



PATIENT

Spud Rose Atchison

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

12 years

WEIGHT

11.2 lbs

INTERPRETED BY

Alicia Angosto
Guerrero, DMV,
PgDip, MSc.

IMAGING PERFORMED BY

Dr. Mueller

HOSPITAL NAME

Cold Lake VC

REFERRING VET

Dr. Mueller

INVOICE

73864

DATE

3/26/26

PRESENTING CLINICAL SIGNS

- Cat presented for healthy routine annual exam and on screening chemistry elevated liver values found.
- PE WNL ALT 192 U/L ALKP 115 U/L GGT 21 U/L

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is normally distended, with a thin and smooth wall. The urine is predominantly anechoic with scant suspended echoes. The bladder neck and proximal urethra have a normal appearance. No calculi or evidence of inflammatory or neoplastic changes are identified.

The left kidney is normal in shape and size: 4.32×2.11 cm, with a cortical thickness of 0.36 cm in the sagittal plane.

The right kidney is normal in shape and size: 4.11×2.39 cm, with a cortical thickness of 0.34 cm in the sagittal plane.

In both kidneys, the cortex is mildly hyperechoic compared to the liver parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths, or hydronephrosis.

Adrenal Glands

Not confidently visualized.

Spleen

Splenic thickness is 0.65 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal 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 is homogeneous and isoechoic compared to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is identified.

The gallbladder is normally distended, with a thin wall. The contents are predominantly anechoic with a small amount of biliary sludge. Mild echogenic sediment consistent with mineralization is also observed within the intrahepatic bile ducts. No dilation of the cystic duct or common bile duct is identified.



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Gastrointestinal

The stomach is empty and folded, with a mural thickness of 1.99 mm and preserved wall layering. The pylorus measures 2.95 mm.

The duodenum measures 2.09 mm and the jejunum 2.58 mm. Jejunal wall layering is preserved (mucosa: 1.30 mm; submucosa: 0.39 mm; muscularis propria: 0.31 mm).

The ileum measures 2.18 mm (mucosa: 0.62 mm; submucosa: 0.65 mm; muscularis propria: 0.43 mm), with preserved layering. The ileocecal junction measures 2.78 mm, with a muscularis thickness of 0.86 mm. No signs of overt inflammation, ileus, or foreign material are identified.

The colon measures 0.83 mm, with normal content.

Pancreas

The pancreas measures 7.74 mm in thickness, with irregular margins. The parenchyma is mildly hypoechoic and heterogeneous relative to the adjacent omental fat. The pancreatic duct measures 2.15 mm in diameter. No evidence of peripancreatic fat inflammation is identified.

Free Abdomen

No sonographic evidence of abdominal effusion, peritonitis, or lymphadenomegaly is identified. The iliac trifurcation appears normal.

PRIMARY FINDINGS

- Mild pancreatic enlargement with irregular margins, mild hypoechoogenicity, heterogeneity, and pancreatic duct dilation (2.15 mm).
- Mild biliary sludge with echogenic/mineral sediment in intrahepatic bile ducts.

SECONDARY FINDINGS

- Mild bilateral renal cortical hyperechogenicity.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Pancreatic findings are compatible with chronic pancreatitis, although age-related changes may contribute to this appearance. Further assessment of pancreatic involvement is recommended, ideally with feline pancreatic lipase.

Mild biliary abnormalities are present, including sludge and suspected intrahepatic biliary mineralization, without evidence of ductal dilation. In the context of increased ALT, ALP, and GGT, these findings are consistent with hepatobiliary disease such as cholangitis or cholestasis. Echogenic material within the intrahepatic bile ducts may represent mineralized bile or inspissated content and can be seen



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with chronic biliary inflammation or cholestasis. While not definitive, this supports clinically relevant biliary involvement.

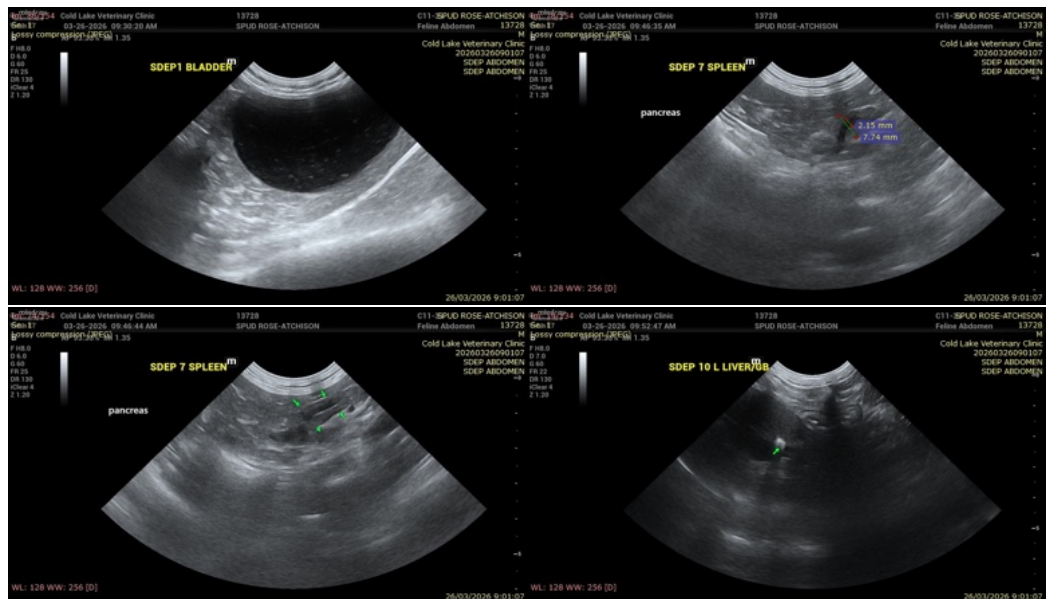
Subtle bilateral renal cortical hyperechogenicity is noted with preserved architecture. This is a nonspecific finding and may be associated with early or mild chronic renal change, although it can also fall within normal variation.

