



PATIENT

Mollie Steiner

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

16 years

WEIGHT

9 lbs

INTERPRETED BY

Dr. Alicia Angosto
Guerrero

IMAGING PERFORMED BY

Brian Klug

HOSPITAL NAME

Sondel Family VC

REFERRING VET

Dr. Frankenthal

INVOICE

73443

DATE

3/16/26

PRESENTING CLINICAL SIGNS

Weight loss from 13 lbs about two yrs ago, to 10 lbs (October/November) to 9 lbs currently

Normal energy level, plays and jumps

Eating well, prefers wet food & is picky about food

Vomiting after eating too fast (scarf and barf pattern)

Some sneezing for past 2 days

Cat acne with bloody spot several days ago, now scabbed over

Normal urination and defecation

Has lived in Belize before

Has been on Zeniquin and Denamarin the last 10 days

3/2/26 ALT 323 U/L ALK P 136 U/L T bili 2.1 mg/dL Neutrophilia 11,041 3/16/26 (today) ALT 519 U/L

ALK P 212 U/L T. bili 1.2 mg/dL Neutrophilia 16,600 Lymphocytosis 14,900

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is slightly underdistended, and the wall of the urinary bladder appears thin and smooth. The urine is anechoic. The bladder neck and proximal urethra have a normal appearance. There are no calculi and no ultrasonographic evidence of inflammatory or neoplastic changes.

Kidneys

The left kidney is normal in shape and size, measuring 3.93×2.27 cm, with a cortical thickness of 0.29 cm in the sagittal plane.

The right kidney is normal in shape and size, measuring 3.92×2.15 cm, with a cortical thickness of 0.30 cm in the sagittal plane.

In both kidneys, 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, although small punctate mineral foci are observed within the renal calyces. A small 1.2×1.5 mm cyst is present in the right kidney.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: the left adrenal gland measures 0.22 cm at the cranial pole and 0.24 cm at the caudal pole. The right adrenal gland measures 0.24 cm at the cranial pole and 0.25 cm at the caudal pole.

Spleen

Splenic thickness is 0.80 cm. The parenchyma demonstrates normal echogenicity and a fine homogeneous echotexture without focal abnormalities. The splenic capsule is smooth and regular.



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Liver

The liver is subjectively normal in size, with sharp edges and a regular contour. The parenchyma appears homogeneous and isoechoic compared to the falciform fat, with a normal echotexture. A 2.69×4.32 mm hyperechoic focus is identified. No hepatic lymphadenopathy is observed.

The gallbladder lumen is normally distended. The wall measures 1.67 mm. The lumen contains a moderate amount of biliary sludge. A 3.53×2.95 mm polypoid structure is observed. The common bile duct measures 2.94–2.22 mm, with abundant echogenic biliary material within the lumen.

Gastrointestinal

The stomach is partially empty, with minimal residual ingesta. Gastric wall thickness is 1.31 mm, with preserved layering. The pylorus measures 2.39 mm.

The duodenum measures 1.44 mm. The jejunum measures 2.19–2.23 mm, with preserved wall layering: mucosa 1.00 mm, submucosa 0.53 mm, muscularis propria 0.12 mm. The ileum measures 1.42 mm, with preserved wall layering: mucosa 0.41 mm, submucosa 0.61 mm, muscularis propria 0.34 mm. The ileocecal junction measures 3.01 mm, with muscularis propria thickness of 0.83 mm.

No ultrasonographic signs of ileus, inflammation, or foreign material are identified. The colon measures 0.56 mm and contains formed feces in the descending segment.

Pancreas

Right limb: 4.82 mm. Body: 5.08 mm. Left limb: 6.02 mm. The pancreatic parenchyma is mildly hypoechoic relative to the adjacent omental fat. The pancreatic duct measures 1.08 mm. No ultrasonographic evidence of active inflammation in the peripancreatic fat is observed.

Peritoneal Cavity

No abdominal effusion or peritonitis is observed. Cranial mesenteric lymph nodes measure 4.05 mm in thickness, and ileocecal lymph nodes measure 2.81–2.84 mm. All are normal in shape, hypoechoic, with mild hyperechogenicity of the surrounding fat. The iliac trifurcation is unremarkable.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Moderate biliary sludge within the gallbladder and echogenic material within the common bile duct.
- Small gallbladder polypoid lesion.
- Mildly hypoechoic pancreas with mildly prominent pancreatic duct (1.08 mm).
- Mild prominence of muscularis at the ileocecal junction.
- Subtle lymph node prominence with perinodal fat hyperechogenicity (mesenteric and ileocecal nodes).



