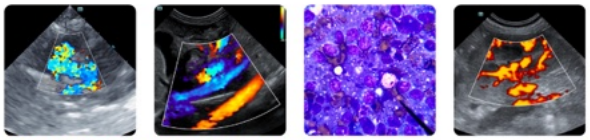


PATIENT

Sierra Lohman

SPECIES

Feline

BREED

Ragdoll

SEX

Spayed female

AGE

14 years

WEIGHT

6.3 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Dr. Moss

HOSPITAL NAME

Harvest Hills VH

REFERRING VET

Dr. Moss

INVOICE

71359

DATE

2/6/26

PRESENTING CLINICAL SIGNS

- Pt presented for elevated liver enzymes and weight loss.
- Found elevated liver enzymes on senior labs
- pt has good appetite despite weight loss

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended. The bladder wall is thin and smooth. The urine is predominantly anechoic with a small amount of suspended echoes. 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 3.49×2.06 cm. Cortical thickness measures 0.28 cm in the sagittal plane. The renal cortex is mildly increased in echogenicity relative to the hepatic parenchyma. The corticomedullary ratio and corticomedullary definition are preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

The right kidney is normal in shape and size, measuring 3.02×2.26 cm. Cortical thickness measures 0.27 cm in the sagittal plane. The renal cortex is mildly increased in echogenicity relative to the hepatic parenchyma. The corticomedullary ratio and corticomedullary definition are preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

Adrenal Glands

The adrenal glands are not reliably visualized.

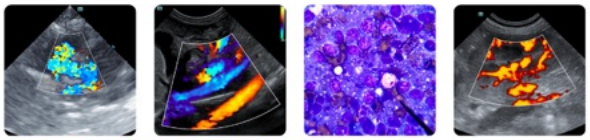
Spleen

Splenic thickness measures 0.77 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 demonstrates a mildly heterogeneous and coarse echotexture, with a patchy parenchymal appearance. The hepatic image is markedly contrast-enhanced, with increased conspicuity of portal vasculature relative to the surrounding parenchyma. Subjectively, there appear to be areas of relative volume reduction adjacent to regions of mild parenchymal prominence, raising consideration for uneven parenchymal remodeling.

A focal hypoechoic area measuring 0.80×1.75 cm is identified. Additionally, several small hyperechoic foci measuring less than 0.5 cm are present within the hepatic parenchyma. No hepatic lymphadenopathy is identified.



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The gallbladder lumen is normally distended. The gallbladder wall measures 0.84 mm and appears hyperechoic. The luminal contents are predominantly anechoic. No dilation of the cystic duct or common bile duct is observed.

Gastrointestinal

The stomach contains fluid and gas, with preserved wall layering and a mural thickness of 2.28 mm. The pylorus measures 2.86 mm.

The duodenal wall thickness measures 1.24 mm. The jejunal wall thickness measures 2.20 mm, with the following layer measurements: mucosa 0.80 mm, submucosa 0.47 mm, muscularis propria 0.70 mm. The ileal wall thickness measures 1.69 mm, with preserved wall layering. The ileocecal junction is not visualized.

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

The colonic wall thickness measures 0.74 mm.

Pancreas

The evaluated pancreatic regions do not demonstrate ultrasonographic evidence of overt inflammation.

Peritoneal Cavity

No abdominal effusion or sonographic evidence of peritonitis is observed. Cranial mesenteric and ileocecal lymph nodes are not visualized. The iliac trifurcation appears normal.

ULTRASONOGRAPHIC FINDINGS

- Diffuse coarse and heterogeneous hepatic echotexture with patchy parenchymal appearance.
- Markedly increased conspicuity of portal vasculature.
- Focal hepatic hypoechoic area (0.80×1.75 cm).
- Few small hyperechoic hepatic foci (<0.5 cm).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver demonstrates a coarse, heterogeneous, and patchy echotexture with marked parenchymal contrast and increased conspicuity of portal vasculature. Subjective regional variation in parenchymal volume raises concern for uneven hepatic remodeling, which may be associated with chronic hepatopathy, including fibrosis with compensatory regeneration. While these findings may be

