



PATIENT

Mikey Gehris

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

12 years

WEIGHT

8 lbs

INTERPRETED BY

Alicia Angosto
Guerrero, DMV,
PgDip, MSc.

IMAGING PERFORMED BY

Renee Ziegler Post

HOSPITAL NAME

For Cats Only VC

REFERRING VET

Dr. Ziegler Post

INVOICE

74737

DATE

4/22/26

PRESENTING CLINICAL SIGNS

History: -Current medications - Prednisolone 5 mg/0.05ml-APPLY 0.05ML (2 FULL ROTATIONS) TO THE INNER EAR FLAP ONCE DAILY.

-Chronically, Elevated liver enzymes, icteric, no improvement on Pred. Owner declines biopsy.

Abnormal PE/Chem/CBC/UA Results: 4/17/26- persisting elevation in ALT, ALP and T. Bili, ALP and T. bili higher than last panel (3/25), BG 107, T4 1.2

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately 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 3.78×1.80 cm, with a cortical thickness of 0.28 cm in the sagittal plane.

The right kidney is normal in shape and size, measuring 3.73×1.95 cm, with a cortical thickness of 0.31 cm in the sagittal plane.

Both kidneys: The cortex is isoechoic relative to the hepatic parenchyma. The corticomedullary ratio is normal and corticomedullary distinction is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler demonstrates a normal vascular pattern.

Adrenal Glands

Not confidently visualized.

Spleen

Splenic thickness is 0.61 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 liver parenchyma looks uniform and isoechoic compared to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is observed.

The gallbladder is adequately distended, measuring approximately 2.29 × 1.16 cm; measurement of the third dimension was not feasible. The wall measures 1.09 mm, which is within normal limits for a feline patient (typically ≤1–1.5 mm). The contents are predominantly anechoic with a very small amount of biliary sludge. No dilation of the cystic duct or common bile duct is identified in the submitted videos.



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Gastrointestinal

The stomach is empty and folded, with mural thickness of 1.39 mm and preserved wall layering, within normal limits for a cat (approximately 2–3 mm depending on distension).

The pylorus measures 2.57 mm.

The duodenum measures 1.88 mm. The duodenal papilla measures 3.12×3.47 mm. The jejunum measures 2.81 mm, with mucosa 1.22 mm, submucosa 0.63 mm, and muscularis propria 0.76 mm. The ileum measures 2.41 mm, with mucosa 0.87 mm, submucosa 0.75 mm, and muscularis propria 0.91 mm. The ileocecal junction measures 3.12 mm, with muscularis 1.26 mm. Wall layering is preserved throughout all segments.

No ultrasonographic evidence of ileus, obstruction, or intraluminal foreign material is identified.

Colon: wall thickness measures 0.74–0.89 mm, within normal limits, with formed fecal material in the lumen.

Pancreas

The pancreas measures 4.47–5.80 mm in thickness, within normal limits for a feline patient. The parenchyma is isoechoic relative to the surrounding omental fat. The pancreatic duct measures 0.82 mm, which is mildly prominent (generally ≤ 0.7 mm in cats), but may be within acceptable limits in older patients. No peripancreatic fat hyperechogenicity or fluid is observed.

Free Abdomen

No abdominal effusion or peritonitis is identified. Cranial mesenteric lymph nodes measure 2.71–3.32 mm in thickness, with normal shape and echogenicity. Ileocecal lymph nodes are not visualized; the surrounding regions appear unremarkable. The iliac trifurcation appears normal.

PRIMARY FINDINGS

- Mild prominence of jejunal, ileal, and ileocecal muscularis layers.

SECONDARY FINDINGS

- Subtle prominence of pancreatic duct (0.82 mm).
- Minimal biliary sludge.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Despite significant biochemical evidence of hepatobiliary disease (persistent elevations in ALT, ALP, and bilirubin with clinical icterus), the liver and biliary system appear unremarkable on ultrasound, with no evidence of biliary obstruction or structural hepatic disease.

Marked hyperbilirubinemia in the absence of biliary dilation is most consistent with intrahepatic cholestasis, which may occur with inflammatory hepatobiliary disease (cholangitis/cholangiohepatitis)



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despite unremarkable ultrasonographic findings. Minimal biliary sludge is considered an incidental finding, and no ultrasonographic evidence of extrahepatic biliary obstruction is identified.

Small intestinal wall thicknesses are within normal limits; however, there is diffuse prominence of the muscularis layer (jejunal muscularis-to-mucosa ratio $\sim 0.76/1.22 \approx 0.6$; ileal ratio $\sim 0.91/0.87 \approx 1.0$), exceeding typical values (<0.5). In cats, this pattern is most associated with chronic enteropathy, including inflammatory bowel disease; low-grade lymphoma remains a differential consideration given known overlap, although considered less likely in this case.

