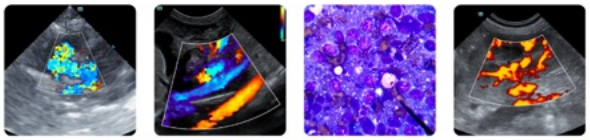


PATIENT

Gigi Rashidian

SPECIES

Feline

BREED

Persian

SEX

Spayed female

AGE

13 years

WEIGHT

6.8 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Elda Kwong

HOSPITAL NAME

Petvacx AH

REFERRING VET

Samantha Hudgins

INVOICE

77773

DATE

5/20/26

PRESENTING CLINICAL SIGNS

History: Gigi has a history of hypertension and elevated liver values.
Abnormal PE/Chem/CBC/UA Results: Chem (5/7/26): ALT 445 (rest normal: ALP 49, BUN 26, Creatinine 1, SDMA 9) CBC: HCT 33.9, WBC 8.9 (neu 5.6, lym 2.2. mono 0.276, eos 0.774, bas 0.053), PLT 193 CardioPet: 92

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is normally distended, and the urinary bladder wall appears thin and smooth. The urine is anechoic. Normal appearance of the bladder neck and proximal urethra. There are no calculi and no evidence of inflammatory or neoplastic changes.

The left kidney measures 3.23×1.72 cm, and the thickness of the cortex is 0.22 cm in the sagittal plane. The right kidney measures 3.57×1.71 cm, and the thickness of the cortex is 0.29 cm in the sagittal plane. The renal cortices are mildly hyperechoic compared to the liver parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. Mild medullary rim sign is present bilaterally with a few small hyperechoic medullary foci/mineralized interfaces. No evidence of pyelectasia, nephrolithiasis, or hydronephrosis is identified. Doppler color interrogation demonstrates a normal vascular pattern.

Adrenal Glands

The left adrenal gland measures approximately 0.38 cm in dorsoventral dimension and appears within expected size limits. The right adrenal gland was not confidently visualized during the current examination.

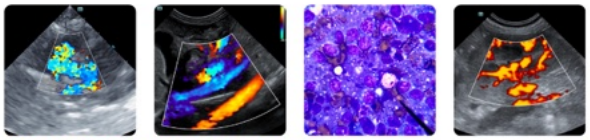
Spleen

Splenic thickness is 1.02 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 margins and a regular contour. The hepatic parenchyma appears relatively homogeneous and isoechoic relative to the falciform fat. Several focal hepatic nodules are identified, including a multicystic lesion measuring approximately 1.57×1.82 cm, a mixed hyperechoic lesion with a small central cystic component measuring approximately 1.09×1.16 cm, and an additional hyperechoic focus measuring approximately 1.03×1.40 cm. No associated biliary obstruction, hepatic contour distortion, or hepatic lymphadenopathy is identified.

The gallbladder is normally distended. The gallbladder wall is thin and smooth. A small amount of non-shadowing biliary sludge is present within the lumen. No dilation of the cystic duct or common bile duct is identified. The common bile duct measures approximately 1.3–2.0 mm.



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Gastrointestinal

The stomach is moderately distended with ingesta and demonstrates preserved wall layering. Gastric mural thickness measures approximately 1.42 mm. The pylorus measures 2.58 mm in thickness. Duodenum: 1.78 mm. Jejunum: 3.48 mm. Mucosa: 1.95 mm. Submucosa: 0.70 mm. Muscularis propria: 0.60 mm. Ileum: 1.98 mm. Mucosa: 0.55 mm. Submucosa: 1.24 mm. Muscularis propria: 0.47 mm. Wall layering remains preserved. The ileocecocolic junction was not confidently visualized. No evidence of gastrointestinal obstruction, ileus, inflammatory mural change, or foreign material is identified. The colon measures approximately 0.79 mm in thickness and contains formed fecal material within the descending segment.

Pancreas

The pancreas measures approximately 5.36–5.40 mm in thickness. The pancreatic parenchyma is isoechoic relative to the adjacent mesenteric fat. The pancreatic duct measures approximately 1.01–1.11 mm in diameter. No convincing evidence of active peripancreatic fat inflammation is identified.

Free Abdomen

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

PRIMARY FINDINGS

- Multiple hepatic nodules, including multicystic and mixed echogenicity lesions.
- Mild bilateral renal cortical hyperechogenicity with mild medullary rim sign and small medullary mineralized foci/interfaces.
- Mild biliary sludge.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Multiple hepatic nodules are identified, including multicystic and mixed echogenicity lesions. In the absence of biliary obstruction, marked hepatic architectural distortion, abdominal lymphadenopathy, or additional evidence of overt metastatic disease, the hepatic lesions are favored to represent benign chronic hepatocellular/hepatobiliary nodular change such as nodular hyperplasia, cystic nodular change, biliary cystic change, or small cystadenoma-like lesions. However, cytologic or histopathologic sampling would be required for definitive characterization if clinically indicated.

