



PATIENT

Vic Whitaker

SPECIES

Feline

BREED

Abyssinian

SEX

Neutered male

AGE

14 years

WEIGHT

3.3 kg

INTERPRETED BY

Alicia Angosto
Guerrero, DMV,
PgDip, MSc.

IMAGING PERFORMED BY

Celine Ward

HOSPITAL NAME

Kenora VC

REFERRING VET

Dr. Ward

INVOICE

78356

DATE

3/27/26

PRESENTING CLINICAL SIGNS

- Presented Mar 20 for vomiting + inappetence.
- CBC normal, Hyperglobulinemia, Moderate elevation ALT, Mild elevation ALP, GGT, and Br
- Grade 4/6 heart murmur, proBNP normal
- Discharged w/ cerenia and ProLiv, has been eating and back to his normal self since.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is normally distended, with a thin and smooth wall. The urine is anechoic. 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: 3.41×1.98 cm, with a cortical thickness of 0.32 cm in the sagittal plane. The right kidney is normal in shape and size: 3.61×1.95 cm, with a cortical thickness of 0.34 cm in the sagittal plane. In both kidneys, the cortex is hyperechoic compared to the liver parenchyma. The corticomedullary definition is preserved. A prominent medullary rim sign is present. There is no evidence of pyelectasia, nephroliths, or hydronephrosis. Color Doppler demonstrates a normal vascular pattern.

Adrenal Glands

Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.35 cm at the cranial pole and 0.30 cm at the caudal pole. The right adrenal gland is not confidently visualized.

Spleen

Splenic thickness is 0.82 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular. Splenic vasculature normal.

Liver

The liver is mildly increased in size, with slightly rounded edges and a regular contour. The parenchyma is homogeneous and isoechoic compared to the falciform fat. No hepatic lymphadenopathy is identified.

The gallbladder is moderately distended. The wall measures 0.79 mm. The lumen contains a large amount of choleliths. The cystic duct measures 3.44 mm. The common bile duct measures 2.21–1.14 mm from proximal to distal. Additional choleliths are observed within the intrahepatic bile ducts.



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Gastrointestinal

The stomach is empty and folded, with a mural thickness of 1.86 mm and preserved wall layering. The pylorus measures 2.89 mm. The duodenum measures 2.03 mm.

The jejunum measures 1.84 mm, with preserved wall layering (mucosa: 1.21 mm; submucosa: 0.50 mm; muscularis propria: 0.37 mm).

The ileum measures 1.68 mm (mucosa: 0.42 mm; submucosa: 0.60 mm; muscularis propria: 0.31 mm), with normal wall layering. The ileocecal junction is not visualized. No signs of inflammation, ileus, or foreign material are identified.

The colon measures 0.72 mm, with formed feces in the descending segment.

Pancreas

The evaluated pancreatic areas do not show evidence of overt inflammation or neoplastic disease.

Free Abdomen

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

PRIMARY FINDINGS

- Cholelithiasis (gallbladder and intrahepatic bile ducts).
- Subjective hepatomegaly.
- Bilateral renal cortical hyperechogenicity with medullary rim sign.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is marked cholelithiasis involving both the gallbladder and intrahepatic bile ducts, with mild dilation of the cystic duct. The common bile duct remains within expected limits for a cat (<3 mm), indicating no current evidence of complete extrahepatic biliary obstruction. However, the presence of intrahepatic ductal mineralization supports chronic hepatobiliary disease, and partial or intermittent obstruction cannot be excluded.

In cats, this pattern is most commonly associated with chronic cholestasis and inflammatory biliary disease (cholangitis/cholangiohepatitis), which can promote bile stasis and subsequent cholelith formation. This is consistent with the biochemical profile, including elevated liver enzymes and hyperglobulinemia, supporting an underlying chronic inflammatory hepatobiliary process rather than a purely incidental finding.

The mild hepatomegaly with otherwise normal echotexture may represent a reactive or inflammatory hepatobiliary process within the same cholangitis/cholangiohepatitis spectrum.

The kidneys show bilateral cortical hyperechogenicity and a medullary rim sign, which in cats can be



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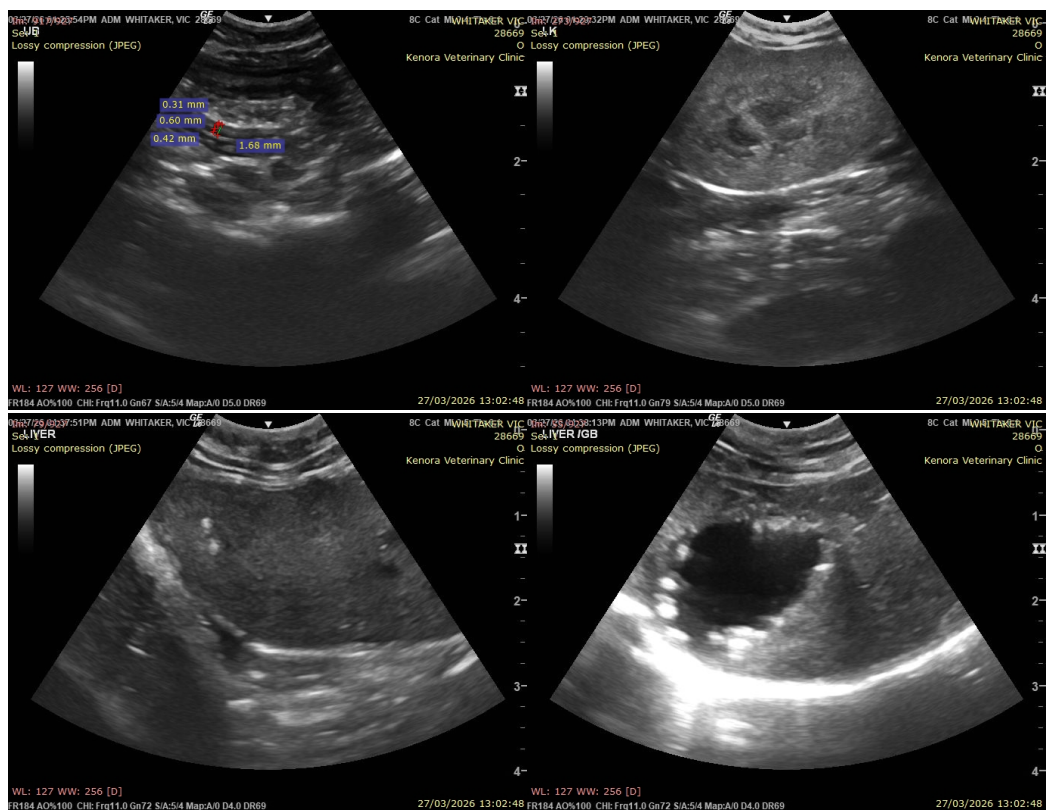
seen with degenerative or age-related change, mineralization, or early chronic kidney disease.

