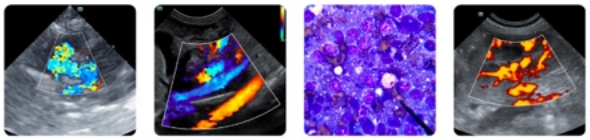


PATIENT

Liam Kowalke

SPECIES

Feline

BREED

American Shorthair

SEX

Neutered male

AGE

13 years

WEIGHT

9.24 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Amy Jagger DVM

HOSPITAL NAME

VCA Parkway AH

REFERRING VET

Dr. Jagger

INVOICE

71177

DATE

2/3/26

PRESENTING CLINICAL SIGNS

- Mild weight loss. ALT elevation the only abnormality on senior labs
- Delayed GI transit time suspected. ALT 355 (10-100)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended. The bladder wall is thin and smooth, and the urine is anechoic. The bladder neck and proximal urethra have a normal ultrasonographic appearance. No uroliths are identified, and there is no sonographic evidence of inflammatory or neoplastic change.

The left kidney is normal in shape and size, measuring 4.02×2.20 cm. Cortical thickness measures 0.33 cm in the sagittal plane. The renal cortex is isoechoic relative to the hepatic parenchyma. The corticomedullary ratio is within normal limits, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

The right kidney is normal in shape and size, measuring 3.94×1.81 cm. Cortical thickness measures 0.30 cm in the sagittal plane. The renal cortex is isoechoic relative to the hepatic parenchyma. The corticomedullary ratio is within normal limits, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

Adrenal Glands

The left adrenal gland measures 0.28 cm at the cranial pole and 0.26 cm at the caudal pole. The right adrenal gland measures 0.25 cm at the cranial pole and 0.24 cm at the caudal pole.

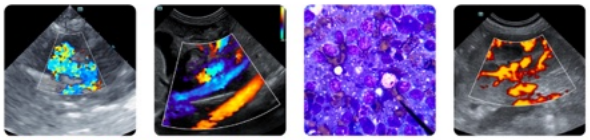
Spleen

Splenic thickness measures 0.81 cm. The splenic parenchyma has normal echogenicity and a fine, homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular. Splenic vasculature appears normal.

Liver

The liver is subjectively normal in size, with sharp margins and a regular contour. The hepatic parenchyma is uniform and isoechoic relative to the falciform fat, with normal echotexture. No hepatic lymphadenopathy is identified.

The gallbladder lumen is moderately distended. The gallbladder wall is thin. The luminal contents are predominantly anechoic with a small amount of biliary sludge. No dilation of the cystic duct or common bile duct is identified.



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Gastrointestinal

The stomach is empty and folded, with preserved wall layering and a mural thickness of 1.27 mm. The pylorus measures 2.38 mm and contains a small amount of fluid and digested ingesta in the region between the gastric body and the pylorus.

The duodenal wall thickness measures 1.75 mm. The jejunal wall thickness measures 2.47 mm, with the following layer measurements: mucosa 1.24 mm, submucosa 0.55 mm, muscularis propria 0.64 mm. The ileal wall thickness measures 1.66 mm, with the following layer measurements: mucosa 0.88 mm, submucosa 0.49 mm, muscularis propria 0.35 mm. Wall layering is preserved.

The ileocecal junction measures 2.85 mm, with muscularis propria measuring 1.10 mm.

No sonographic evidence of intestinal inflammation, ileus, or foreign material is identified.

The colonic wall thickness ranges from 0.84–1.02 mm, with formed fecal material present in the majority of colonic segments.

Pancreas

The pancreas measures 5.53 mm in thickness. The pancreatic parenchyma is hypoechoic relative to the adjacent omental fat. The pancreatic duct measures 1.25 mm in diameter. No sonographic changes of active inflammation in the peripancreatic fat are identified.

