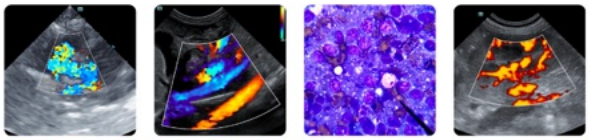


PATIENT

Shirley Alvernaz

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

14 years

WEIGHT

8.26 lbs

INTERPRETED BY

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM

IMAGING PERFORMED BY

Danielle Shemanski, DVM, MA

HOSPITAL NAME

Western New York Vetererinay Service

REFERRING VET

Dr. Lann

INVOICE

74376

DATE

4/9/26

PRESENTING CLINICAL SIGNS

RDVM Reason for Referral: Ongoing elevation of ALT, most recently measured at 559 on 4/6/26. Patient also has history of: Hypertension (diagnosed April 22, 2023), hyperthyroidism (diagnosed November 13, 2024), and CKD stage 2. ALT was previously off-scale in July 2025.
History: Shirley is a 14-year-old female cat and the only cat in the household. The owner reports that she has been more playful than usual recently, with no signs of pain observed at home. The initial presentation that led to the discovery of elevated ALT was a witnessed seizure-like event. The owner describes an apparent aura, followed by collapse with vocalization, and a subsequent post-ictal phase.
- She was treated with Veraflox and Clavamox for two weeks without improvement, and there was no response to Zeniquin and Clavamox. Occasional vomiting was noted while on antibiotics, but this has since resolved.
CLINICAL SIGNS: Vomiting
MEDICATIONS: Amlodipine TD 0.1 mL SID, just started Denamarin Advanced SID, Methimazole TD 5 mg/0.1 mL 0.05 mL BID (Begun 11/13/24 with good results).
April 6, 2026 Blood chem ALT 559 (Ref 12-130 U/L)
February 25, 2026 Blood chem: BUN 41 (Ref 16-36 mg/dL) HIGH UA: WBC 42/HPF Bacteria, rods Present

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

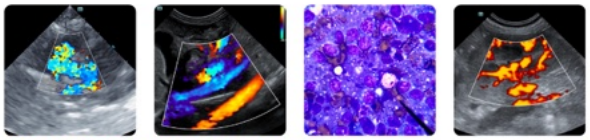
Normal renal size (left measured 3.8 cm, right measured 3.3 cm) with increased echogenic appearance, some loss of corticomedullary rim differentiation, mild left sided pyelectasia, normal right sided pelvis and a regular curvilinear capsule. No infarcts, mineralization or renoliths evident. Normal color flow pattern is evident in both kidneys.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.4 cm in width. The right adrenal gland measured 0.44 cm in width.

Spleen

Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 0.7 cm in width.



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Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature. A parenchymal cyst was noted in the region of the gallbladder measuring 3.1 x 2.4 cm in size.

Gallbladder

The gallbladder is full containing a small amount of non-adhered, hyperechogenic sediment, normal thickness and echogenic appearance of the wall. Tortuous appearance of the cystic and common bile ducts were normal, yet remain normal in size (0.3 cm in diameter).

Gastrointestinal

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen.

Pancreas

The visible sections of the pancreas are of normal size and echogenic appearance with a regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

Thorax

Thickening of the left ventricular wall is noted. There was no pleural or pericardial effusion evident.

ULTRASONOGRAPHIC FINDINGS

- Renal disease.
- Hepatic cyst.
- Tortuous bile ducts.
- Left ventricular hypertrophy.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the kidneys is consistent with chronic kidney disease and in line with the patients history.

Hepatic cysts can be considered incidental finding.

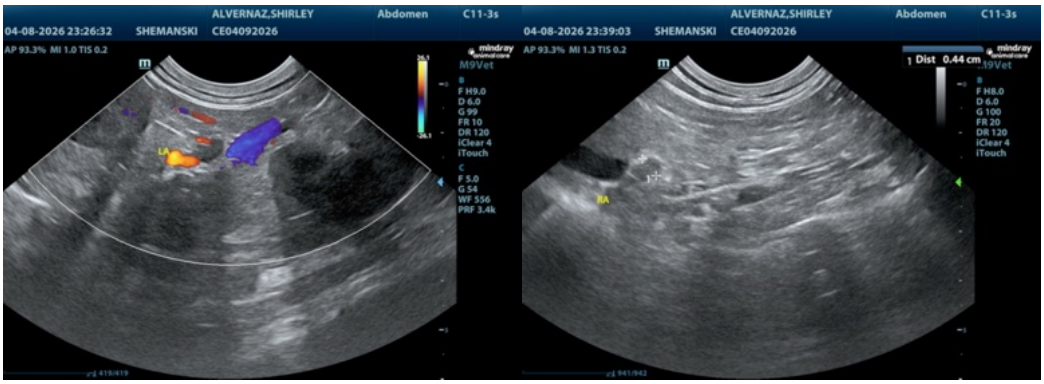
The appearance of the cystic and common bile ducts can be considered an incidental, age related change.

