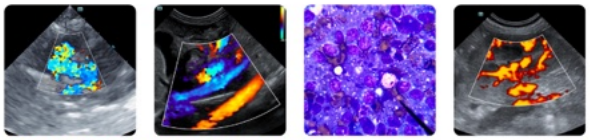


PATIENT

Cookie Stevenson

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

13 years

WEIGHT

19.1 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Amanda Olson, VMD

HOSPITAL NAME

Limestone VH

REFERRING VET

Dr. Olson

INVOICE

72247

DATE

3/5/26

PRESENTING CLINICAL SIGNS

- History of chronic constipation, currently well controlled with diet, metoclopramide, cisapride, miralax, and ducolax. Previous ultrasound in November showed bilateral polycystic kidney disease and polycystic liver disease. Over past few month owner has noticed patient is PU/PD and has lost weight. Appetite and energy level remain good. PE unremarkable. Recheck bloodwork is pending. Want to recheck polycystic disease to monitor progression as well rule out any new disease process to explain PU/PD/weight loss.
- CBC/Chem/T4/UA on 11/17/25: PSL 46, WBC 16.4, Neut 12956, Mono 656

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 4.94×3.14 cm, with a cortical thickness of 0.47 cm in the sagittal plane. The cortex is increased in echogenicity compared with the hepatic parenchyma. Approximately seven cortical cysts are identified, most of similar size, the largest measuring 1.23×1.41 cm. No pyelectasia, nephrolithiasis, or hydronephrosis is observed.

The right kidney is normal in shape and size, measuring 4.64×3.22 cm, with a cortical thickness of 0.52 cm in the sagittal plane. The cortex is slightly hyperechoic compared with the hepatic parenchyma. Multiple cortical cysts are again identified. The cysts appear similar in size to those described previously, although the number of cysts appears slightly greater than in the contralateral kidney. The largest measures 9×8.6 mm. No pyelectasia, nephrolithiasis, or hydronephrosis is observed. Color Doppler demonstrates a normal vascular pattern.

Overall, the renal cortex is increased in echogenicity, resulting in increased corticomedullary distinction.

Adrenal Glands

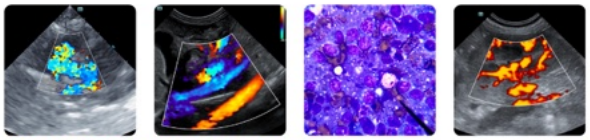
Both adrenal glands demonstrate normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane:

Left adrenal gland: Cranial pole: 0.29 cm. Caudal pole: 0.33 cm

Right adrenal gland: Not reliably measured.

Spleen

Splenic thickness measures 0.92 cm. The splenic parenchyma demonstrates normal echogenicity and a fine homogeneous echotexture without focal abnormalities. The splenic capsule is smooth and regular. Splenic vasculature appears normal.



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Liver

Most of the hepatic parenchyma demonstrates numerous small cystic structures distributed throughout multiple hepatic lobes, resulting in a multicystic hepatic appearance. In addition to these numerous small cysts, a larger hepatic cyst measuring 3.32×2.33 cm is identified. Two additional cysts measure 1.91×1.46 cm and 1.34×0.8 cm.

The gallbladder lumen is normally distended. The wall is thin and the contents are primarily anechoic with a small amount of biliary sludge. The common bile duct measures 2.35–2.02–1.23 mm, within expected limits.

Gastrointestinal

The stomach is empty and folded with a mural thickness of 2.09 mm and preserved wall layering.

The duodenum measures 1.96 mm. The jejunum measures 2.53 mm, with mucosa 1.16 mm, submucosa 0.57 mm, and muscularis propria 0.36 mm. The ileum measures 2.54–2.56 mm, with mucosa 0.78 mm, submucosa 0.95 mm, and muscularis propria 0.27 mm. Wall layering is preserved throughout.

The ileocecal junction measures 3.21 mm, with the muscularis measuring 0.69 mm.

No evidence of intestinal inflammation, ileus, or intraluminal foreign material is identified.

Colon measures 1.73 mm, with formed fecal material in the descending segment.

Pancreas

The pancreas measures 8.62 mm in thickness. The pancreatic parenchyma is isoechoic relative to the adjacent omental fat. The pancreatic duct measures 2.06 mm. No surrounding peripancreatic fat inflammation is observed.

Peritoneal Cavity

No abdominal effusion or peritonitis is observed.

Cranial mesenteric lymph nodes are not clearly visualized, but the surrounding regions appear unremarkable.

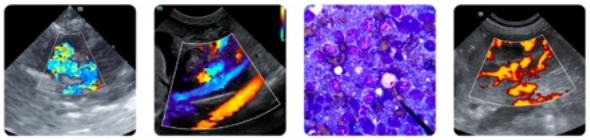
Ileocecal lymph nodes measure 3.67–4.88 mm, maintaining normal shape and echogenicity.

The region of the iliac trifurcation appears normal.