Peritoneal Cavity

No abdominal effusion or evidence of peritonitis is observed. Cranial mesenteric lymph nodes measure 3.05–4.52 mm in thickness, are normal in shape, and mildly hypoechoic. The ileocecal lymph nodes are within normal limits. The iliac trifurcation appears normal.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Pancreatic parenchyma hypoechoic relative to adjacent omental fat without peripancreatic fat changes.
- Cranial mesenteric lymph nodes mildly hypoechoic but normal in size and shape.

SECONDARY FINDINGS

- Small amount of biliary sludge within a moderately distended gallbladder.
- Mild intragastric fluid and digested ingesta despite reported fasting.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver has a normal size, contour, and echotexture, with no biliary ductal dilation and only a small amount of gallbladder sludge, which can be incidental and nonspecific in cats. No focal hepatic lesions or hepatic lymphadenopathy are identified to explain the isolated ALT elevation, acknowledging that

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diffuse hepatocellular injury or metabolic disease may occur in the absence of overt ultrasonographic abnormalities.

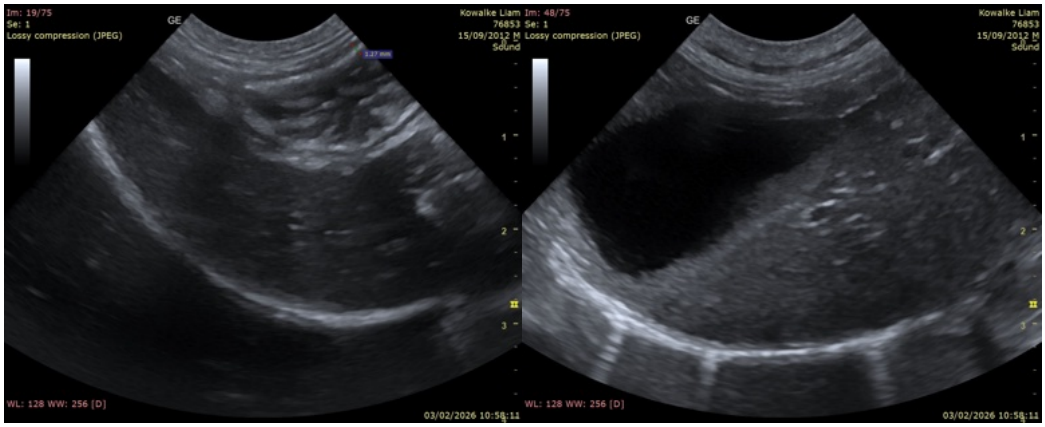
The gastrointestinal tract demonstrates preserved wall layering throughout, with wall thickness within expected limits. Mild intragastric fluid and digested ingesta are present in the region of the pylorus despite reported fasting, and formed feces are present throughout much of the colon. While no sonographic evidence of ileus or obstructive disease is identified, these findings may be compatible with delayed gastrointestinal transit, which is a functional diagnosis that cannot be definitively confirmed or excluded ultrasonographically.

The pancreatic parenchyma is hypoechoic relative to the surrounding omental fat, without an increase in size or associated peripancreatic fat changes. In cats, this appearance is nonspecific and may overlap with chronic pancreatitis, age-related parenchymal variation, or subclinical inflammatory change.

Mildly hypoechoic cranial mesenteric lymph nodes of normal size and shape are identified, representing a nonspecific finding that may be influenced by the high spatial resolution of the ultrasound equipment and the use of a high-frequency linear transducer.

Recommendations

- Interpret the abdominal ultrasound findings in conjunction with the pending bile acids results, as no sonographic evidence of biliary obstruction or structural hepatobiliary disease is identified, and diffuse hepatocellular dysfunction may occur without specific ultrasonographic abnormalities.
- Consider measurement of feline pancreas-specific lipase (Spec fPL) if pancreatitis is suspected.
- At this time, invasive diagnostic procedures such as hepatic biopsy are not supported by the ultrasonographic findings alone, and would be best reserved for cases with progressive clinical signs, worsening laboratory abnormalities, or discordant results on functional testing.
- A gastrointestinal panel may be considered only if compatible clinical signs are confirmed (true weight loss, chronic gastrointestinal signs), recognizing that the gastrointestinal tract shows preserved wall layering and no ultrasonographic evidence of infiltrative or inflammatory disease.



