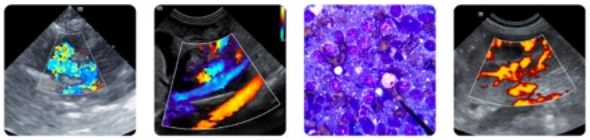


PATIENT

Freya Horan

SPECIES

Feline

BREED

Domestic Longhair

SEX

Spayed female

AGE

9.8 years

WEIGHT

6.12 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

74969

DATE

4/29/26

PRESENTING CLINICAL SIGNS

History: Not eating, diarrhea, and vomiting. History of hyperthyroidism, is not controlled: Is on Prednisolone and Y/D diet.
T4 5.1

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 appear normal. No calculi or evidence of inflammatory or neoplastic changes are identified.

The left kidney measures 3.53×2.56 cm, with a cortical thickness of 0.38 cm in the sagittal plane. The right kidney measures 3.31×2.35 cm, with a cortical thickness of 0.35 cm in the sagittal plane. Both kidneys are normal in shape and size for a cat (reference ~3.0–4.5 cm), with cortical thickness within normal limits (~0.3–0.5 cm). The cortex is isoechoic relative to the liver parenchyma. The corticomedullary ratio is within normal limits, and corticomedullary definition is preserved. No pyelectasia, nephrolithiasis, or hydronephrosis is identified. Color Doppler demonstrates a normal vascular pattern.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.30 cm at the cranial pole and 0.26 cm at the caudal pole. The right adrenal gland measures 0.33 cm at the cranial pole and 0.31 cm at the caudal pole.

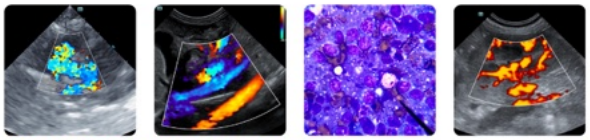
Spleen

Splenic thickness is 0.58 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

Liver

The liver demonstrates a markedly irregular contour. The parenchyma is heterogeneous, with multiple, diffusely distributed hypoechoic nodules measuring less than 1 cm. No hepatic lymphadenopathy is observed.

The gallbladder is normally distended, with a thin wall. There is a moderate amount of biliary sludge. No dilation of the cystic duct or common bile duct is observed.



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Gastrointestinal

The stomach is empty and folded, with a wall thickness of 1.75 mm and preserved layering (within normal limits). The pylorus measures 3.69 mm, within normal limits. The duodenum measures 1.04 mm, within normal limits. The jejunum measures 2.30 mm (within normal limits), with preserved layering. Layer measurements: mucosa 1.54 mm, submucosa 0.56 mm, muscularis propria 0.25 mm. The muscularis-to-mucosa ratio is approximately 0.16 (within normal limits). The ileum measures 1.76 mm, within normal limits, with preserved layering. Layer measurements: mucosa 0.58 mm, submucosa 0.63 mm, muscularis propria 0.23 mm. The muscularis-to-mucosa ratio is approximately 0.40 (within normal limits). The ileocecal junction measures 2.80 mm, with a muscularis thickness of 0.62 mm, indicating a mildly increased muscularis-to-mucosa ratio at this level. The colon measures 1.07 mm (ascending) and 3.40 mm (descending), with the descending colon empty.

Pancreas

Pancreatic thickness is 5.10 mm, which is within normal limits for a cat (typically up to ~6 mm depending on body condition). Parenchyma is isoechoic relative to adjacent omental fat. The pancreatic duct is not dilated. No peripancreatic fat changes are identified.

Free Abdomen

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

PRIMARY FINDINGS

- Diffusely heterogeneous hepatic parenchyma, with multiple small (<1 cm) hypoechoic hepatic nodules.
- Small amount of biliary sludge

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most significant finding in this study is the diffuse structural alteration of the liver, characterized by an irregular contour and a heterogeneous parenchyma containing multiple small hypoechoic nodules. This pattern is most consistent with a chronic hepatopathy with nodular regeneration, such as nodular hyperplasia and/or hepatic fibrosis. The diffuse nature of the changes, the small size of the nodules (<1 cm), and the lack of discrete mass lesions or lymphadenopathy support a non-neoplastic process as the leading consideration.

