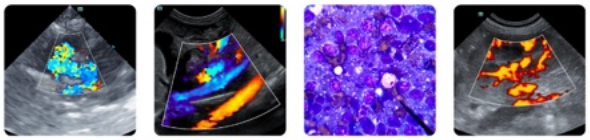


PATIENT

Hammond Petrolle

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

5 years

WEIGHT

9.56 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Sandra Jimenez

HOSPITAL NAME

Bramer AH

REFERRING VET

Dr. Jimenez

INVOICE

74752

DATE

4/22/26

PRESENTING CLINICAL SIGNS

History: Reduced appetite originally observed 2 months ago, taken to a veterinarian where CBC/Chem/UA and abdominal ultrasound performed in Feb 2026 revealed suspected IBD. Treated with gabapentin 50mg PO BID, cerenia 16mg PO SID, mirtazapine. Owner notes no improvement at home with progression to no longer eating food or producing stool for several days. There is 2.8lb weight loss observed in 2 months.
Abnormal PE/Chem/CBC/UA Results: PE today: 2.6lb weight loss in 2 months, BCS 3/9, QAR, Icteric (sclera, gums), pale, tacky MM, delayed skin tent, estimate 8% dehydration, palpable thickened intestines. CBC/Chem 4/22/26: HCT 26.4% (30-52%), Reticulocytes 96 (3-50), Hemoglobin 9.1 (9.8-16.2), BUN 10 (16-36), ALP 932 (14-111), GGT 9 (0-4), T.Bili 11.4 (0- 0.9) Pending- GI panel, anemia PCR, PT/PTT Abd U/S Feb 26, 2026: Gallbladder sediment, Chronic enteropathy, r/o IBD vs LSA, Thickened ICJ with reactive omentum and focal jejunal lymphadenopathy, IBD vs LSA vs sclerotic vs thyphlitis, Suspected mild pancreatitis, Crystalline urinary sediment CBC/Chem/UA Feb 12 2026: HCT 49% (31-51), Neut 1.98 (2.6-15.17), Platelets 634 (100-440) BUN 15 (16-37), ALP 50 (12-59), T. Bili 0.1 (0-0.3), GGT <1 (0-6)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. The wall is thin and smooth. The urine is anechoic. The bladder neck and proximal urethra appear normal. No uroliths are identified, and there is no ultrasonographic evidence of inflammatory or neoplastic disease.

The left kidney is normal in shape and size, measuring 3.64×2.77 cm, with a cortical thickness of 0.47 cm in the sagittal plane. The right kidney is normal in shape and size, measuring 3.87×2.36 cm, with a cortical thickness of 0.50 cm in the sagittal plane. Both kidneys: The cortex is mildly increased in echogenicity relative to the liver. The corticomedullary ratio is normal and corticomedullary distinction is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

Adrenal Glands

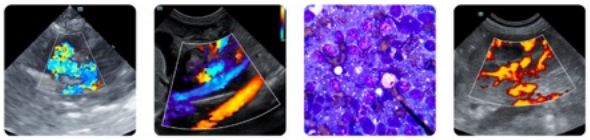
Not confidently visualized.

Spleen

Splenic thickness is 0.86 cm. The parenchyma is mildly hypoechoic with a homogeneous, fine echotexture. The splenic capsule is smooth and regular.

Liver

The liver is subjectively normal in size, with sharp margins and regular contour. The parenchyma is diffusely and markedly hyperechoic with a very fine echotexture. No focal lesions or hepatic lymphadenopathy are identified.



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The gallbladder is moderately distended. The wall is thin and regular. The contents are anechoic. The common bile duct measures 4.15 mm, which is mildly to moderately dilated (normal feline CBD typically ≤3 mm).

Gastrointestinal

The stomach is empty and folded, with mural thickness of 1.72 mm and preserved wall layering, within normal limits for a feline patient. The duodenum measures 1.83 mm and appears corrugated. The jejunal thickness was not recorded; measured layers include mucosa 1.44 mm, submucosa 0.48 mm, and muscularis propria 0.32 mm. The ileum measures 2.88 mm, with mucosa 0.86 mm, submucosa 0.86 mm, and muscularis propria 1.04 mm. Wall layering is preserved throughout all segments. The ileocecal junction was not visualized. Colon: wall thickness measures 0.84 mm, within normal limits, with formed fecal material in the descending colon.

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 is normal.

PRIMARY FINDINGS

- Diffuse marked hepatic hyperechogenicity.
- Mild-to-moderate dilation of the common bile duct (4.15 mm).
- Marked prominence of ileal muscularis layer (muscularis-to-mucosa ratio ~1.04/0.86 ≈ 1.2)

SECONDARY FINDINGS

- Duodenal corrugation.
- Splenic hypoechogenicity.
- Mild renal cortical hyperechogenicity.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Diffuse, marked hepatic hyperechogenicity with a fine echotexture is most consistent with severe hepatic lipidosis in this patient. This finding correlates with the marked progression in biochemical abnormalities over a two-month period, indicating the development of severe cholestatic hepatopathy. In cats, hepatic lipidosis commonly develops secondary to underlying disease and can mask concurrent hepatobiliary pathology on ultrasound. The concurrent elevation of both ALP and GGT, together with hyperbilirubinemia and mild-to-moderate bile duct dilation, raises concern for underlying inflammatory hepatobiliary disease (e.g., cholangitis/cholangiohepatitis). Although biliary obstruction cannot be entirely excluded, there are no definitive ultrasonographic features to confirm a mechanical obstruction

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in this study.

