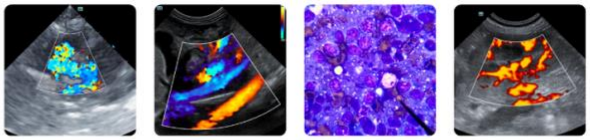

PATIENT

Pooky Taormina

SPECIES

Feline

BREED

Tabby

SEX

Spayed Female

AGE

11 Years

WEIGHT

7.5 Pounds

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Dr. Vincent Tavella

HOSPITAL NAME

Williamsburg VC

REFERRING VET

Dr. Vincent Tavella

INVOICE

35911

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2/20/26

PRESENTING CLINICAL SIGNS

Patient presented yesterday for Lethargy and perceived weight loss. Suspect PU/PD, but owner is unsure since there are multiple cats in the house.

Abnormal PE/Chem/CBC/UA Results: PE: Patient has lost 2 pounds since last exam. BCS 3/9. All mucous membranes are icteric. Chem: AST (SGOT) 311 IU/L(10 - 100) ALT (SGPT) 480 IU/L (10 - 100) ALK PHOS 333 IU/L (6 - 102) T. BILIRUBIN 1.9 mg/dL (0.1 - 0.4) CBC: RBC 2.8 (5.92 - 9.93) HGB5.4 g/dL (9.3 - 15.9) HCT 16 % (29 - 48) NRBC 2 /100 WBC (0 - 1) Platelet Count 36 (200 - 500) Neutrophils 2115 /mL 45 % (2500 - 8500) UA USG 1.023

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 sonographic evidence of inflammatory or neoplastic changes.

Left Kidney
The left kidney is normal in shape and size, measuring 3.38 x 2.12 cm, and the cortical thickness is 0.30 cm in the sagittal plane. The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

Right Kidney
The right kidney is normal in shape and size, measuring 3.34 x 1.90 cm, and the cortical thickness is 0.34 cm in the sagittal plane. The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: the left adrenal gland measures 0.35 cm at the cranial pole and 0.34 cm at the caudal pole. The right adrenal gland measures 0.30 cm at the cranial pole and 0.26 cm at the caudal pole.

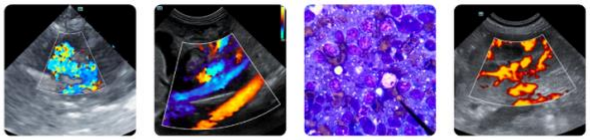
Spleen

Splenic thickness is 0.69 cm. The parenchyma demonstrates normal echogenicity and 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 hepatic parenchyma is 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 is thin, and the contents are primarily anechoic with a moderate amount of biliary sludge. The common bile duct measures 2.78 mm proximally, 1.82 mm in the mid-portion, and 1.43 mm distally.



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Gastrointestinal

The stomach is markedly distended with abundant ingesta, with mural thickness measuring 1.17 mm and preserved wall layering. The pylorus measures 2.97 mm. The duodenum measures 1.28 mm and the duodenal papilla measures 3.65 x 1.79 mm. The jejunum measures 2.22 mm, with mucosa 0.85 mm, submucosa 0.64 mm, and muscularis propria 0.48 mm. The ileum measures 1.75–2.01 mm, with mucosa 0.69 mm, submucosa 0.69 mm, and muscularis propria 0.46 mm, with preserved wall layering. The ileocecal junction measures 2.53 mm, with muscularis measuring 0.90 mm. All small intestinal segments demonstrate a prominent mucosal pattern with abundant intraluminal gas and increased peristalsis, findings consistent with a non-fasted state or possible delayed gastric emptying. No obstructive foreign material is identified. The colon measures 0.72 mm, with minimal fecal material present.

Pancreas

The pancreas measures 4.85–5.95 mm in thickness. The pancreatic parenchyma is slightly hypoechoic relative to the adjacent omental fat. The pancreatic duct measures 0.91 mm. There is no evidence of peripancreatic fat hyperechogenicity or free fluid.

Free Abdomen

No sonographic evidence of abdominal effusion, peritonitis, or lymphadenomegaly is identified. The iliac trifurcation appears normal.

