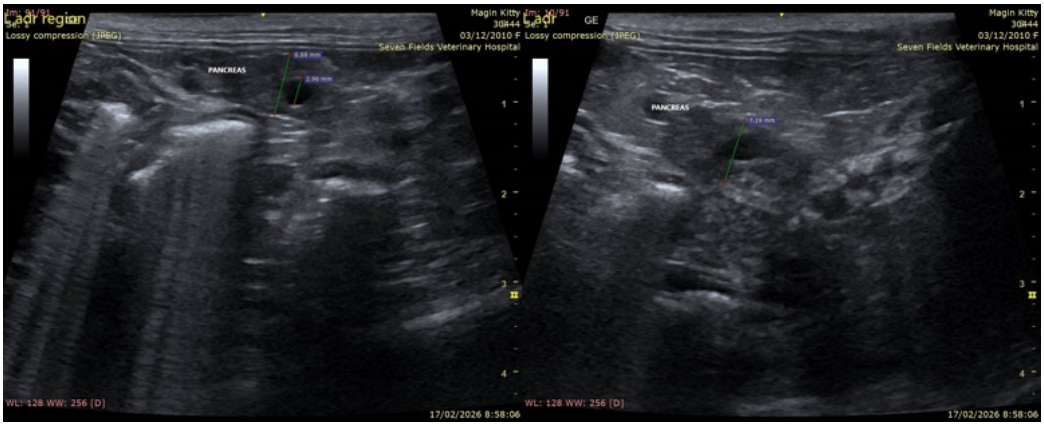
The pancreatic findings are most consistent with chronic pancreatitis with ductal remodeling.

Renal cortical hyperechogenicity with medullary rim sign is noted bilaterally, consistent with chronic renal change in a geriatric cat. There is no evidence of obstruction or acute renal pathology.

Overall, the constellation of findings is most consistent with chronic triaditis (chronic enteropathy, hepatobiliary inflammatory disease, and chronic pancreatitis) in a geriatric feline patient. Early small cell lymphoma of the intestine remains a differential consideration due to the degree of ileal muscular thickening.

Recommendations

- Initiate medical management for suspected chronic inflammatory triaditis, including prednisolone, cobalamin supplementation, and a highly digestible or hydrolyzed diet trial.
- Continue with hepatoprotective support if feasible.
- Manage chronic pancreatitis supportively.
- Recheck body weight and liver enzymes in 4–6 weeks.
- If a definitive diagnosis is desired, intestinal and hepatic biopsies are required to differentiate chronic inflammatory disease from small cell lymphoma and to fully characterize the hepatobiliary process.