Small intestinal wall thickness is within normal limits; however, there is marked ileal muscularis hypertrophy (ratio ~1.2) and duodenal corrugation. This pattern supports chronic enteropathy, with differentials including inflammatory bowel disease and lymphoma.

Despite the absence of overt pancreatic changes, pancreatitis remains a strong differential.

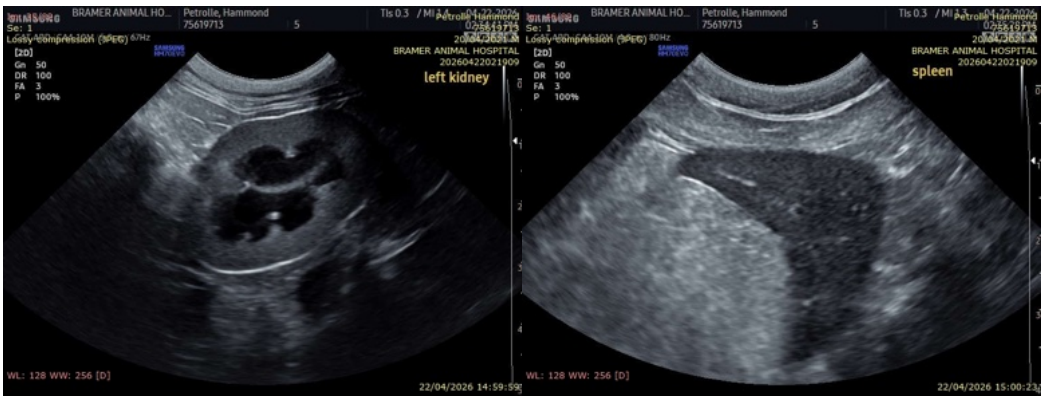
The spleen is mildly hypoechoic with a homogeneous echotexture. This finding is nonspecific and may reflect reactive or congestive change in the context of systemic illness.

Overall, findings support a severe hepatobiliary disorder characterized by marked cholestasis and hepatic lipidosis, most likely developing secondary to underlying disease. The combination of rapid biochemical progression, bile duct dilation, and gastrointestinal abnormalities raises strong concern for underlying inflammatory hepatobiliary disease (cholangitis) and/or concurrent pancreatobiliary involvement. The associated intestinal changes further support a multisystem process consistent with a triaditis spectrum disorder in this patient.

Recommendations

- Hospitalization with IV fluids and nutritional support is recommended given severe hepatic lipidosis and anorexia.
- Initiate hepatoprotective therapy.
- Consider empirical therapy for suspected inflammatory hepatobiliary disease is reasonable.
- Cobalamin supplementation is recommended; incorporate pending GI panel results.
- Monitor bilirubin and liver enzymes to assess response.

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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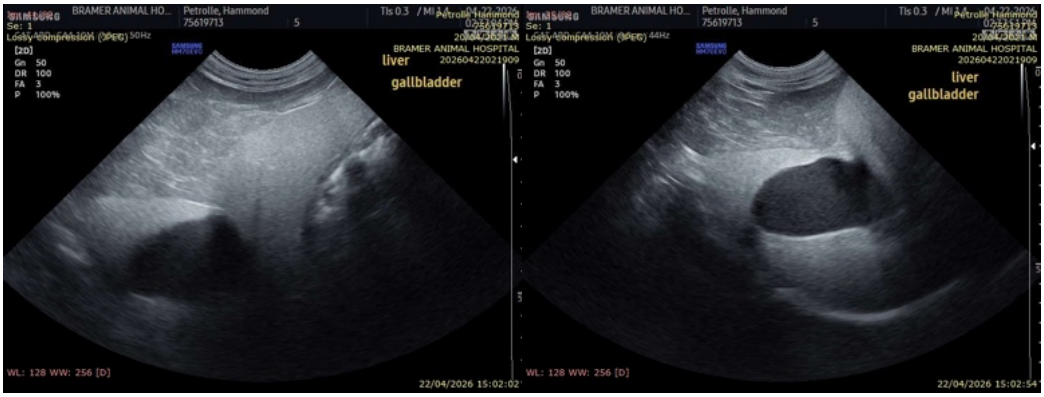

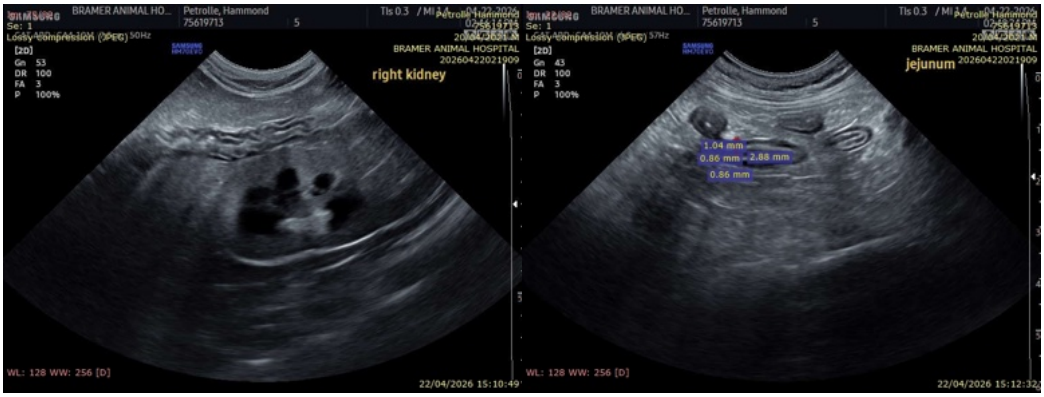

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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