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SECONDARY FINDINGS

- Incidental: renal mineral foci and small right renal cortical cyst.
- Small hyperechoic foci in the liver.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepatic parenchyma is unremarkable on ultrasound, which does not exclude hepatocellular disease or inflammatory cholangitis, as these conditions may occur without overt structural changes. The small hyperechoic hepatic focus is most consistent with an incidental finding (focal hyperplasia or fibrosis); given its size and lack of associated changes, clinical significance is unlikely.

The gallbladder polyp is small and most consistent with benign mucosal hyperplasia or a cholesterol polyp. It may contribute to altered bile dynamics but is unlikely to be the primary cause of the biochemical abnormalities. The common bile duct diameter (up to 2.94 mm) remains within accepted limits for a cat of this age; therefore, these findings do not support complete extrahepatic obstruction. However, they do indicate impaired bile flow or altered bile composition, which is clinically significant given the documented hyperbilirubinemia and progressive increase in ALT and ALP.

Pancreatic findings are nonspecific and may be age-related or consistent with mild or chronic pancreatitis, even in the absence of peripancreatic fat changes.

Intestinal measurements are largely within normal limits. The jejunal muscularis-to-mucosa ratio (0.12) is normal, arguing against diffuse chronic enteropathy or lymphoma. However, the relatively increased muscularis thickness at the ileocecal junction, together with mild perinodal fat hyperechogenicity, suggests low-grade regional inflammation, although early infiltrative disease cannot be completely excluded.

Overall, the combination of hepatobiliary changes, mild pancreatic alteration, and subtle distal intestinal findings is most compatible with a multifocal inflammatory process within the feline “triaditis” spectrum.

Recommendations

- Recheck chemistry panel (ALT, ALP, bilirubin) in 2–3 weeks to assess trend and response to current therapy.
- Add Spec fPL to better evaluate pancreatic involvement, given compatible but nonspecific findings.
- Consider serum cobalamin (± folate) due to weight loss and subtle distal intestinal changes; supplement if low.
- Continue hepatoprotective therapy.
- If liver enzymes or clinical signs worsen or fail to improve, consider further diagnostics, including bile acids and liver ± intestinal sampling, as imaging cannot distinguish inflammatory vs infiltrative disease.
- Ensure adequate caloric intake and dietary consistency; consider a highly digestible or GI-support diet if weight loss persists.



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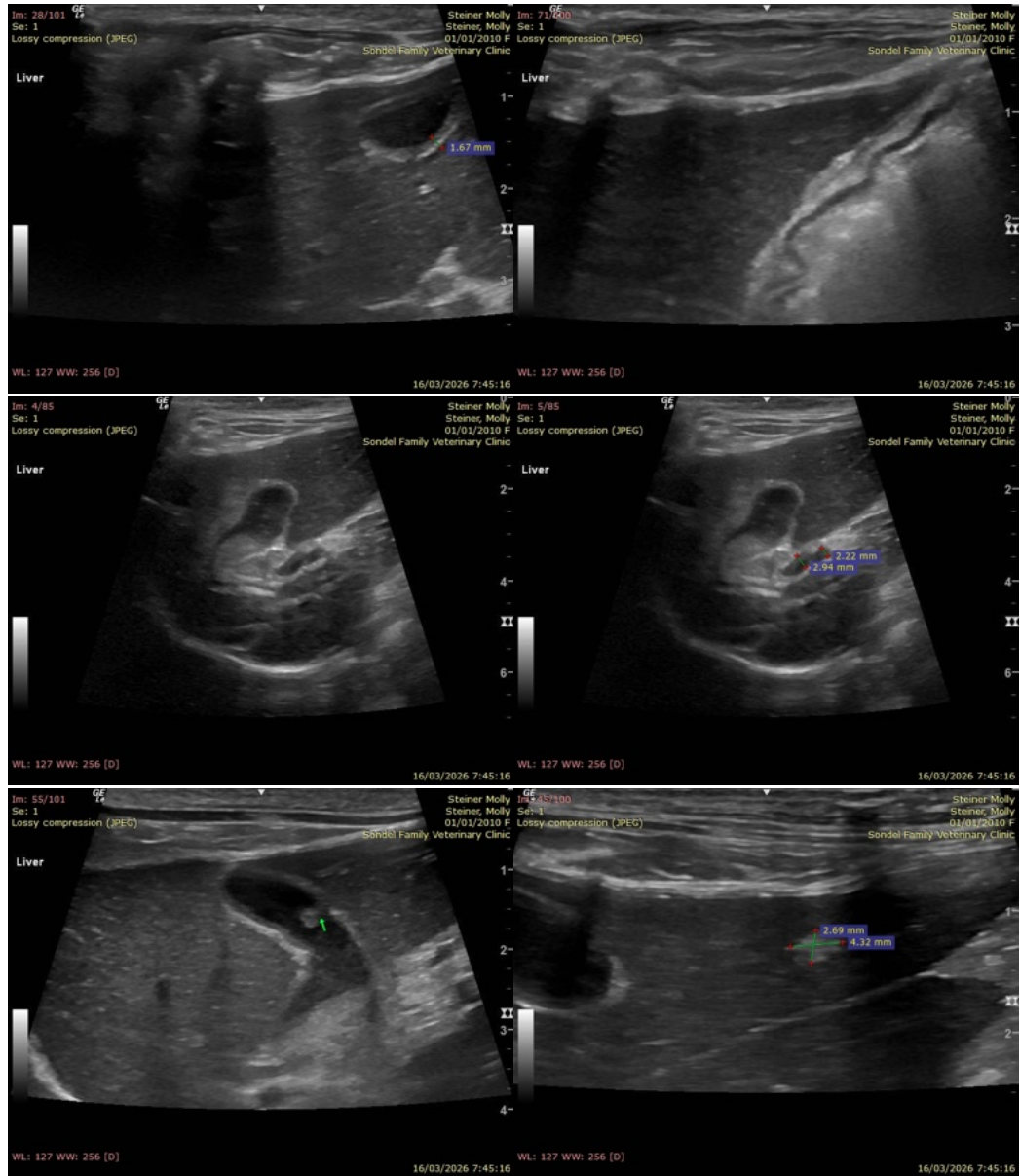
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Recommendations are provided as guidance and should be carried out at the discretion of the attending veterinarian.