PRIMARY FINDINGS

- Mild pancreatic hypoechogenicity without peripancreatic inflammatory changes (nonspecific)
- Mild to moderate amount of biliary sludge

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Despite hyperbilirubinemia 1.9 mg/dL and moderate-to-severe hepatocellular enzyme elevations, the liver appears structurally normal on ultrasonography. The small amount of biliary sludge likely reflects biliary stasis secondary to reduced food intake and systemic illness rather than primary hepatobiliary disease. There is no evidence of biliary obstruction, ductal dilation (common bile duct ≤ 2.78 mm proximally), hepatic mass lesions, architectural distortion, or vascular congestion. Given the absence of structural hepatobiliary abnormalities, extrahepatic biliary obstruction is unlikely. The imaging findings do not support primary obstructive cholestasis.

In the context of severe anemia, marked thrombocytopenia, and the presence of nucleated red blood cells, the hyperbilirubinemia is more consistent with a prehepatic process, most notably significant hemolysis. Moderate elevations in ALT and AST may reflect secondary hepatocellular injury due to hypoxia (given the severity of anemia), systemic inflammation, or metabolic stress rather than primary hepatic disease, although functional cholestasis may also contribute.

Mild pancreatic hypoechogenicity with minimal ductal prominence is noted. In the absence of peripancreatic inflammatory changes, these findings are considered nonspecific and may be age-related.

There is no ultrasonographic evidence of hepatic infiltrative disease, splenic pathology, abdominal

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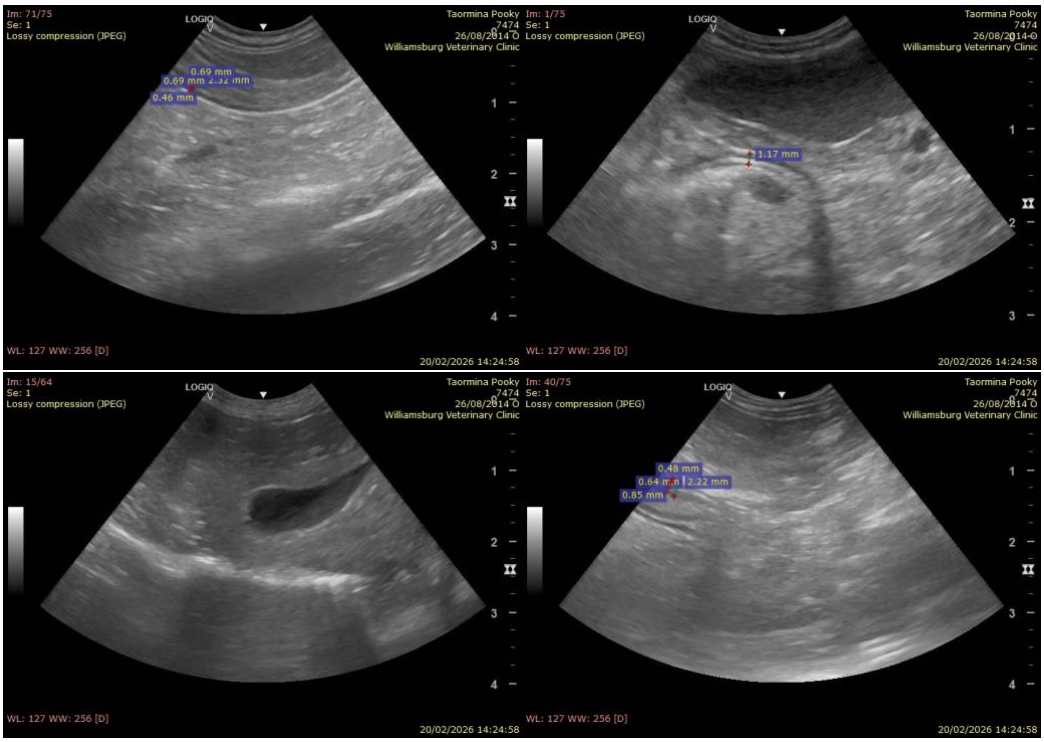
neoplasia, or effusion to explain the cytopenias. Overall, the constellation of laboratory abnormalities, in combination with a structurally normal hepatobiliary system, is most suggestive of systemic hematologic disease (immune-mediated hemolytic anemia with or without concurrent immune-mediated thrombocytopenia, bone marrow disorder, infectious hemolysis, or other systemic inflammatory process) rather than primary hepatic or obstructive biliary pathology.

Recommendations:

Final diagnostic and therapeutic decisions should prioritize stabilization and investigation of the hematologic abnormalities, as imaging findings do not support primary structural hepatobiliary disease.