Overall, the combination of mild pancreatic and biliary changes suggests concurrent pancreatic and hepatobiliary involvement. There are no ultrasonographic findings to support intestinal disease. While early or mild enteropathy may not be detectable on ultrasound, the current findings do not support a diagnosis of feline triaditis.

Recommendations

- Correlation with clinical signs and laboratory findings is recommended.
- Measurement of feline pancreatic lipase (fPLI) is advised to further assess pancreatic involvement.
- Further hepatobiliary evaluation may be considered, including repeat biochemistry and, if clinically indicated, bile acids testing.
- Ultrasound re-evaluation in 4–6 weeks may be helpful to monitor progression or resolution of pancreatic and biliary changes.

Final diagnostic and therapeutic decisions should be made by the attending veterinarian, who can best integrate these findings with the patient's clinical status.





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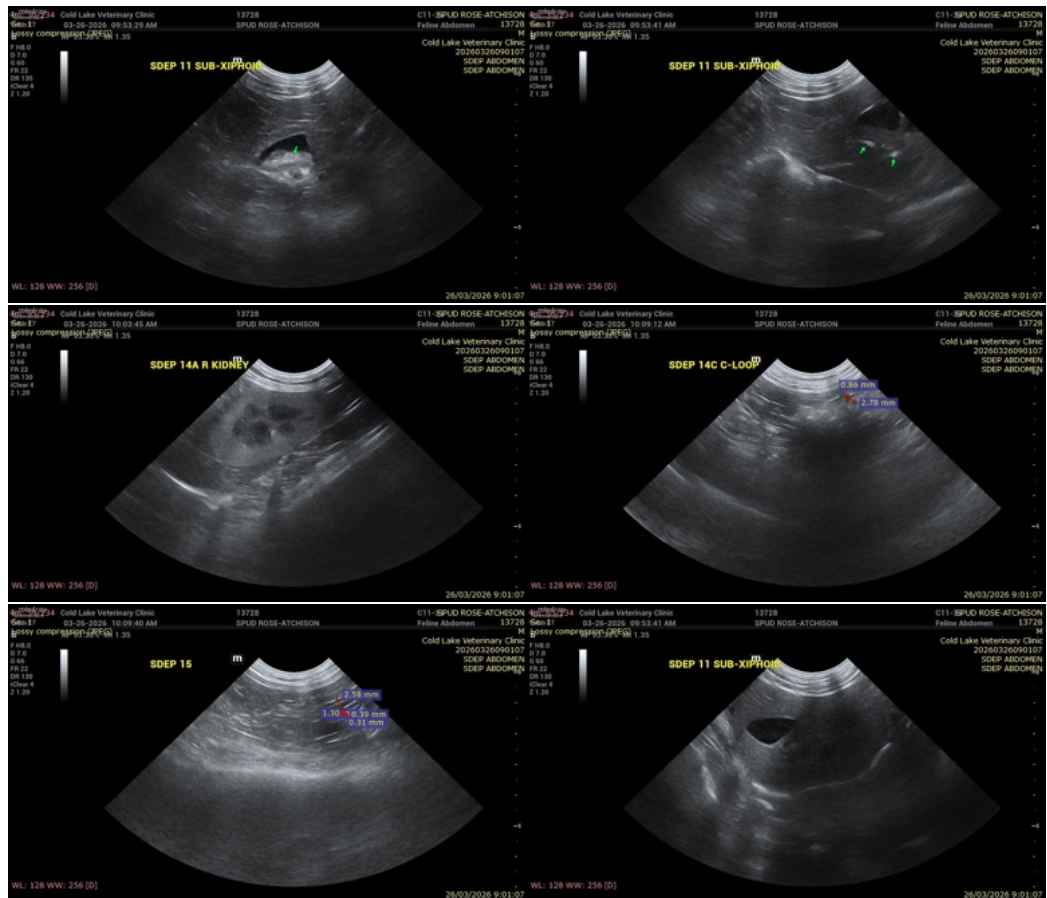
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

info@SonoPath.com