The biliary system shows mild sludge without evidence of obstruction.

The gastrointestinal tract and pancreas do not show significant structural abnormalities. As previously noted, this does not exclude pancreatitis or early enteropathy, particularly in feline patients.

In the context of uncontrolled hyperthyroidism, chronic hepatocellular changes (including vacuolar

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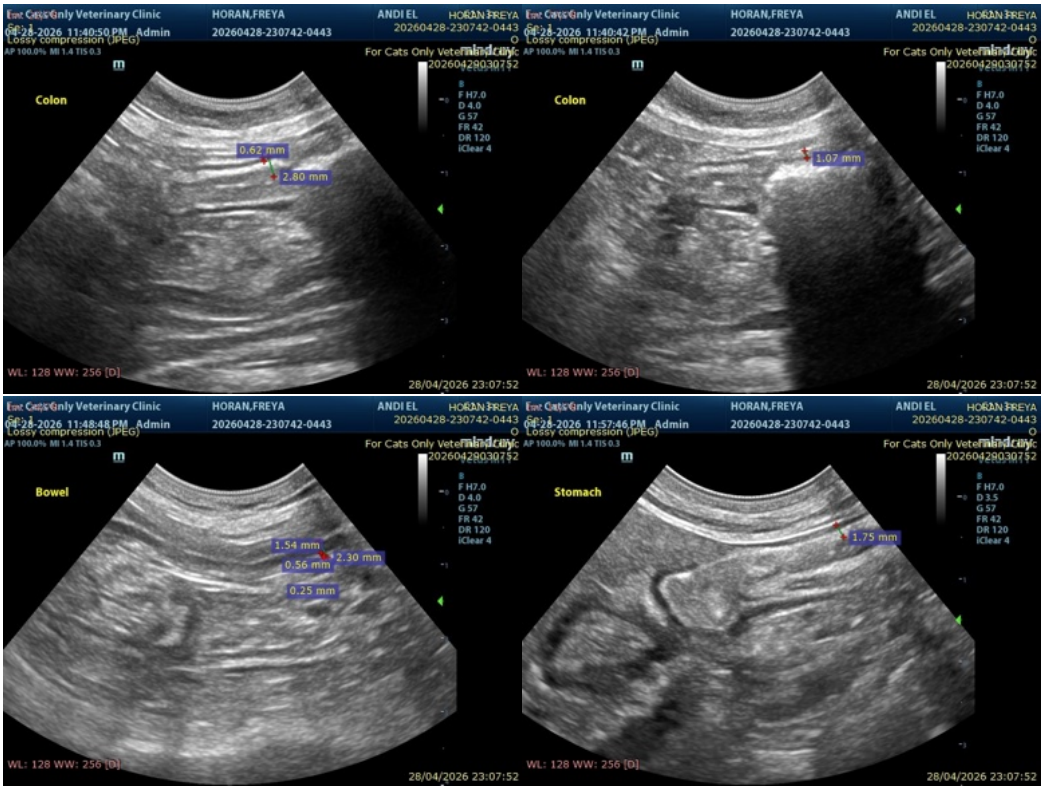
change, fibrosis, and nodular regeneration) are plausible and may contribute to the observed hepatic appearance. Additionally, systemic illness may exacerbate both hepatic and gastrointestinal clinical signs. The descending colon appears mildly prominent; however, this finding is nonspecific and may be influenced by luminal distension or contraction.

Recommendations

- Complete hepatic evaluation is recommended, including liver enzymes (if not already reviewed in detail) and consideration of bile acids testing.
- Ultrasound-guided hepatic FNA may be considered to help differentiate between hyperplastic/regenerative versus infiltrative processes.
- Optimization of hyperthyroidism management remains essential, as it may be contributing to hepatic changes.
- Given clinical signs, fPLI remains reasonable to evaluate for concurrent pancreatitis.