ULTRASONOGRAPHIC FINDINGS

Primary

- Bilateral renal cortical cysts with mildly increased cortical echogenicity.



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- Diffuse multicystic hepatic parenchyma with multiple hepatic cysts, including one large cyst (3.32 × 2.33 cm).

Secondary

- Mildly prominent pancreatic duct (≈2.06 mm) without associated pancreatic parenchymal abnormalities

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most significant findings on this examination remain the bilateral renal cortical cysts and the multicystic hepatic parenchyma, consistent with the previously diagnosed polycystic kidney and liver disease. When compared with the prior abdominal ultrasound performed in November 2025, the renal cysts appear overall similar in size. The renal cortices remain mildly hyperechoic. These findings are compatible with stable to slowly progressive cystic renal disease, which may contribute to the recently reported PU/PD and weight loss, particularly if renal function has declined. Correlation with the pending biochemical profile is therefore important.

The liver again demonstrates diffuse multicystic involvement. The previously described large hepatic cyst now measures 3.32×2.33 cm, suggesting no progression, while additional smaller cysts remain present throughout the hepatic parenchyma. This appearance continues to support polycystic liver disease, which is commonly associated with renal cystic disease in cats and is typically benign and slowly progressive.

The gastrointestinal tract maintains normal wall thickness and preserved layering, and the calculated muscularis-to-mucosa ratios of the jejunum (~0.31) and ileum (~0.35) remain within expected limits for a cat, providing no ultrasonographic evidence of inflammatory bowel disease or intestinal lymphoma as a cause of the reported weight loss.

The pancreas appears structurally normal; however, the pancreatic duct measures approximately 2.06 mm, which is mildly prominent for a cat. In the absence of pancreatic parenchymal changes or surrounding inflammatory fat, this finding most commonly reflects age-related ductal dilation or chronic pancreatic change rather than active pancreatitis.

Recommendations

- Although the ultrasonographic appearance of the kidneys and liver suggests slow progression of the previously documented polycystic disease, the degree of functional impairment cannot be determined by imaging alone. Correlation with the pending renal and hepatic biochemical parameters will therefore be important to assess whether clinically relevant organ dysfunction is present.
- Systemic causes unrelated to structural abdominal disease should also be considered, including endocrine disorders such as hyperthyroidism.
- If gastrointestinal signs were to develop despite the normal intestinal ultrasonographic appearance, additional testing such as serum cobalamin assessment could also be considered at the discretion of the attending veterinarian.

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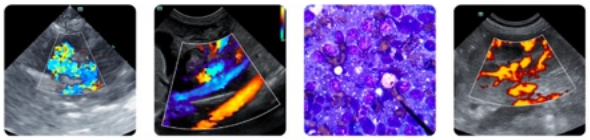

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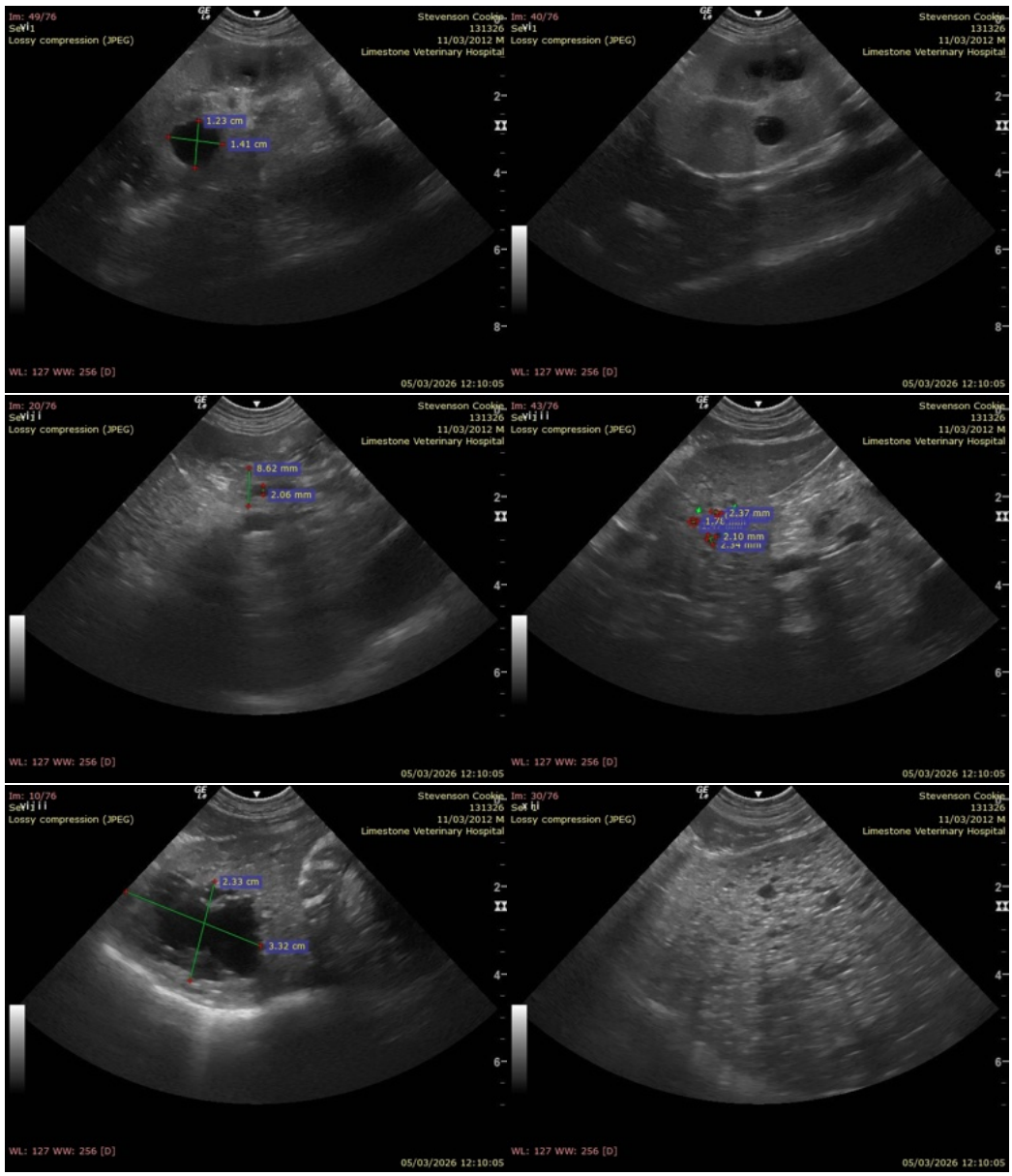

