

PATIENT

Pookie Egloff

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

2 ½ years

WEIGHT

9.1 lbs

INTERPRETED BY

Dr. Alicia Angosto
Guerrero

IMAGING PERFORMED BY

Brandi Kurzowski

HOSPITAL NAME

Corfu VC

REFERRING VET

Dr. Kever

INVOICE

73451

DATE

3/16/26

PRESENTING CLINICAL SIGNS

- P presented today, 3/16, for lethargy, several days of anorexia, weight loss over the past few weeks, and inappropriate urination.
- PE- Jaundice with 40% weight loss since visit last year- organ dysfunction vs hepatic lipidosis vs neoplasia vs pancreatitis vs other
- P admitted for hospitalization- LRS IV, ampicillin, cerenia, ondansetron, mirtazapine
- 3/16/26 CBC- HCT 29.9 % (30.3 - 52.3), rest WNL Chem 17/lytes- ALT 414 U/L (12 - 130), ALKP 942 U/L (14 - 111), GGT 11 U/L (0 - 4), TBIL 7.6 mg/dL (0.0 - 0.9), Pancreatic lipase 0.5 U/L (0.0-4.4), rest WNL

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 predominantly anechoic with scant suspended echoes. The bladder neck and proximal urethra have a normal appearance. There are no calculi and no ultrasonographic evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size, measuring 3.60×2.38 cm, with a cortical thickness of 0.40 cm in the sagittal plane.

The right kidney is normal in shape and size, measuring 3.78×2.65 cm, with a cortical thickness of 0.43 cm in the sagittal plane.

In both kidneys, the cortex is mildly increased in echogenicity, resulting in increased corticomedullary distinction. The corticomedullary ratio is normal and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler shows a normal vascular pattern.

Adrenal Glands

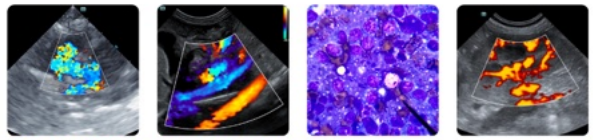
Dorsoventral diameters measured in the sagittal plane: the left adrenal gland measures 0.33 cm at the cranial pole and 0.36 cm at the caudal pole. The right adrenal gland is not visualized.

Spleen

Splenic thickness is 0.71 cm. The parenchyma demonstrates normal echogenicity and a 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 parenchyma appears diffusely hyperechoic compared to the falciform fat, with a very fine echotexture and mild ultrasound attenuation. No hepatic lymphadenopathy is observed.



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The gallbladder lumen is normally distended. The wall is thin, and the contents are predominantly anechoic. Measurements: 4.52×1.87×0.56 cm (volume approximately 2.5 mL), within expected limits. No dilation of the common bile duct is observed in the provided images.

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Gastrointestinal

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The stomach is empty and folded, with a wall thickness of 1.70 mm and preserved layering. The duodenum measures 1.20 mm. The jejunum measures 1.67 mm. The ileocecal junction was not visualized.

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No ultrasonographic signs of inflammation, ileus, or foreign material are identified. The colon measures 0.80 mm and contains formed feces in the descending segment.

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Pancreas

The pancreas measures 5.40 mm in thickness. The parenchyma is isoechoic relative to the adjacent omental fat. The evaluated pancreatic regions do not show ultrasonographic evidence of overt inflammation or neoplastic disease.

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Peritoneal Cavity

No ultrasonographic evidence of abdominal effusion, peritonitis, or lymphadenomegaly is identified. The iliac trifurcation is unremarkable.

IMAGING PERFORMED BY

Brandi Kurzowski

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Diffuse hepatic hyperechogenicity with fine echotexture and attenuation.

SECONDARY FINDINGS

- Mild bilateral renal cortical hyperechogenicity (incidental).

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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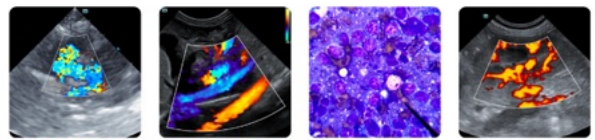
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The most clinically relevant finding is a diffusely hyperechoic hepatic parenchyma with fine echotexture and mild attenuation, which is highly consistent with hepatic lipidosis, particularly in the context of marked weight loss, anorexia, and severe hyperbilirubinemia.

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There is no ultrasonographic evidence of extrahepatic biliary obstruction, as the gallbladder is normal in appearance and the common bile duct is not dilated. This significantly lowers the likelihood of obstructive cholestasis as the primary cause of the marked hyperbilirubinemia. Accordingly, the hyperbilirubinemia is most consistent with intrahepatic cholestasis.



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The elevated GGT is atypical for uncomplicated hepatic lipidosis, raising concern for a concurrent hepatobiliary inflammatory process (cholangitis). Diffuse hepatic lipidosis can reduce the sensitivity of ultrasound for detecting underlying hepatobiliary disease, potentially masking more subtle inflammatory or ductal changes. Therefore, a concurrent process cannot be excluded despite the absence of overt ultrasonographic abnormalities.