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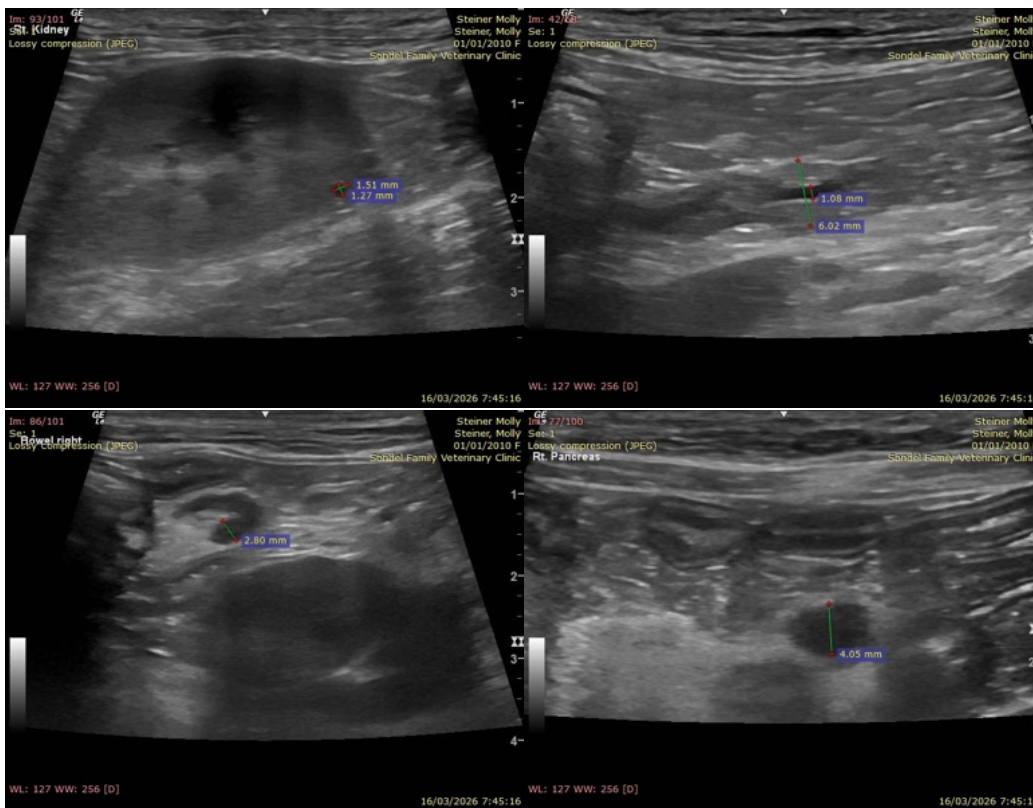
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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