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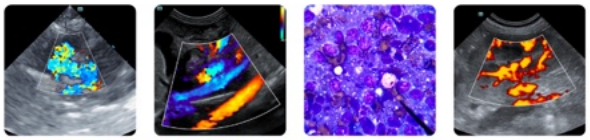

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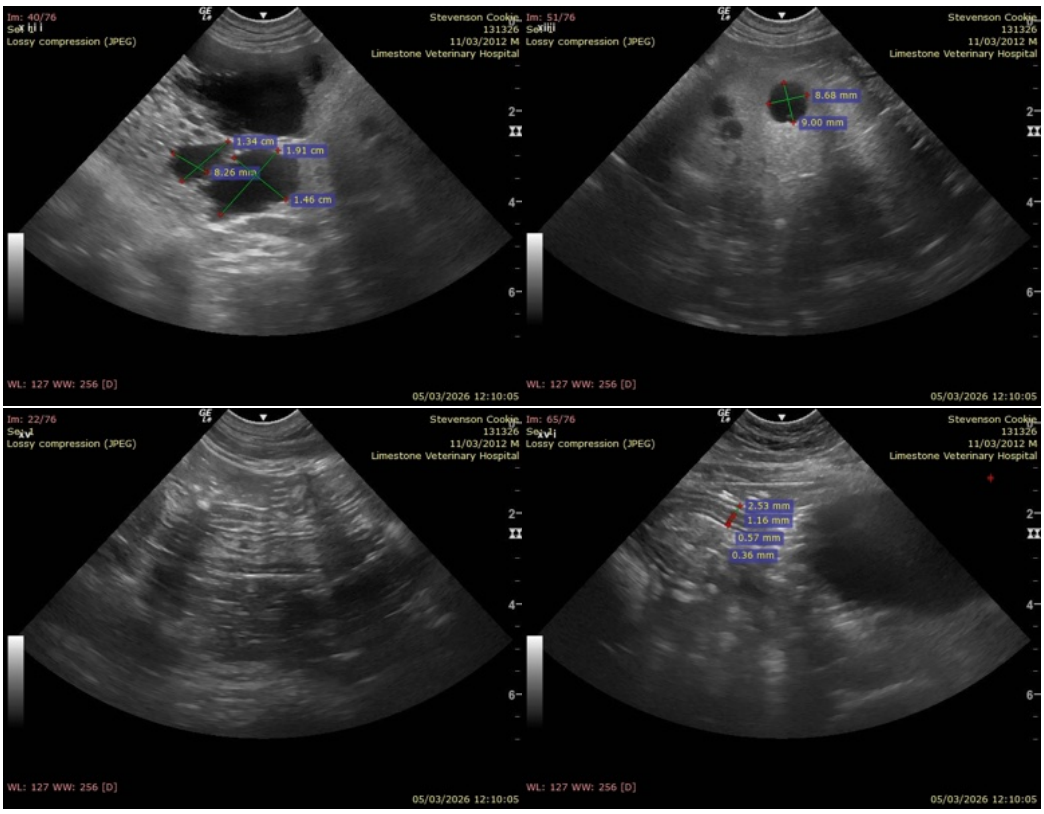

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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