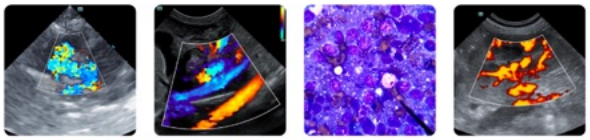




**PATIENT**

Ellie Kahn

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Spayed female

**AGE**

13 years

**WEIGHT**

7.05 lbs

**INTERPRETED BY**

Alicia Angosto Guerrero, DMV, PgDip, MSc.

**IMAGING PERFORMED BY**

Dr. Striano Kaplan

**HOSPITAL NAME**

Ramsey VH

**REFERRING VET**

Dr. Striano Kaplan

**INVOICE**

74139

**DATE**

4/3/26

## PRESENTING CLINICAL SIGNS

- History of chronic coughing, upper respiratory symptoms previous upper respiratory panels all neg, pet previously on Clavamox
- CatLax
- Total Protein 8.9, Albumin 2.5, Globulin 6.4, Alb/Glob 0.4, ALT 182, ALP 99 Right sided purulent nasal discharge with decreased air flow Occasional sneezing H/O Elevated liver enzymes 3/31/25-ULTRASONOGRAPHIC FINDINGS • Normal ultrasound examination of the abdomen. INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS The most likely etiology for the mildly elevated liver enzyme activity would be incidental age related reactive hyperplasia.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder is normally distended. The bladder wall is thin, smooth, and regular. The luminal contents are anechoic. Normal appearance of the bladder neck and proximal urethra. No evidence of urolithiasis or inflammatory or proliferative changes is identified.

The left kidney is normal in shape and size, measuring 3.28×2.17 cm in the sagittal plane. Cortical thickness is 0.27 cm. The right kidney is normal in shape and size, measuring 3.36×2.20 cm in the sagittal plane. Cortical thickness is 0.23 cm. Both kidneys show mildly increased cortical echogenicity compared with the hepatic parenchyma. The corticomedullary ratio is within normal limits, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

### *Adrenal Glands*

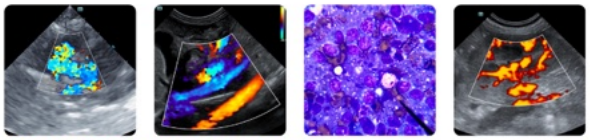
Dorsoventral diameters measured in the sagittal plane: the left adrenal gland measures 0.24 cm at the cranial pole and 0.25 cm at the caudal pole. The right adrenal gland is not confidently visualized.

### *Spleen*

Splenic thickness is 0.82 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

### *Liver*

The liver has an irregular contour with serrated margins and mild variation in lobar volume, with some lobes subjectively reduced and others mildly enlarged. The hepatic parenchyma has a coarse echotexture with a few small hyperechoic foci measuring <1 cm. No discrete nodules or mass lesions are identified. No hepatic lymphadenopathy is observed.





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The gallbladder is normally distended. The wall is thin and regular. The luminal contents are predominantly anechoic with a small amount of biliary sludge. The common bile duct measures 1.95–1.64 mm. No biliary dilation is identified.

### *Gastrointestinal*

The stomach is empty and folded, with a wall thickness of 1.50 mm and preserved layering. The pylorus measures 3.62 mm.

Duodenum: 1.94 mm. Jejunum: 1.57 mm, with mucosa 0.95 mm, submucosa 0.58 mm, and muscularis propria 0.68 mm. Ileum: 2.17 mm, with mucosa 0.74 mm, submucosa 0.79 mm, and muscularis propria 0.62 mm. Wall layering is preserved. The ileocecal junction measures 2.89 mm, with muscularis thickness of 0.98 mm.

Colon: 0.87–1.00 mm, containing scant very soft fecal material within the lumen.

### *Pancreas*

The evaluated pancreatic areas do not show evidence of overt inflammation or neoplastic disease.

### *Free Abdomen*

No abdominal effusion or signs of peritonitis are present. Cranial mesenteric lymph nodes measure 5.03 mm, with normal shape and echogenicity. Ileocecal lymph nodes are not visualized, but the surrounding region appears unremarkable. The iliac trifurcation appears normal.

## PRIMARY FINDINGS

- Irregular hepatic contour with serrated margins and mild lobar volume asymmetry. Coarse hepatic echotexture with small hyperechoic foci (<1 cm)
- Increased intestinal muscularis thickness in jejunum, ileum, and ileocecal junction.