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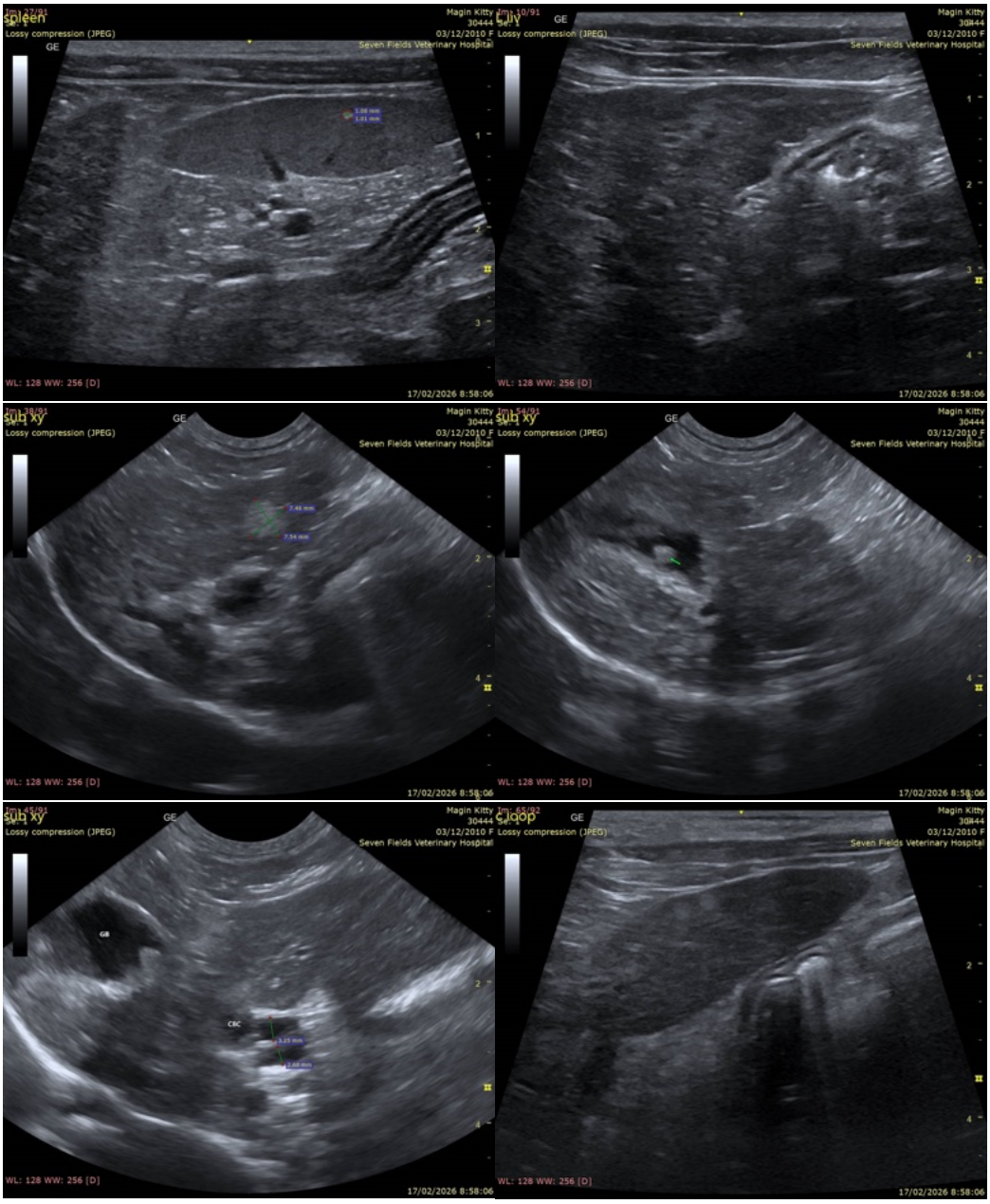

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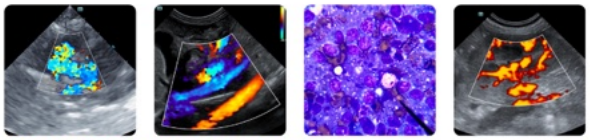

Clinical Sonography & Telecytology
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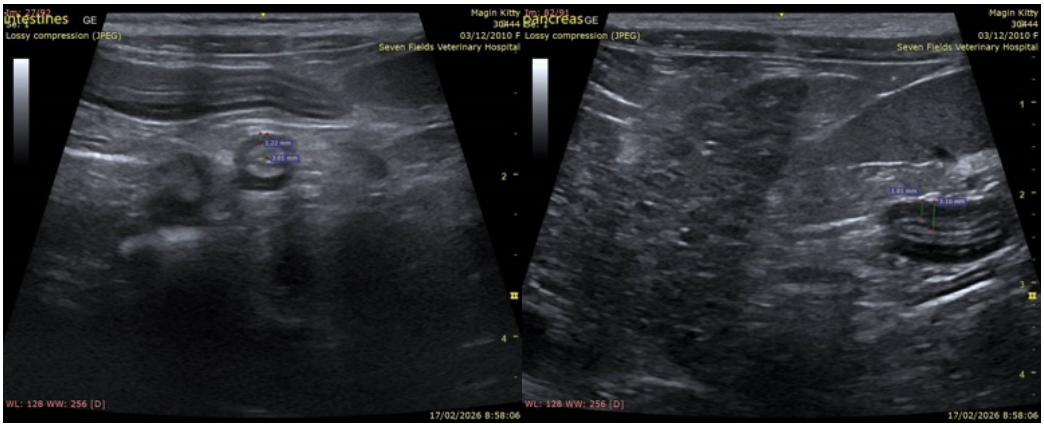


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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