No ultrasonographic evidence of pancreatitis is identified; however, in cats, mild or chronic pancreatic involvement may not be detected on ultrasound, and concurrent pancreatic disease cannot be excluded.

Recommendations

- Given the extent of cholelithiasis, further evaluation is warranted. Monitoring for progression or signs of obstruction is recommended. Medical management may be considered if no obstruction is suspected.
- Correlate renal findings with renal parameters (creatinine, SDMA, urinalysis).

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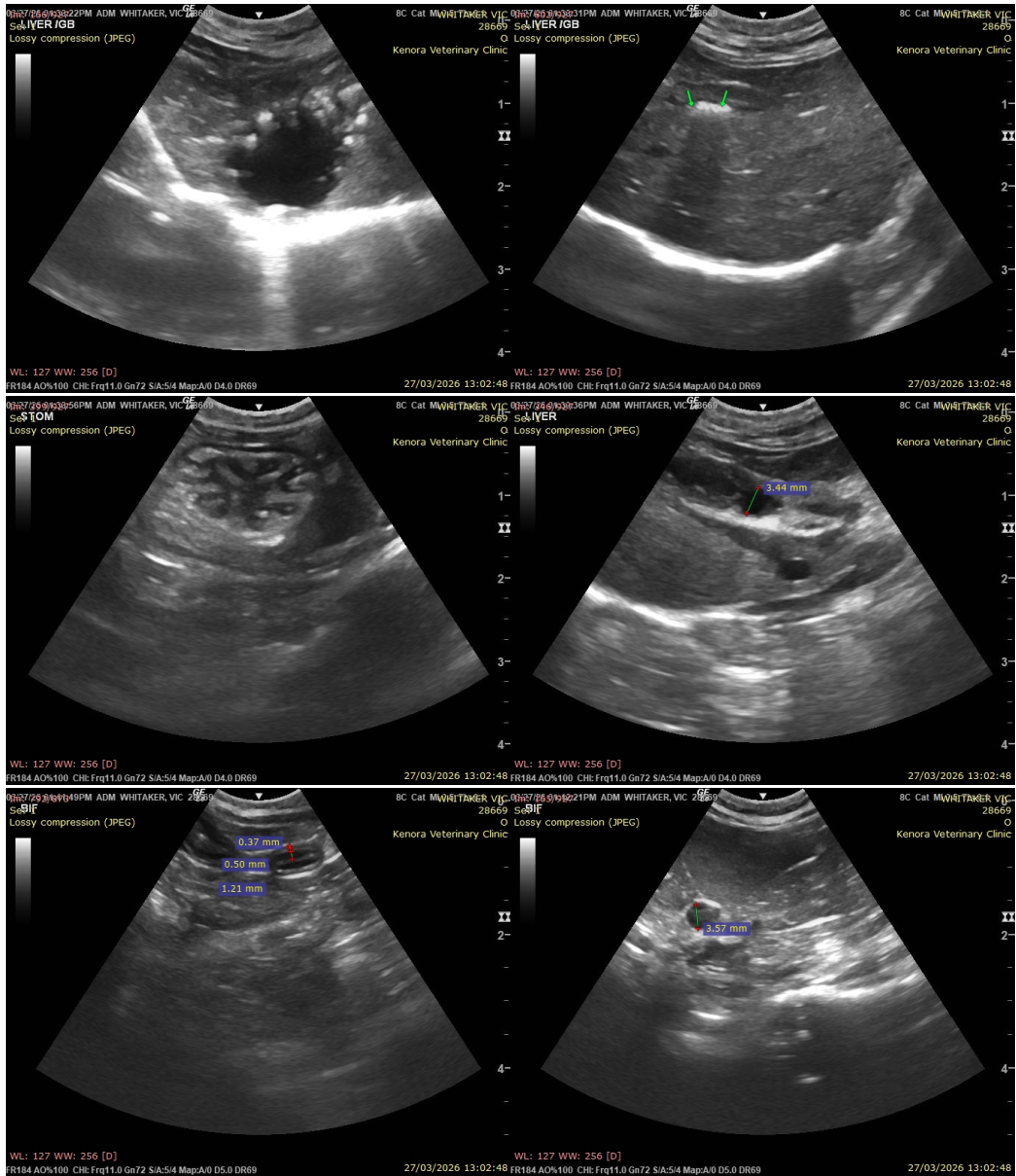
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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