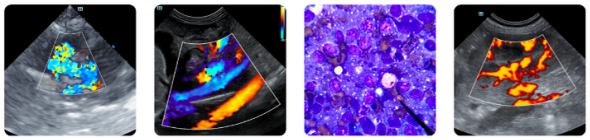


PATIENT

Bella Gates

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

16 years

WEIGHT

5.3 kg

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Amy Isaac

HOSPITAL NAME

Valley West & Elk Valley VH

REFERRING VET

Dr. Isaac

INVOICE

71233

DATE

2/4/26

PRESENTING CLINICAL SIGNS

- Owner brought pet in 2 weeks ago because she started drinking out of the bathtub which was unusual for her. She also was having some vocalization and cognitive issues at night. Still eating well, no vomiting. Slight weight loss.
- CBC NSF Mild hyperkalemia 5.3 Increased ALT 528 (27-158) Increased AST 162 (16--67) Increased ALP 152 (12-59) Tbili 1.1 USPG 1.020 with 1+ proteinuria, no bilirubinuria Normal T4

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 3.27×2.00 cm. Cortical thickness measures 0.36 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 3.29×2.06 cm. Cortical thickness measures 0.23 cm in the sagittal plane. The renal cortex is mildly echogenic 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

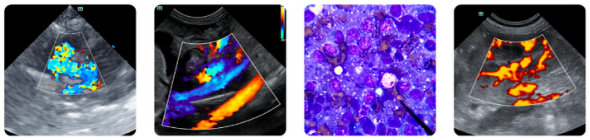
Both adrenal glands have normal shape and echogenicity. The left adrenal gland measures 0.25 cm at the cranial pole and 0.26 cm at the caudal pole. The right adrenal gland measures 0.26 cm at the cranial pole and 0.22 cm at the caudal pole.

Spleen

Splenic thickness measures 0.73 cm. The splenic parenchyma has normal echogenicity and a fine, homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

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.



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The gallbladder lumen is normally distended. The gallbladder wall is thin, and the luminal contents are predominantly anechoic. The common bile duct measures 1.70 mm.

Gastrointestinal

The stomach is empty and folded, with preserved wall layering and a mural thickness of 1.21 mm. The pylorus measures 2.10 mm and contains a small amount of fluid.

The duodenal wall thickness measures 1.50 mm. The jejunal wall thickness measures 2.28 mm, with the following layer measurements: mucosa 1.10 mm, submucosa 0.60 mm, muscularis propria 0.46 mm. The ileal wall thickness measures 2.91 mm, with the following layer measurements: mucosa 1.00 mm, submucosa 0.77 mm, muscularis propria 1.16 mm. Wall layering is preserved.

The ileocecal junction measures 3.05 mm, with muscularis propria measuring 0.98 mm.

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

The colonic wall thickness measures 0.46 mm. Formed fecal material is present in the descending colon, producing distal acoustic shadowing.

Pancreas

The pancreas measures between 6.63–7.13 mm in thickness. The pancreatic parenchyma is mildly hypoechoic relative to the adjacent omental fat. The pancreatic duct measures between 1.17–1.59 mm in diameter. No hyperechogenicity of the peripancreatic fat is identified.

Peritoneal Cavity

A small volume of abdominal effusion is present between intestinal loops. Cranial mesenteric and ileocecal lymph nodes are not visualized. The iliac trifurcation appears normal.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Mildly hypoechoic pancreatic parenchyma with pancreatic duct diameter at the upper end of expected limits.
- Prominence of the ileal and ileocecal muscularis (muscularis:mucosa >1) with preserved wall layering

SECONDARY FINDINGS

- Small volume of abdominal effusion between intestinal loops.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

In cats, significant elevations in ALT, AST, and ALP may occur in the absence of overt ultrasonographic abnormalities, particularly with diffuse hepatocellular disease, metabolic or toxic injury, or reactive

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hepatopathy. The common bile duct diameter is within expected limits, and there is no sonographic evidence of extrahepatic biliary obstruction.

The pancreatic findings are suggestive of chronic pancreatitis; however, there is overlap with age-related or low-grade pancreatic changes.

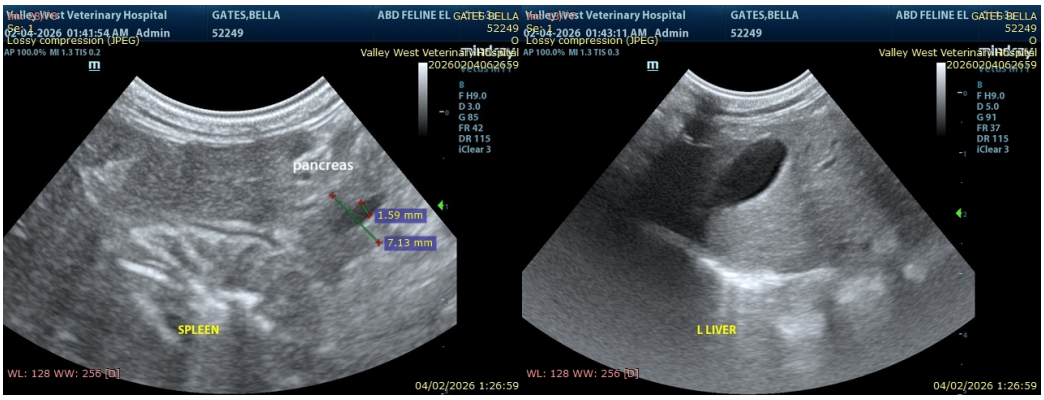
The small intestine demonstrates preserved wall layering and thickness within expected limits overall. However, the ileal muscularis appears relatively prominent by layer measurement, with a muscularis-to-mucosa ratio exceeding 1, and the ileocecal junction is mildly thickened with relative muscularis prominence. In cats, this pattern is nonspecific and may be seen with early or mild chronic enteropathy.

