



## PATIENT

Marmalade Cisneros

## SPECIES

Feline

## BREED

DSH

## SEX

Spayed Female

## AGE

1 Year 7 Months

## WEIGHT

9.7

## INTERPRETED BY

Beth Johnson, DVM  
DACVIM

## IMAGING PERFORMED BY

Dr. Goodman

## HOSPITAL NAME

Evendale-Blue Ash Pet  
Hospital

## REFERRING VET

Dr. Goodman

## INVOICE

73353

## DATE

3/3/26

## PRESENTING CLINICAL SIGNS

Came in for annuals healthy on 1/20/26 ALT was elevated at 502 with the high end of normal being 158 Rechecked liver panel 2/4/26 with ALT at 784, still elevated and started on Denamarin and Amoxi Tri Clav tabs Came back on 2/18/26 for recheck liver panel after abx course and liver supp, ALT was elevated to 844. Recommended abm u/s at this point, continuing Denamarin. Continuing to act WNL, no concerns at home.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with incidental suspended lipid in a cat, possibly combined with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also present with echogenic debris. No masses or definitive cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The right kidney is normal is size (3.6 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia or infarcts observed. Punctate non-obstructive mineral densities are noted.

The left kidney is normal is size (3.6 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia or infarcts observed. Punctate non-obstructive mineral densities are noted.

### Adrenal Glands

The areas of the adrenal glands are examined without evident adrenal gland pathology, but they are unable to be well visualized/isolated for measurement.

### Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

### Liver

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

### Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.



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The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

### **Pancreas**

The pancreas that is observed appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

### **Free Abdomen**

There is no visible free peritoneal effusion noted in these images.

There is no apparent pathologic lymphadenopathy noted in these images.

## ULTRASONOGRAPHIC FINDINGS

- Pinpoint non-obstructive mineral densities noted bilaterally in the kidneys.
- Mild amount of echogenic, possibly some mineral/sand debris within the urinary bladder.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is not a definitive ultrasonographically visible explanation for patient's reportedly increased ALT. Recommendations include bile acids if patient's total bilirubin is not increased. While there is no visible evidence of portosystemic shunting noted in these images at this time, if bile acids are suggestive, advanced imaging such as an abdominal contrast CT scan could be considered.

Otherwise, comprehensive infectious disease evaluation is recommended, as is ultimately liver sampling if patient's coagulation status is appropriate.





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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.

**Beth Johnson, DVM, DACVIM**  
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