The pancreas is unremarkable on ultrasound. In cats, this does not exclude pancreatitis; however, the normal pancreatic lipase and lack of supportive ultrasonographic findings make clinically significant pancreatitis less likely at this time.

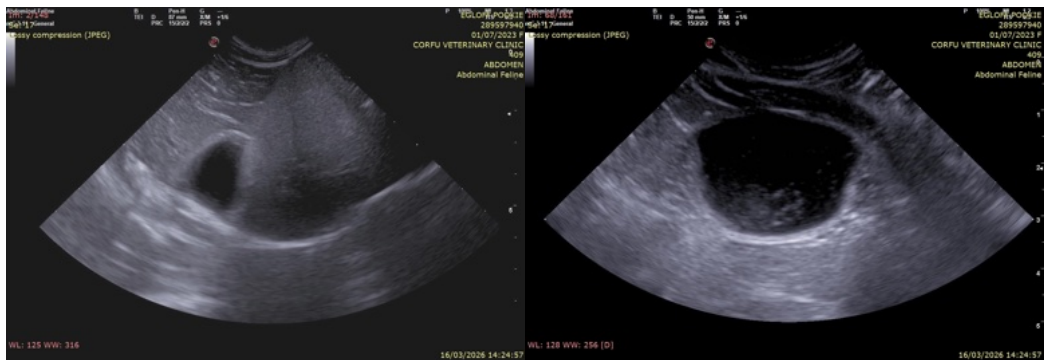
The urinary bladder is unremarkable overall, with only scant suspended echoes within the urine, a nonspecific finding that may be associated with cellular debris or concentration. No structural cause for the reported inappropriate urination is identified.

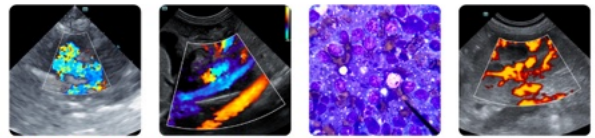
Overall, findings are most consistent with hepatic lipidosis (likely secondary), without evidence of biliary obstruction, with suspected underlying inflammatory hepatobiliary disease based on biochemical abnormalities.

Recommendations

- Initiate or continue aggressive nutritional support (cornerstone of treatment for hepatic lipidosis).
- Continue antiemetic and appetite support as needed.
- Maintain empirical antimicrobial therapy given suspicion of concurrent cholangitis.
- Consider hepatoprotective therapy.
- Monitor bilirubin and liver enzymes.

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





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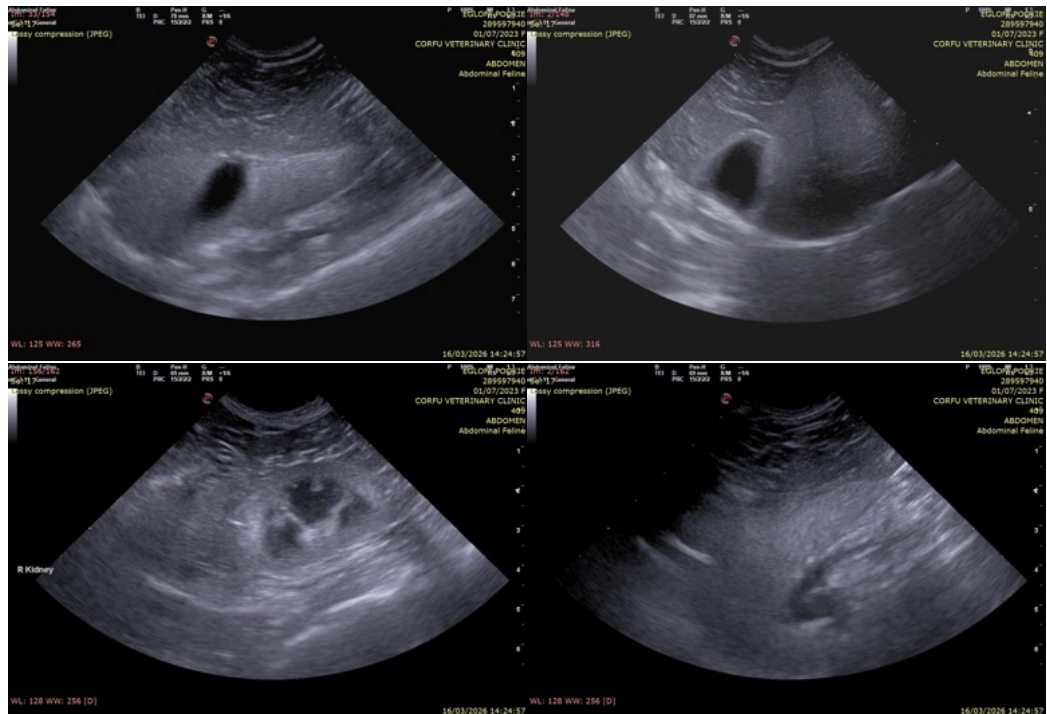
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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