A small volume of free abdominal fluid is identified between intestinal loops, which may represent a transudative or modified transudative effusion in the context of systemic disease.

Overall, the findings are best interpreted as a diffuse hepatopathy in a geriatric cat, with coexisting low-grade chronic pancreatitis and subclinical intestinal changes (very early end of the feline triaditis spectrum).

Recommendations

- Prioritize management of diffuse hepatocellular disease, given the marked elevations in ALT, AST, ALP, and bilirubin, recognizing that significant functional hepatic disease may be present despite a largely unremarkable hepatic ultrasound appearance. Initiation of hepatoprotective therapy is recommended.
- Further hepatic evaluation may be considered if clinically warranted, such as bile acids testing and/or hepatic sampling, particularly if liver enzyme activities fail to improve or if neurologic or behavioral signs progress.
- Measurement of feline pancreas-specific lipase (Spec fPL) is recommended, to better characterize the pancreatic changes.



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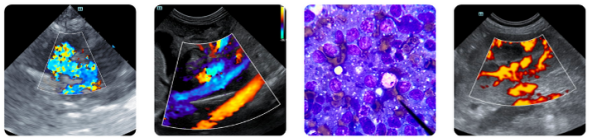

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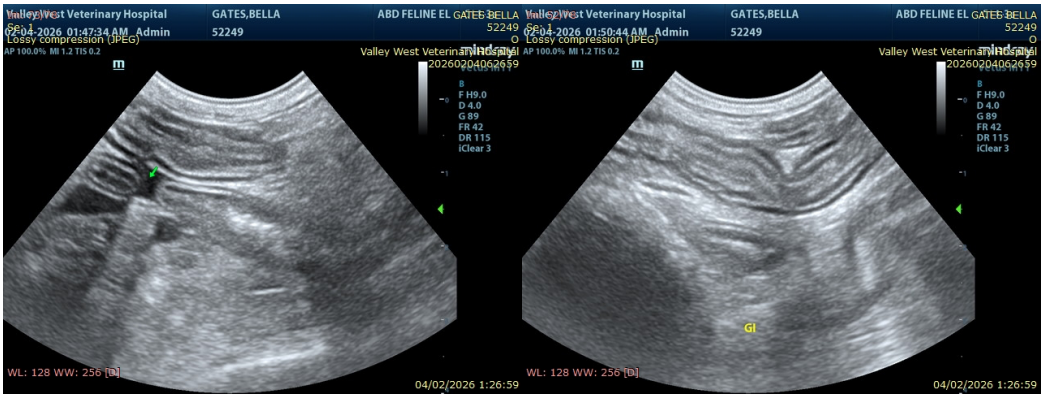

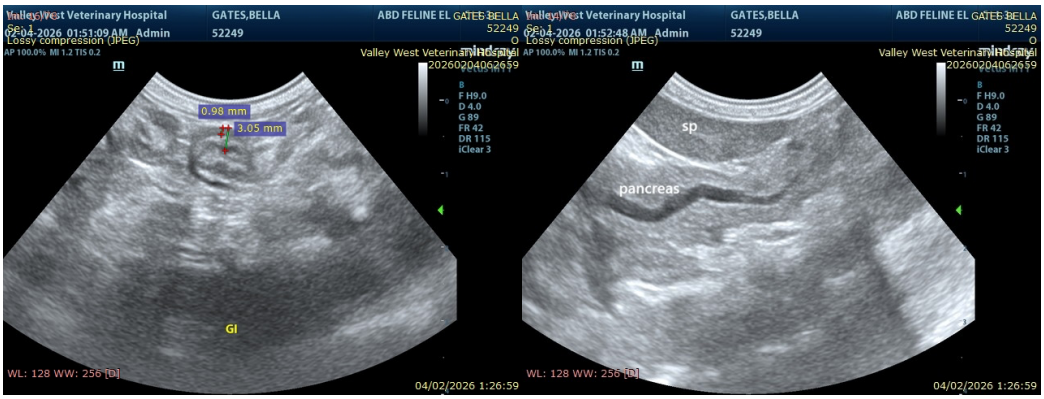

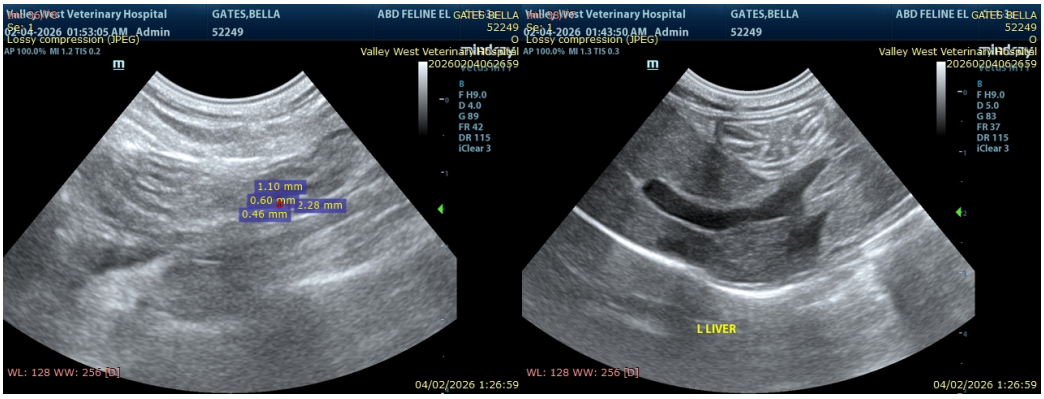

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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