## SECONDARY FINDINGS

- Subtle bilateral renal cortical hyperechogenicity.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The irregular, mildly serrated margins combined with a coarse parenchymal echotexture and subjective lobar asymmetry represent architectural changes of potential clinical relevance. In cats, these findings are most consistent with chronic hepatopathy associated with architectural remodeling, such as chronic hepatitis, fibrosis, or early cirrhosis. The absence of discrete nodules does not exclude clinically significant chronic liver disease. The small hyperechoic foci may represent fibrotic or lipogranulomatous changes and are nonspecific.

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The intestinal findings are subtle but not likely incidental. Despite normal wall thickness, the muscularis propria is disproportionately thickened (ratios >0.5), which supports chronic enteropathy (IBD or low-grade lymphoma). Preserved layering and absence of lymphadenopathy reduce specificity, and ultrasound cannot differentiate these entities. In the context of marked hyperglobulinemia, chronic inflammatory enteropathy is plausible, although a lymphoproliferative process cannot be excluded.

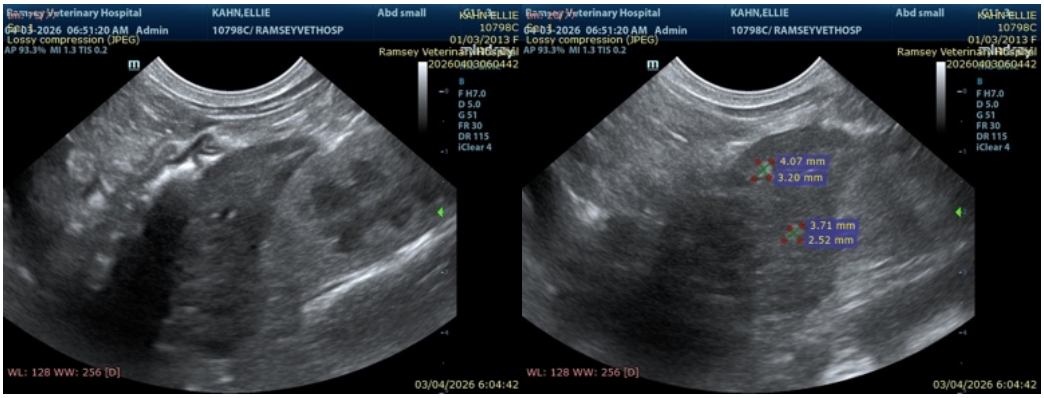
The degree of globulin elevation suggests chronic antigenic stimulation, which may be inflammatory, infectious, or neoplastic.

Renal findings are mild and nonspecific and commonly associated with early chronic renal change, aging, or even normal variation.

Recommendations

- Further workup is recommended, prioritizing characterization of the hyperglobulinemia (serum protein electrophoresis).
- Hepatic function should be assessed (bile acids), with biopsy considered if clinically indicated. Gastrointestinal evaluation (cobalamin/folate ± intestinal sampling) may be warranted depending on clinical signs.
- Serial monitoring of liver enzymes and globulins is recommended.

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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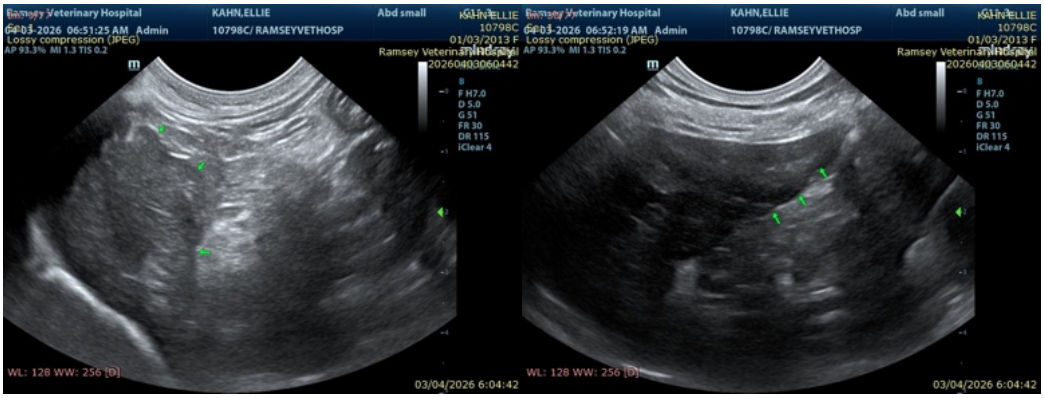