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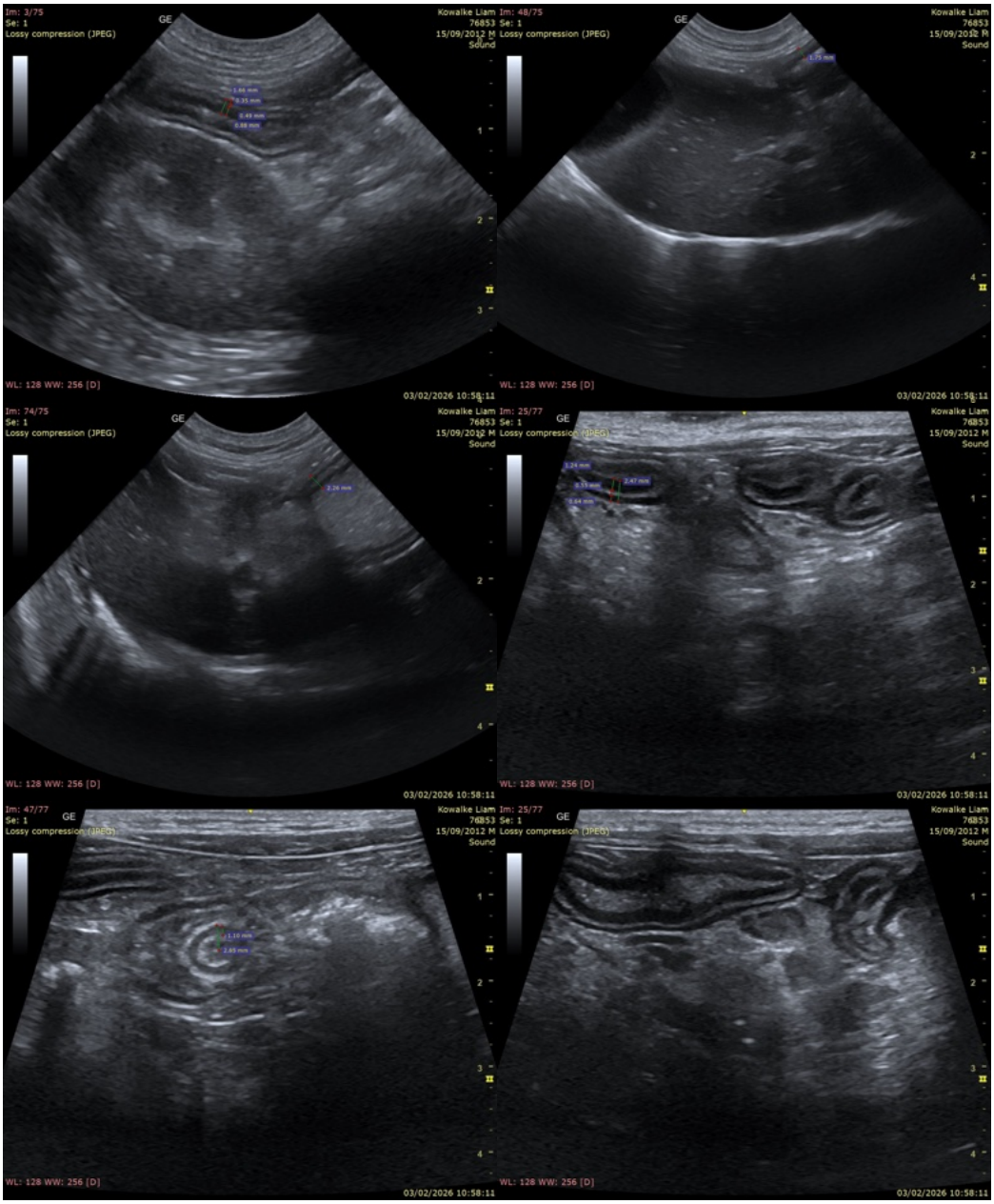

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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