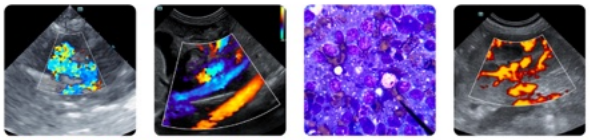


PATIENT

Momo Rylas

SPECIES

Feline

BREED

Domestic Longhair

SEX

Spayed female

AGE

5 years

WEIGHT

7.5 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Amanda Favis

HOSPITAL NAME

Ruidoso AC

REFERRING VET

Dr. Favis

INVOICE

72211

DATE

3/4/26

PRESENTING CLINICAL SIGNS

- Inappetence, weight loss
- ALT 249, ALP 885, Tbil 2.8, GGT 15

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

The left kidney is normal in shape and size, measuring 3.79×2.09 cm, and the cortical thickness is 0.35 cm in the sagittal plane. The cortex is isoechoic compared with the hepatic parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

The right kidney is normal in shape and size, measuring 3.73×1.91 cm. The cortex is isoechoic compared with the hepatic parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

Adrenal Glands

Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.31 cm at the cranial pole and 0.30 cm at the caudal pole. The right adrenal gland was not clearly visualized.

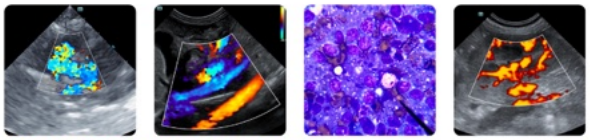
Spleen

Splenic thickness is 0.43 cm. The parenchyma demonstrates normal echogenicity and a 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 hepatic parenchyma appears uniform and markedly hyperechoic compared with the falciform fat, with a fine echotexture. No hepatic lymphadenopathy is observed.

The gallbladder lumen is normally distended. The wall is thin and the contents are predominantly anechoic with a small amount of biliary sludge. No dilation of the cystic duct or common bile duct is observed. The common bile duct measures 2.25–1.38 mm.



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Gastrointestinal

The stomach is empty and folded with preserved wall layering. The pylorus measures 2.70 mm.

The duodenum measures 1.74 mm. The jejunum measures 1.80 mm with preserved wall layering. Layer measurements include: mucosa 0.72 mm, submucosa 0.36 mm, and muscularis propria 0.15 mm. The ileum measures 1.77 mm with preserved wall layering. The ileocecal junction measures 3.10 mm, with the muscularis measuring 0.55 mm. No evidence of intestinal inflammation, ileus, or intraluminal foreign material is identified.

The colon measures 0.75 mm in the ascending colon and 0.80 mm in the descending colon, with formed fecal material present within the lumen.

Pancreas

The evaluated pancreatic regions do not show evidence of overt inflammatory change.

Peritoneal Cavity

There is no sonographic evidence of abdominal effusion, peritonitis, or abdominal lymphadenomegaly. The region of the iliac trifurcation appears normal.

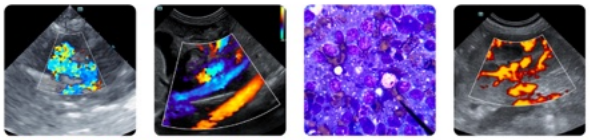
ULTRASONOGRAPHIC FINDINGS

- Marked diffuse hepatic hyperechogenicity.
- Small amount of biliary sludge.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most significant finding is marked diffuse hyperechogenicity of the hepatic parenchyma, which in cats is most consistent with hepatic lipidosis in the appropriate clinical context of anorexia and weight loss. The liver maintains a homogeneous echotexture without focal lesions, which further supports a diffuse metabolic hepatopathy.

The biochemical profile in this patient raises concern for hepatobiliary disease in addition to lipidosis, as isolated hepatic lipidosis in cats typically results in a markedly elevated ALP with comparatively minimal GGT elevation. The elevation of GGT in this patient therefore suggests the possibility of concurrent biliary or inflammatory hepatobiliary disease. Hepatic lipidosis in cats is frequently secondary to an underlying systemic or hepatobiliary disorder, and its marked parenchymal hyperechogenicity can reduce the sensitivity of ultrasonography for detecting concurrent hepatobiliary disease. Inflammatory hepatobiliary conditions such as cholangitis or cholangiohepatitis may be difficult to identify sonographically when diffuse lipidosis is present.



