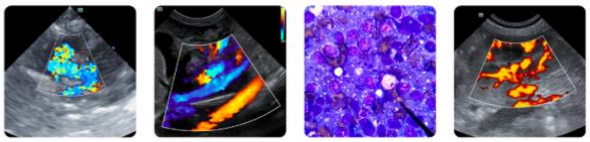


PATIENT

Sabbath Wells

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

11

WEIGHT

3.54

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Jessica Morgan RVT

HOSPITAL NAME

Oxford County VC

REFERRING VET

Paisley Canning

INVOICE

22998

DATE

5-7-26

PRESENTING CLINICAL SIGNS

History: Ultrasound in 2023 showed gall bladder sludge, pancreatitis and evidence of chronic small intestinal disease

-recently was at O's mom house, was not eating. BW in Feb 2026 was all normal
-send may 6th - mild jaundice, only eating Whiskas treats, history of smelling poops, possible dehydration mild skin tent but MM not tacky
-started meds on tuesday PM but intermittent ability to get meds into cat is now current hospitalized on fluids, Cerenia, Cefazolin, metro, gastro protectants, liver and gall bladder support meds

Abnormal PE/Chem/CBC/UA Results: HCT 23.4 % 30.3 - 52.3 LOW WBC 19.18 x10^9/L 2.87 - 17.02 HIGH PLT 771 K/µL 151 - 600 HIGH TP 97 g/L 57 - 89 HIGH GLOB 70 g/L 28 - 51 HIGH ALT 776 U/L 12 - 130 HIGH ALKP 140 U/L 14 - 111 HIGH GGT 27 U/L 0 - 4 HIGH TBIL 96 µmol/L 0 - 15 HIGH CHOL 8.42 mmol/L 1.68 - 5.81 HIGH TT4 31 nmol/L 10 - 60 NORMAL CPL <0.3 (NORMAL) rest of cbc chem 17 was normal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

The left kidney is normal in shape and size: 3.99×2.21 cm, and the thickness of the cortex is 0.41 cm in the sagittal plane.

The right kidney is normal in shape and size: 4.05×2.98 cm, and the thickness of the cortex is 0.45 cm in the sagittal plane.

Both kidneys: The renal cortices are mildly hyperechoic. The corticomedullary ratio is normal and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Doppler color evaluation shows a normal vascular pattern.

Adrenal Glands

Not confidently visualized.

Spleen

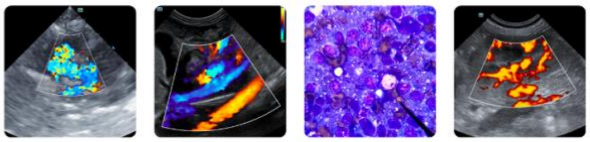
Adequate splenic images/videos were not available for review. The images labeled as spleen corresponded to hepatic parenchyma, precluding reliable splenic assessment.

Liver

The liver is subjectively normal in size, with sharp edges and a regular contour. The hepatic parenchyma appears homogeneous and isoechoic relative to the falciform fat, with a normal echotexture. No focal hepatic lesions or hepatic lymphadenopathy are identified.

Gallbladder

The gallbladder lumen is normally distended. The gallbladder wall measures 2.09 mm in thickness, which is mildly thickened for a cat. The contents are predominantly anechoic with a small amount of biliary sludge. No evident dilation of the cystic duct or common bile duct is observed.



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Gastrointestinal Tract

The stomach is empty and folded, with gastric mural thickness measuring 3.24 mm and preserved wall layering. The pylorus is collapsed and measures 4.42 mm in wall thickness.
The duodenum measures 2.32 mm in wall thickness.

The jejunum measures 2.85–3.43 mm in total wall thickness, with mucosal, submucosal, and muscularis propria thicknesses of 1.00 mm, 0.54 mm, and 1.69 mm, respectively. Wall layering is preserved. The muscularis-to-mucosa ratio is markedly increased.

The ileum measures 2.75 mm in total wall thickness, with mucosal, submucosal, and muscularis propria thicknesses of 0.53 mm, 1.12 mm, and 1.44 mm, respectively. Wall layering is preserved. The muscularis-to-mucosa ratio is markedly increased.

The ileocecal junction was not confidently visualized.
The colon measures 0.85 mm in wall thickness and is diffusely filled with fecal material, which decreases visualization of the adjacent pancreas.

Pancreas

Pancreatic evaluation is limited due to overlying gastrointestinal content and associated acoustic shadowing artifact.

Free Abdomen

Mild abdominal effusion is present. No sonographic evidence of abdominal lymphadenomegaly is identified. The iliac trifurcation lymph nodes are within normal limits.

PRIMARY FINDINGS

- Marked diffuse muscularis propria thickening involving the jejunum and ileum with preserved wall layering.
- Gallbladder wall thickening with mild biliary sludge.
- Mild abdominal effusion.

SECONDARY FINDINGS

- Subtle bilateral renal cortical hyperechogenicity.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The dominant gastrointestinal abnormality is marked muscularis propria thickening affecting both the jejunum and ileum, with preservation of normal wall layering. The muscularis-to-mucosa ratios are markedly increased and exceed expected normal values for a cat. This pattern is most commonly associated with chronic inflammatory enteropathy/IBD or low-grade alimentary lymphoma in cats, and there is substantial ultrasonographic overlap between these entities.

The liver appears ultrasonographically unremarkable despite marked biochemical hepatobiliary abnormalities. This does not exclude clinically significant hepatobiliary disease, as cats with cholangitis/cholangiohepatitis or other inflammatory biliary disorders may demonstrate minimal or nonspecific ultrasonographic hepatic changes, particularly in earlier or predominantly inflammatory stages of disease.