The markedly increased ALT with otherwise relatively limited ultrasonographic hepatobiliary abnormalities is noteworthy. In cats, significant hepatocellular enzyme elevation may occur despite relatively subtle ultrasonographic changes, particularly with chronic inflammatory hepatobiliary disease/cholangitis, chronic pancreatobiliary disease, or vacuolar/reactive hepatopathy.

Mild pancreatic enlargement and mild pancreatic duct dilation are present. In geriatric cats, these findings may reflect age-related pancreatic remodeling, although concurrent chronic pancreatopathy/chronic low-grade pancreatitis cannot be completely excluded.

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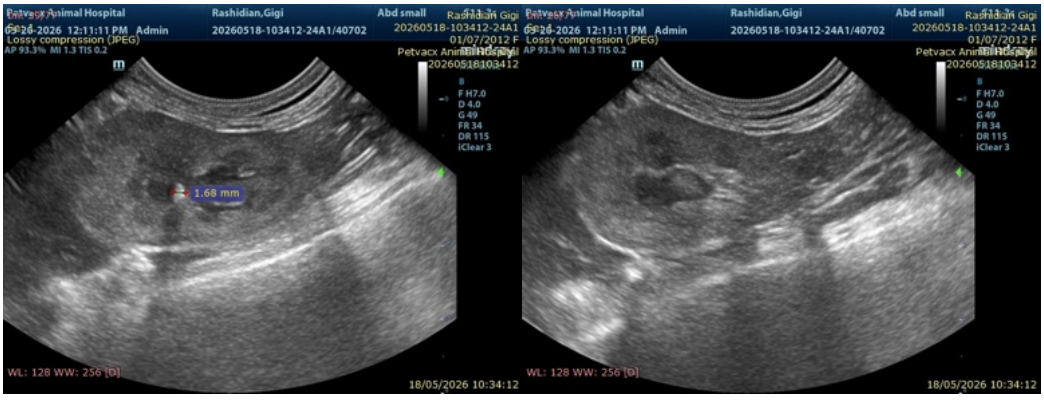
Mild bilateral chronic renal changes are present, including borderline mildly reduced renal size, cortical hyperechogenicity, mild medullary rim sign, and early mild medullary mineralization/nephrocalcinosis. The overall appearance is most compatible with mild chronic chronic kidney disease-related remodeling/degenerative change.

Overall, the identified hepatic nodules may represent chronic benign hepatobiliary remodeling/nodular change occurring concurrently with a more diffuse underlying hepatocellular or inflammatory hepatobiliary process, which is considered more likely to explain the current degree of ALT elevation.

Recommendations

- Correlation with serial liver enzyme trends, bilirubin concentration, blood pressure monitoring, and complete clinical progression is recommended.
- Correlation with Spec fPL testing may be considered only if concurrent chronic pancreatitis/pancreatobiliary disease remains clinically suspected.
- Follow-up abdominal ultrasound may be considered to monitor stability of the hepatic nodules and hepatobiliary changes.
- Correlation with renal values, SDMA, urinalysis, UPC, and blood pressure monitoring is recommended given the mild chronic renal changes and history of hypertension.
- Given the persistent ALT elevation and suspected chronic hepatocellular/hepatobiliary disease, conservative hepatobiliary support (such as SAMe/silybin-based supplementation) may be clinically reasonable, although treatment tolerance and overall quality of life should be carefully considered in this geriatric feline patient.

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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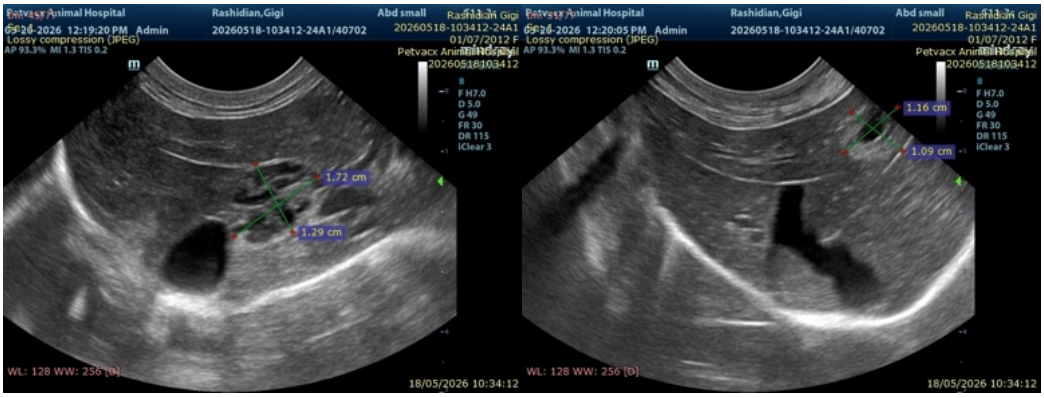