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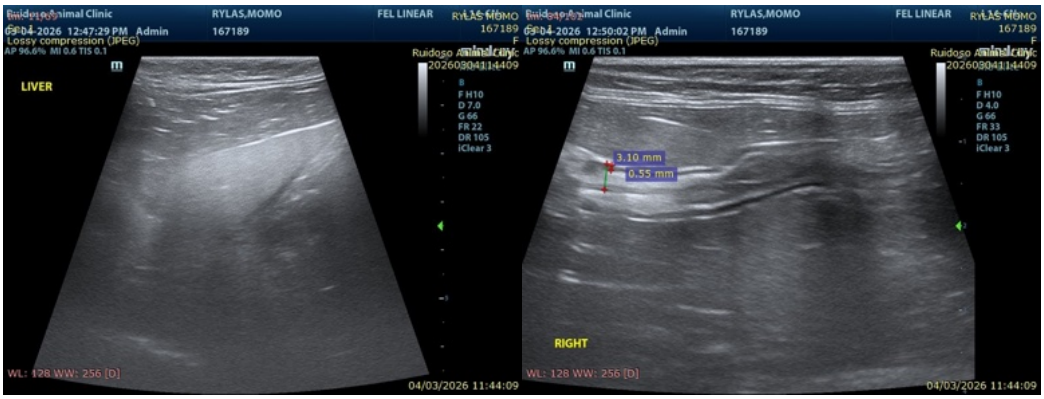
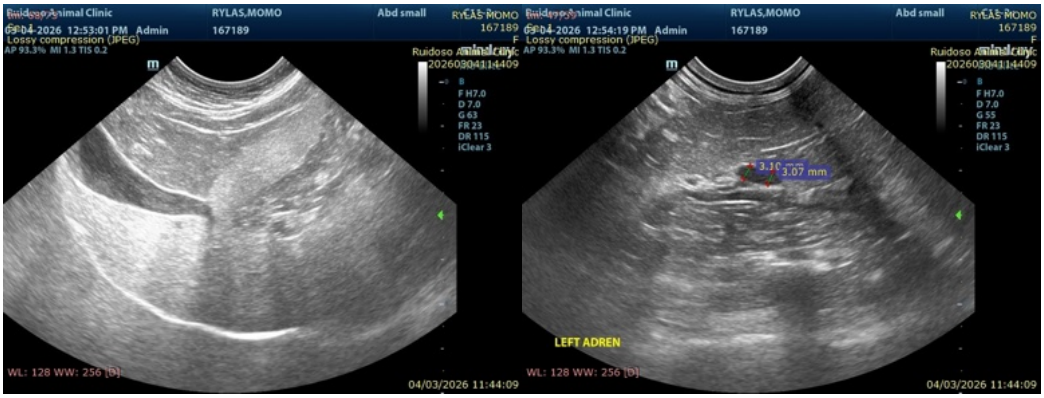
The gallbladder appears structurally normal aside from a small amount of mobile sludge, and the common bile duct diameter remains within expected limits for a cat, making extrahepatic biliary obstruction unlikely based on the current examination.

Recommendations

- Aggressive nutritional support should be considered, as early nutritional management is critical in suspected hepatic lipidosis.

- Given the biochemical profile, concurrent hepatobiliary disease such as cholangitis cannot be excluded. Additional diagnostics (e.g., bile sampling or liver biopsy) may be considered if clinically indicated, although these procedures should be weighed against the patient's current stability in the presence of suspected hepatic lipidosis. Final diagnostic and therapeutic decisions remain at the discretion of the attending veterinarian.
- Medical management targeting hepatobiliary disease (hepatoprotective therapy, antimicrobial therapy if bacterial cholangitis is suspected) may be considered at the discretion of the attending veterinarian.





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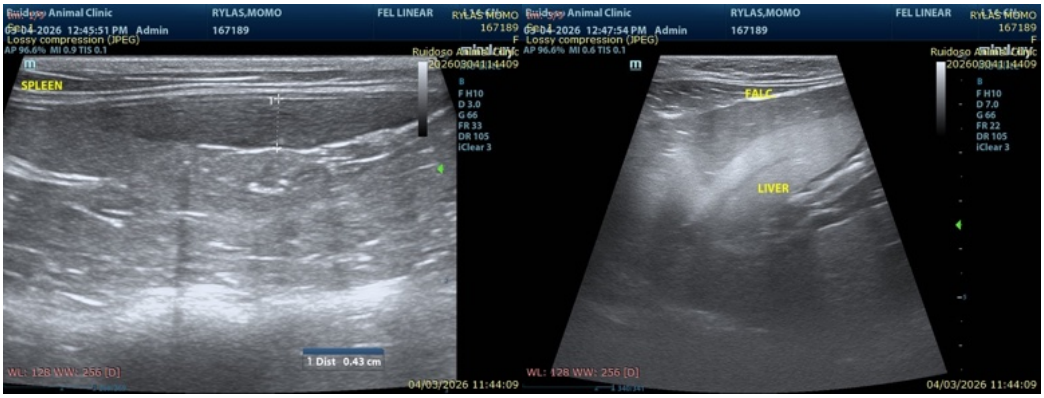

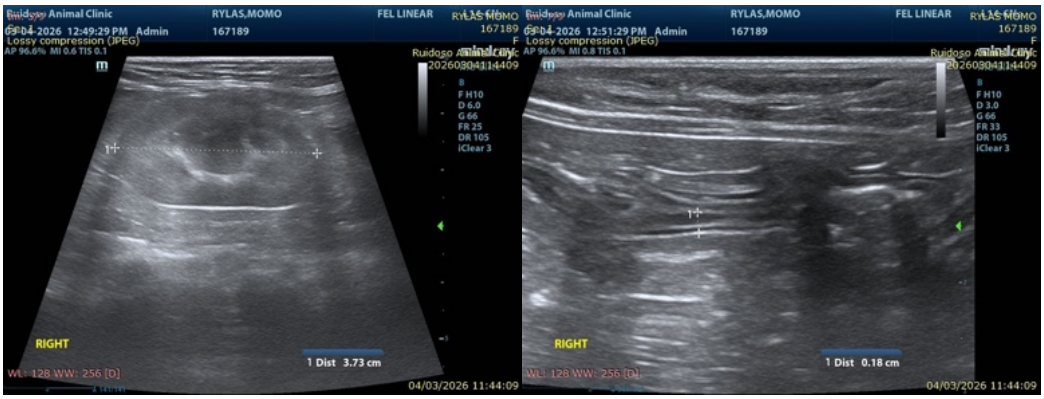

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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