Mild gallbladder wall thickening and a small amount of biliary sludge are present. In the context of marked

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hyperbilirubinemia, increased cholestatic enzyme activities (particularly GGT), inflammatory leukogram, and a prior history of pancreatitis/chronic enteropathy, the overall findings are more supportive of severe inflammatory intrahepatic cholestatic hepatobiliary disease than clinically significant complete extrahepatic biliary obstruction at this time. Cholangitis/cholangiohepatitis, including possible feline "Triaditis", is strongly suspected.

However, partial or intermittent extrahepatic biliary obstruction cannot be completely excluded sonographically in cats, particularly in the setting of inflammatory hepatopancreatobiliary disease, as clinically significant biliary dysfunction may occasionally occur in the absence of marked ductal dilation.

Mild abdominal effusion is nonspecific but may reflect reactive inflammatory change and/or hypoalbuminemic/hepatobiliary-associated effusion. No peritonitis is identified sonographically.

Recommendations

- Continued hospitalization and supportive care for hepatobiliary disease.
- Correlation with serial bilirubin values, liver enzyme trends, hydration status, appetite, and clinical response to therapy is recommended.
- If clinical improvement is incomplete or disease progression occurs, further diagnostics such ultrasound-guided hepatic sampling or cholecystocentesis may be considered.
- Intestinal biopsy would be required to definitively differentiate severe chronic enteropathy/IBD from low-grade alimentary lymphoma.
- Serum cobalamin assessment is recommended, as hypocobalaminemia is common in cats with chronic small intestinal disease; cobalamin supplementation should be considered if decreased levels are identified.

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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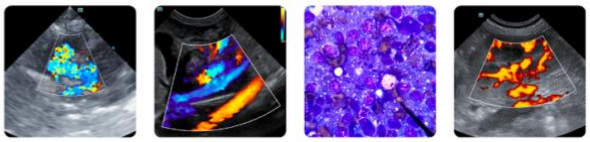

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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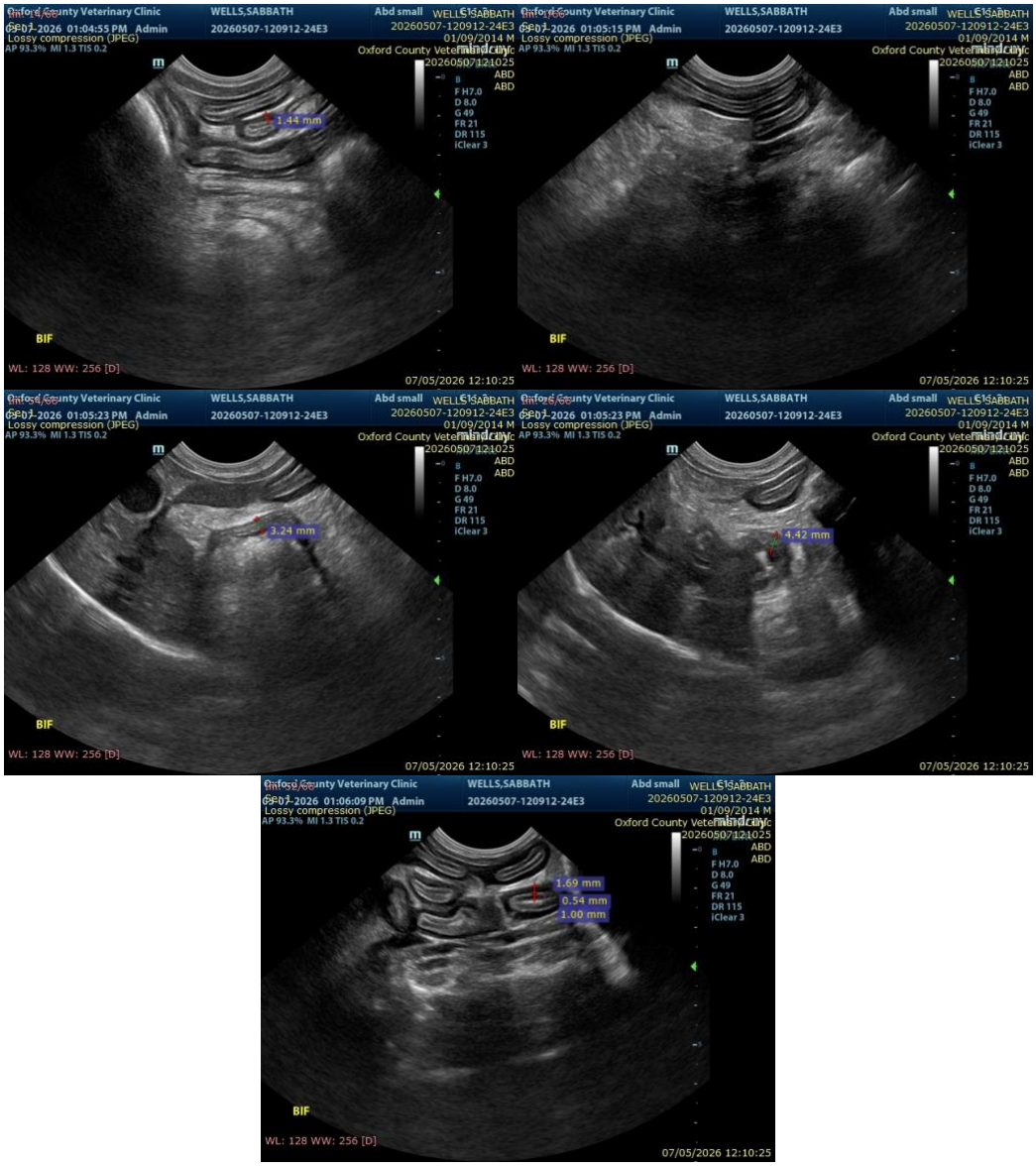

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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