- Blood smear evaluation for spherocytes, autoagglutination, hemoparasites, and platelet confirmation.
- Reticulocyte count to determine regenerative status.
- FeLV/FIV testing if not current.
- Consider PCR testing for hemotropic Mycoplasma species.
- Coagulation profile prior to any invasive diagnostic procedure.
- Liver sampling should not be considered at this time.
- Further evaluation for immune-mediated hemolytic anemia (saline agglutination test, Coombs test) as clinically indicated.



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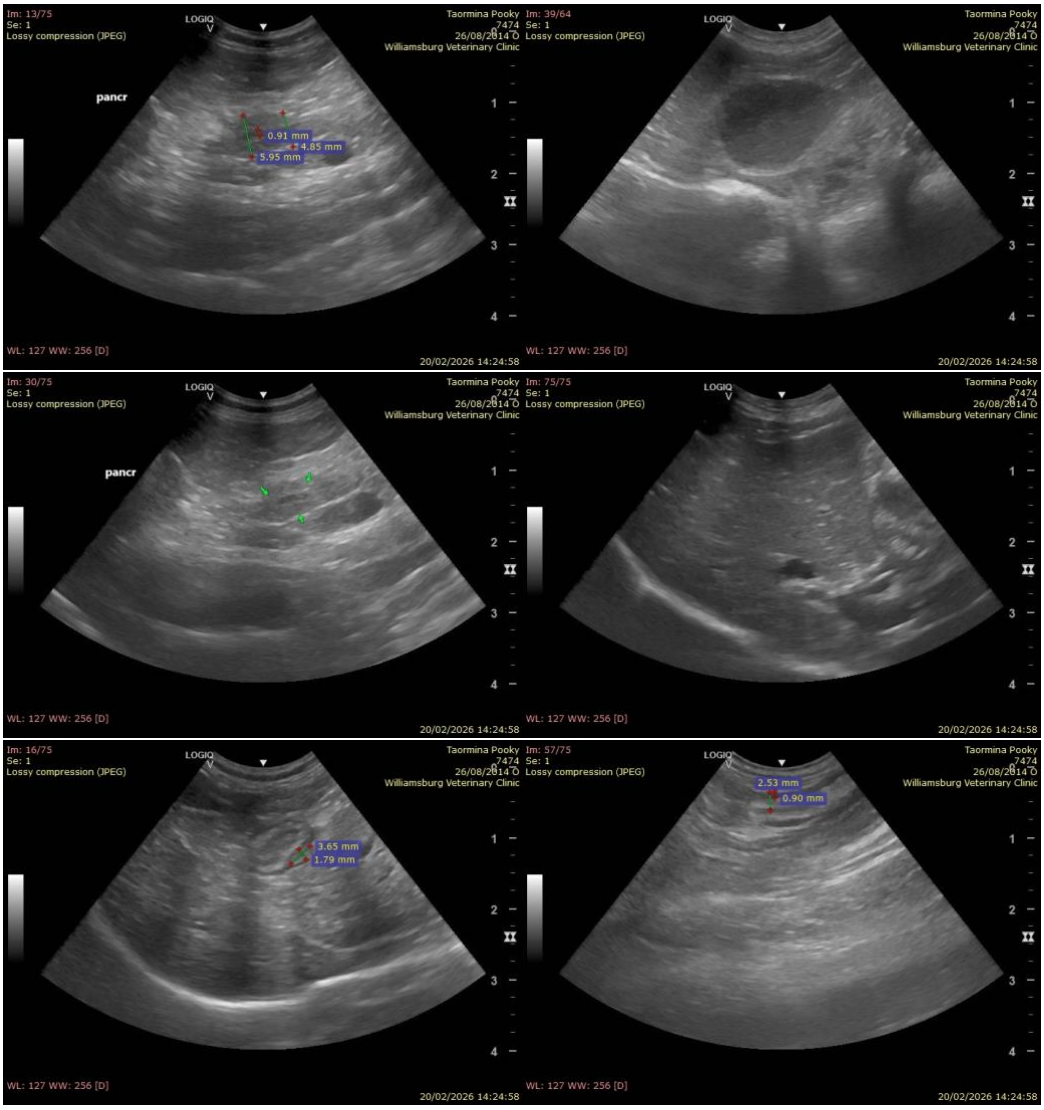

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

info@SonoPath.com