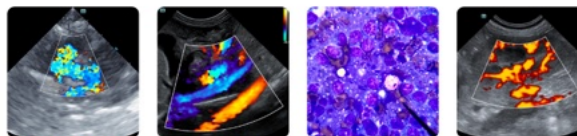
The pancreas is within normal limits in size and echogenicity. Mild prominence of the pancreatic duct is a nonspecific finding and may be age-related or associated with chronic low-grade pancreatic change.

Recommendations

- Given the presence of progressive cholestatic hepatopathy with unremarkable ultrasonographic findings, and in the absence of a definitive diagnosis due to the inability to perform a biopsy, empirical treatment for neutrophilic cholangitis may be considered—particularly if there is no response to corticosteroid therapy (using a broad-spectrum antibiotic with good biliary penetration).
- Initiation of hepatoprotective therapy is also recommended.
- Given the potential for concurrent pancreatobiliary and intestinal involvement in cats, additional testing may be considered, including:
 - Serum feline pancreatic lipase.
 - Serum cobalamin/folate (gastrointestinal panel).
- Continued monitoring of liver enzymes and bilirubin is recommended to assess response to therapy.

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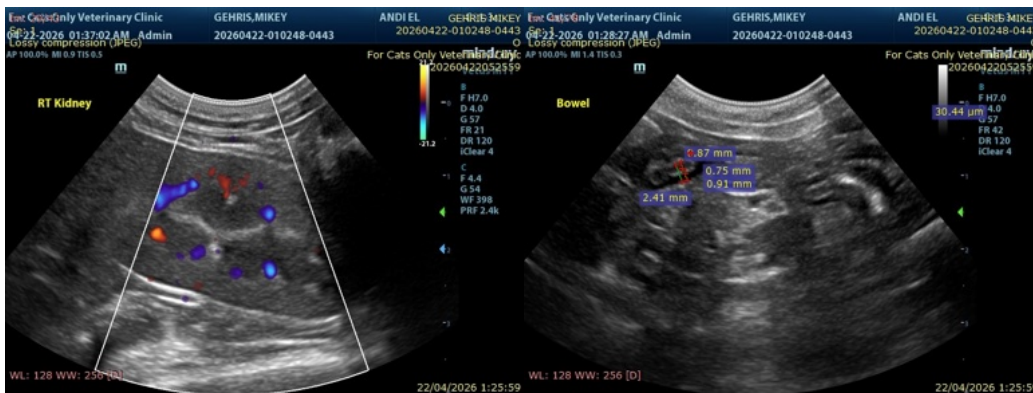
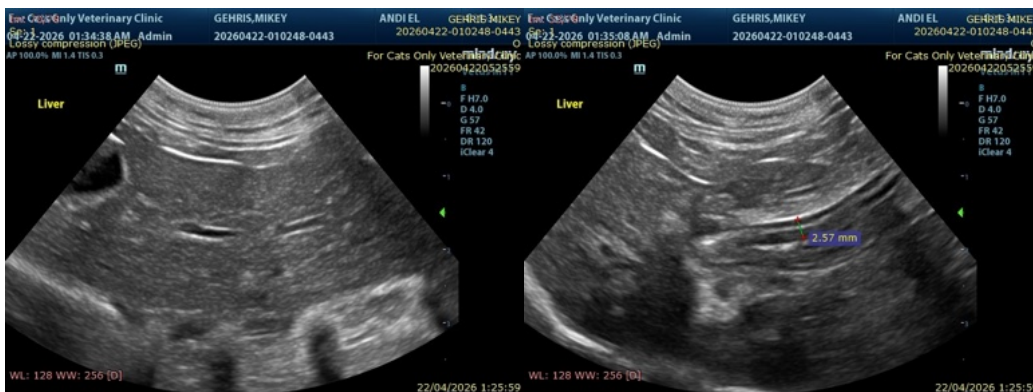
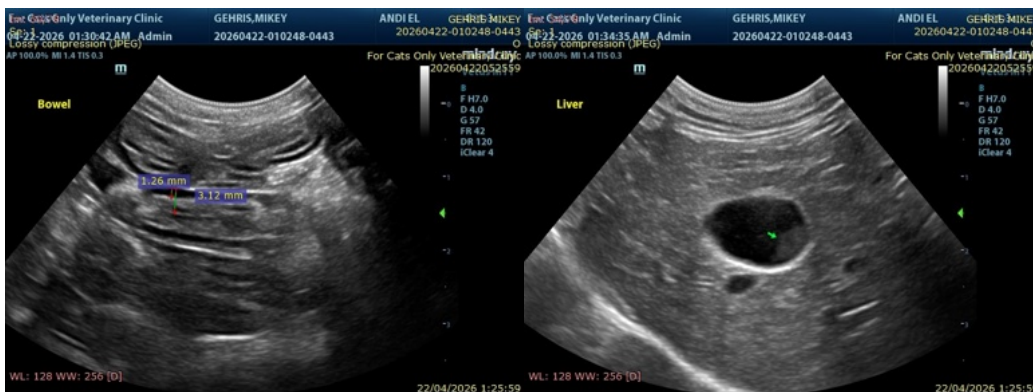
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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