



## PATIENT

Molly Burt

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Spayed female

## AGE

10 years

## WEIGHT

16.6 lbs

## INTERPRETED BY

Alicia Angosto  
Guerrero, DMV,  
PgDip, MSc.

## IMAGING PERFORMED BY

Brandi Kurzowski

## HOSPITAL NAME

Corfu VC

## REFERRING VET

Dr. Beatty

## INVOICE

74347

## DATE

4/9/26

## PRESENTING CLINICAL SIGNS

History: P presented 3/23/26 for vomiting. P found to have elevated liver enzymes. Concern for infection, other ddx can include inflammatory disease vs neoplasia etc. Due to many of the cats developing symptoms there is concern that a contamination to the food could be the source. P was tx with convenia and started on a GI diet- recheck chem in 2 weeks. Recheck on 4/8/26 showed ALT still elevated o elects to pursue u/s.

Abnormal PE/Chem/CBC/UA Results: 3/23/26 CBC- Eos 0.03k/uL, Baso 0 k/uL Chem- Glu 251mg/dL, K 3.1 mmol/L, ALT 369 U/L 4/8/26 Chem- Glu 204mg/dL, ALT 344 U/L, Lipase 1817 U/L pancreatic lipase- 1.3 U/L (normal)

## 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 have a normal appearance. No calculi are identified, and there is no ultrasonographic evidence of inflammatory or neoplastic disease.

The left kidney is normal in shape and size (4.10×2.56 cm), with a cortical thickness of 0.31 cm in the sagittal plane. The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is within normal limits, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

The right kidney is normal in shape and size (4.09×2.21 cm), with a cortical thickness of 0.31 cm in the sagittal plane. The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is within normal limits, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

### Adrenal Glands

Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.26 cm at the cranial pole and 0.27 cm at the caudal pole. The right adrenal gland measures 0.23 cm at the cranial pole and 0.25 cm at the caudal pole.

### 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 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.



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The gallbladder lumen is normally distended. The wall is thin and the contents are primarily anechoic. No evident dilation of the cystic duct or common bile duct is observed.

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### ***Gastrointestinal***

The stomach is empty and folded, with intraluminal gas limiting complete mural assessment; no obvious abnormalities are identified. Wall layering appears preserved where visible.

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The pylorus measures 1.61 mm. The duodenum measures 2.24 mm. The jejunum measures 2.03 mm, and the ileum measures 1.41 mm. The ileocecal junction is not visualized. No ultrasonographic evidence of inflammation, ileus, or foreign material is identified.

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The colon measures 0.65 mm and contains formed feces in the descending segment.

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### ***Pancreas***

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

## WEIGHT

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### ***Free Abdomen***

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

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### **PRIMARY FINDINGS**

- No significant abnormalities identified.

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### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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This is a sonographically unremarkable abdominal study, with no structural abnormalities identified to explain the reported elevation in liver enzymes.

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The liver appears normal in size, echogenicity, and echotexture, with no ultrasonographic evidence of hepatocellular, biliary, or infiltrative disease. However, it is important to recognize that ultrasound may be normal in cases of early, mild, or diffuse hepatocellular injury, including inflammatory, toxic, or metabolic hepatopathies.

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Serum lipase elevation in the presence of a normal pancreatic lipase reduces the likelihood of clinically significant pancreatitis, and no supportive ultrasonographic findings are identified.

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Given the clinical context, including possible dietary or environmental exposure affecting multiple animals, the findings may be most consistent with a hepatocellular process not associated with overt structural change, such as toxic or reactive hepatopathy.



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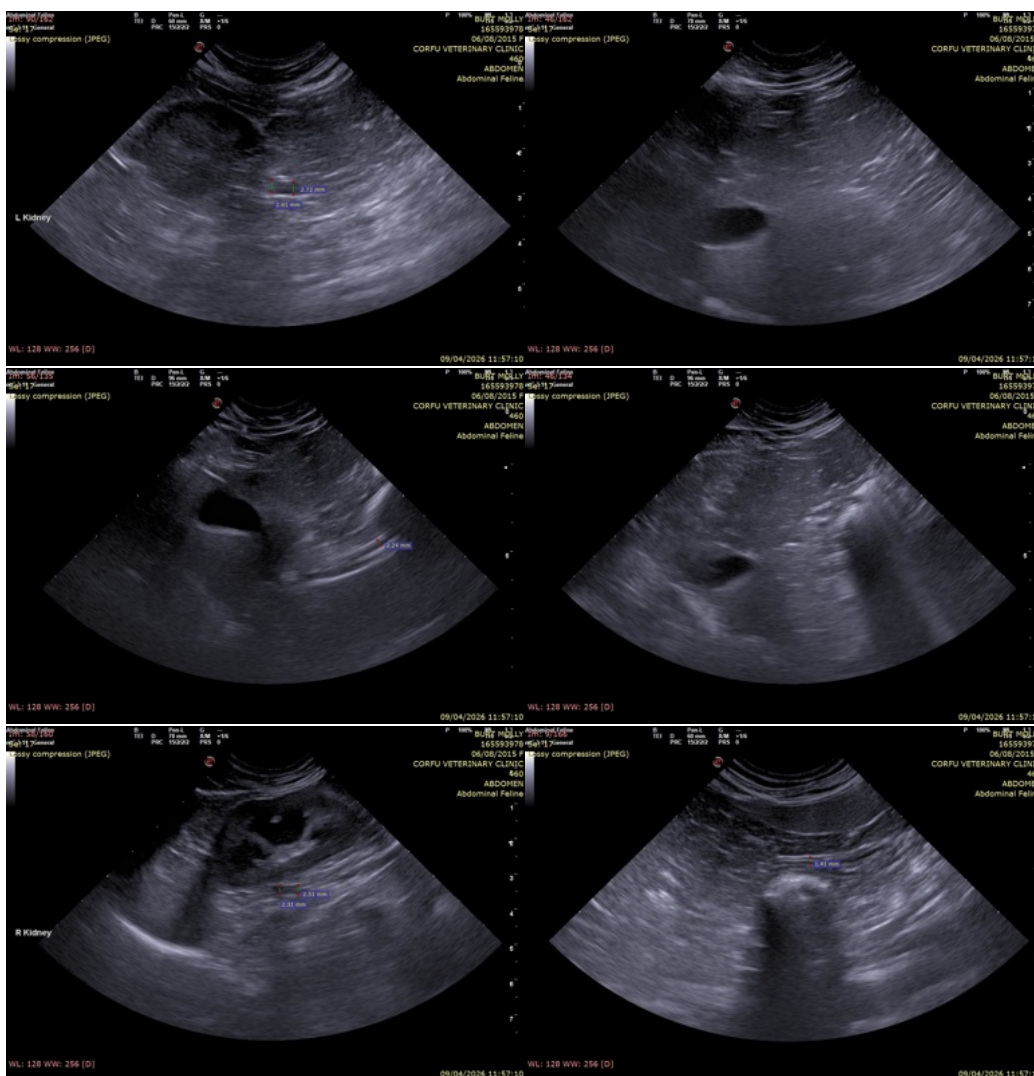
## DATE

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## Recommendations

- Supportive hepatoprotective therapy may be considered if clinically indicated.
- Continued monitoring of liver enzyme activity (ALT, AST) is recommended.
- Consider assessment of bile acids to further evaluate hepatic function.

Final diagnostic and therapeutic decisions should be made by the attending veterinarian, who can best integrate these findings with the patient's clinical status.



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.

**PATIENT**

Alicia Angosto Guerrero, DMV, PgDip, MSc.

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