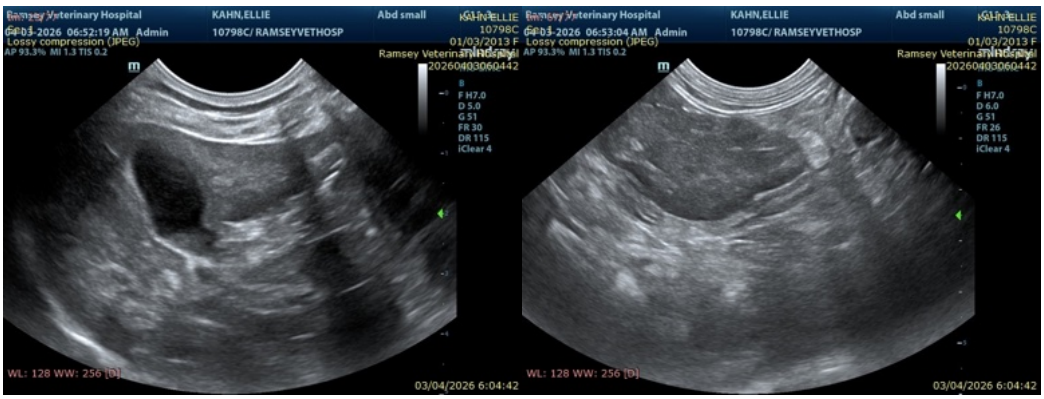


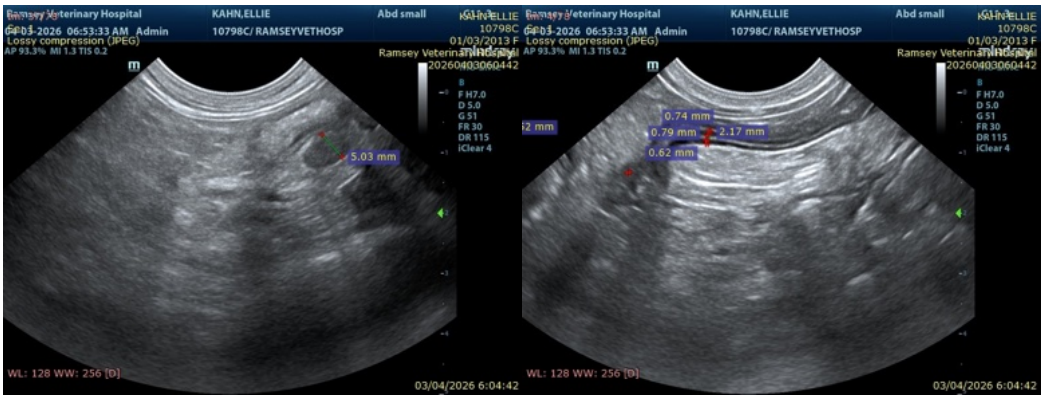

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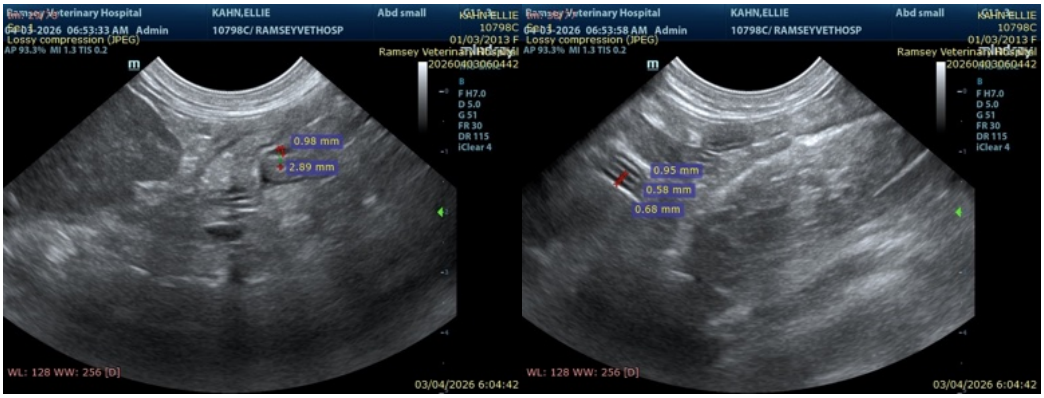


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

info@SonoPath.com