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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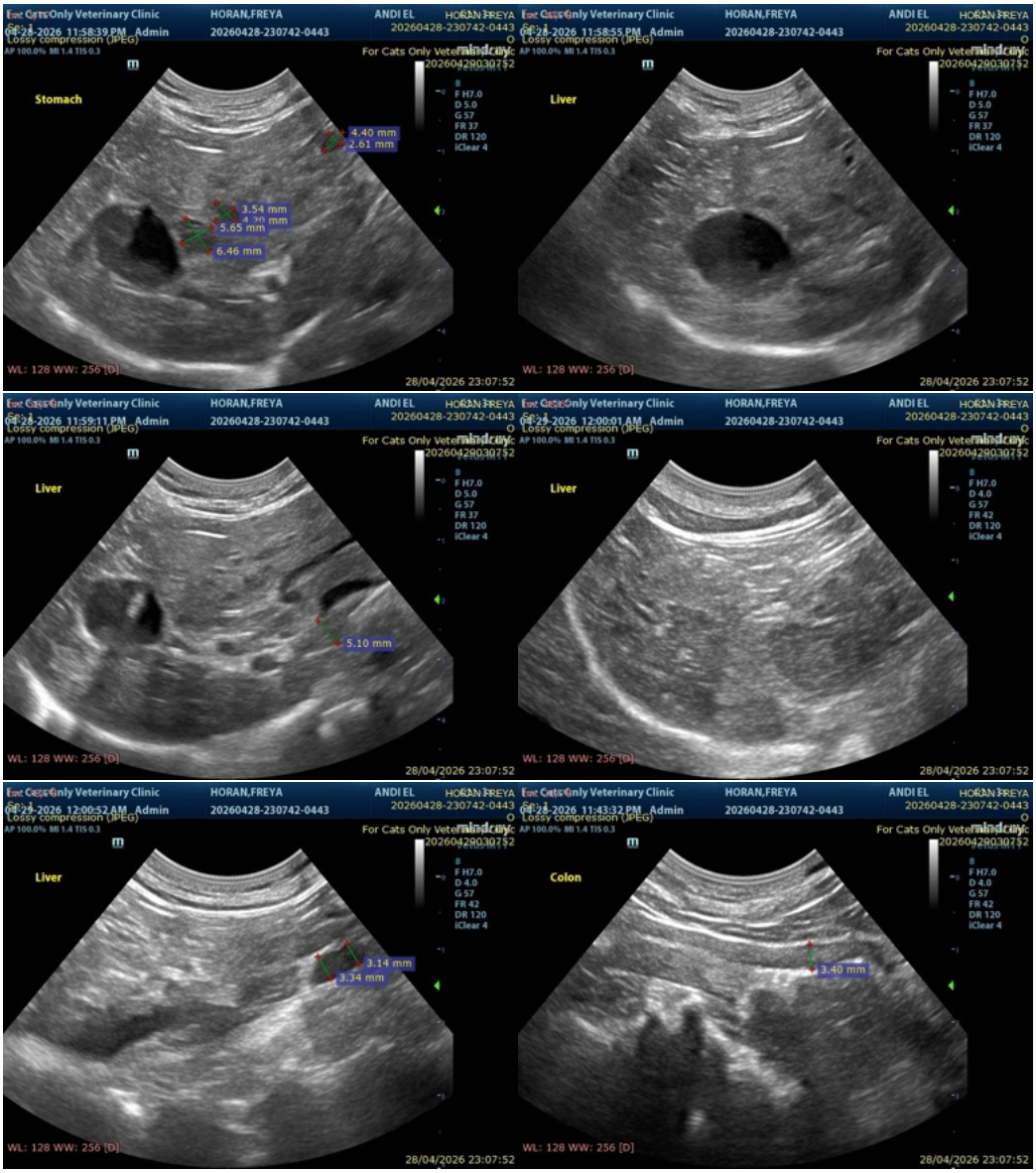

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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