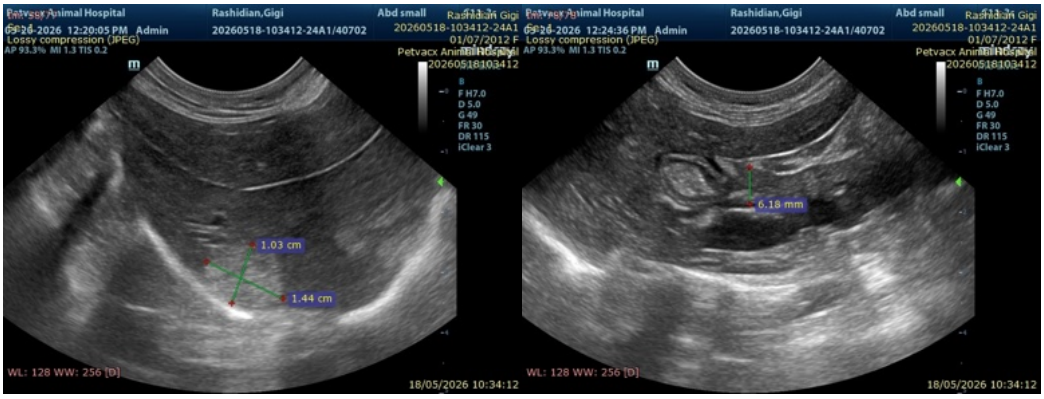

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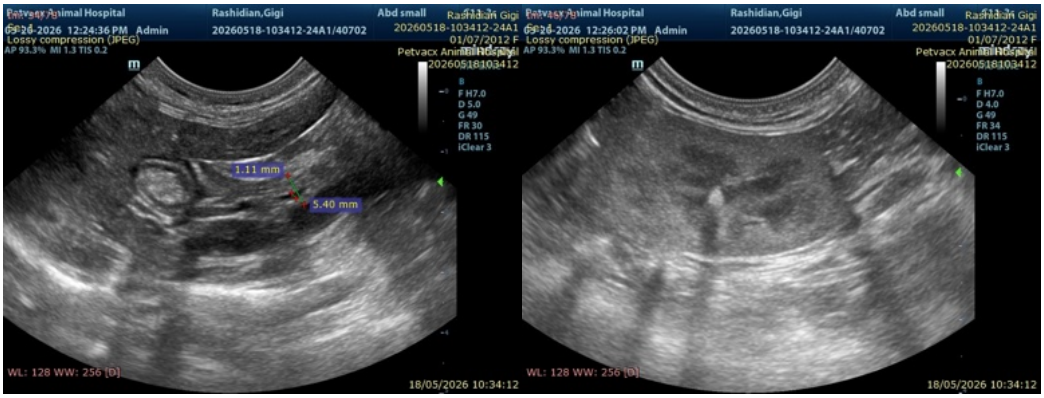

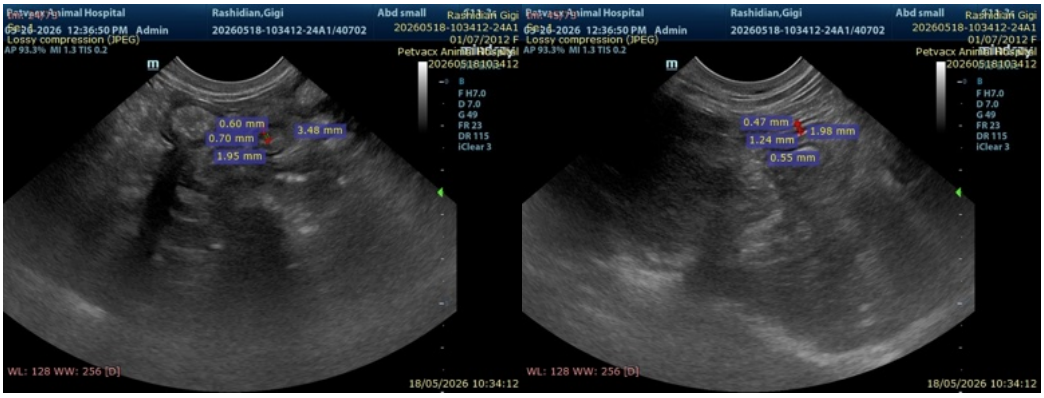

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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