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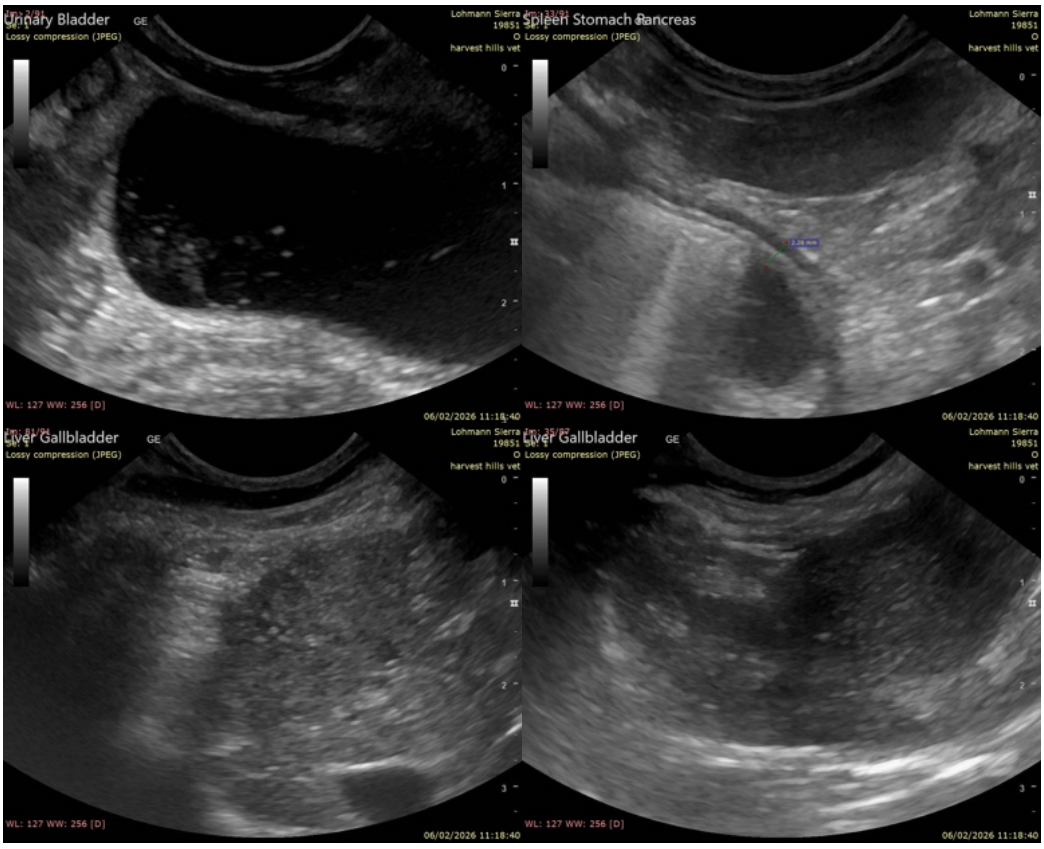
compatible with chronic hepatocellular disease with regenerative change, ultrasonography alone cannot reliably distinguish benign regenerative nodules from early infiltrative or neoplastic processes, particularly in geriatric cats. Importantly, there is no overt evidence of aggressive hepatic neoplasia, such as large mass formation, vascular invasion, or regional lymphadenopathy; however, infiltrative disease cannot be excluded.

The small intestine demonstrates preserved wall layering; however, there is segmental thickening characterized by disproportionate prominence of the muscularis layer, particularly within the jejunum and ileum. This pattern is most compatible chronic small intestinal disease in cats: inflammatory bowel disease or low-grade alimentary lymphoma.

Recommendations

- If establishing a definitive diagnosis is clinically important, hepatic sampling should be considered, with biopsy providing the most diagnostic information.
- A comprehensive gastrointestinal panel is recommended, as concurrent gastrointestinal disease may be present and could be contributing to or associated with the chronic hepatopathy.



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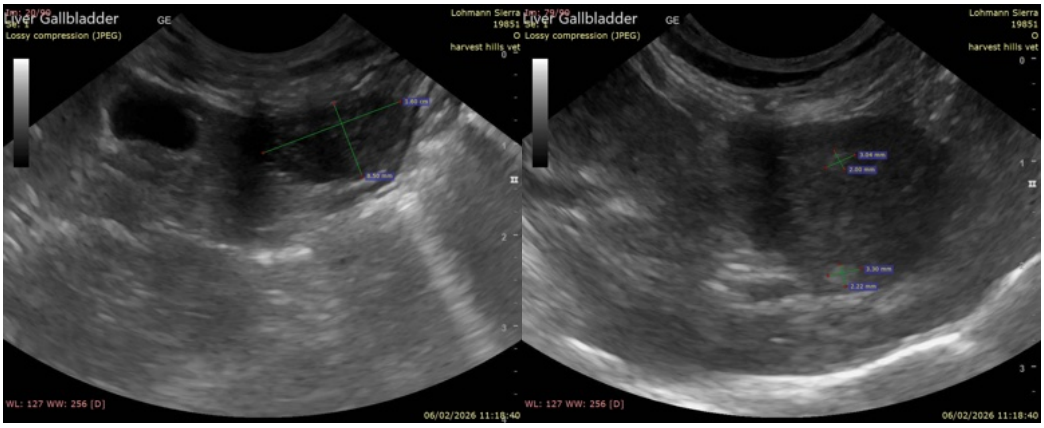

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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