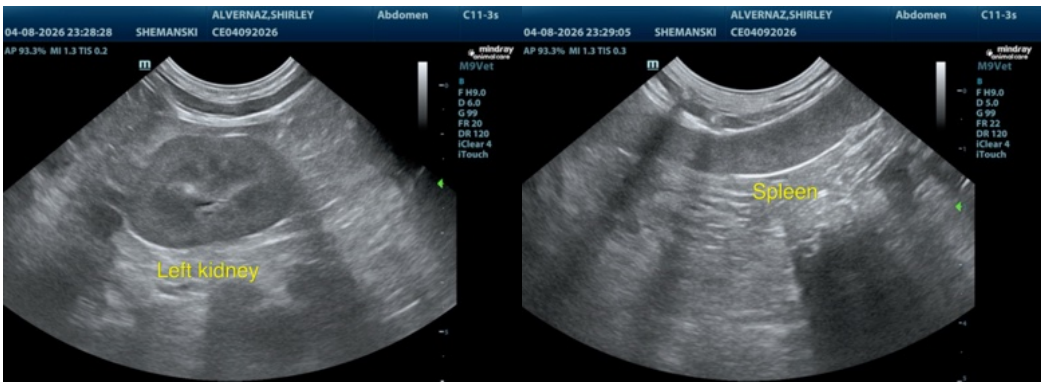
Etiologies for the left ventricular hypertrophy would be secondary to the hyperthyroidism and possibly hypertrophic cardiomyopathy.

On this ultrasound there is no obvious etiology for the elevated ALT activity and it is most likely secondary to the hyperthyroidism.

Further assessment that could be considered would be echocardiography.

Management would be to continue with the current therapy.





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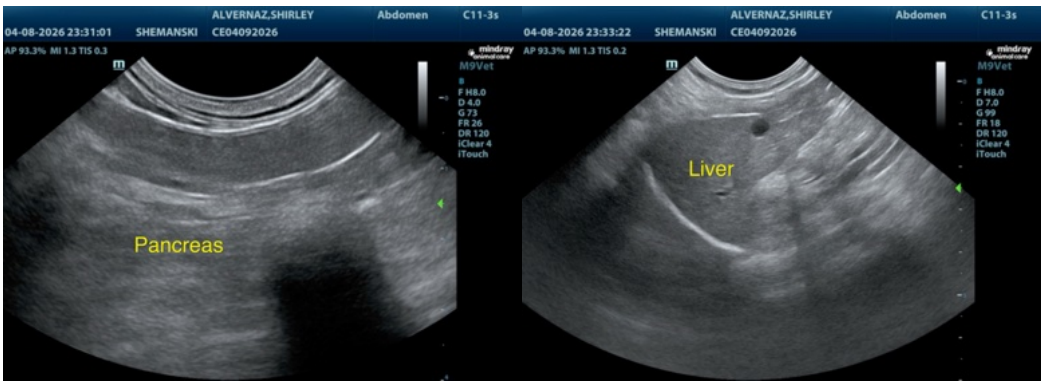

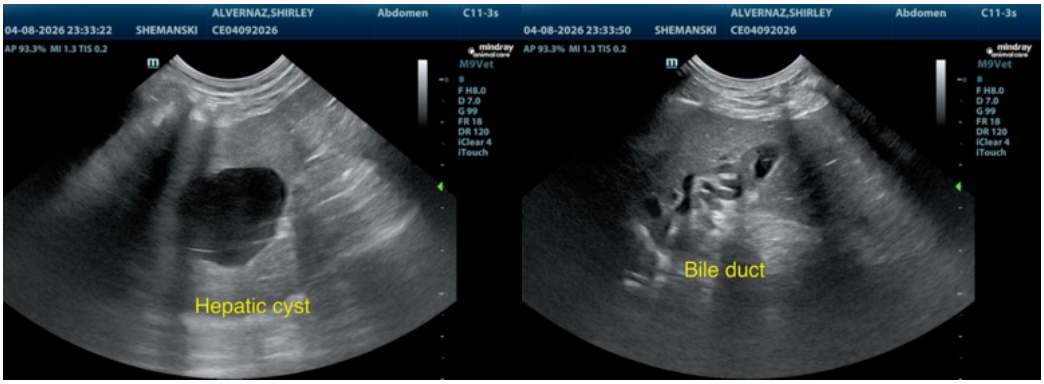

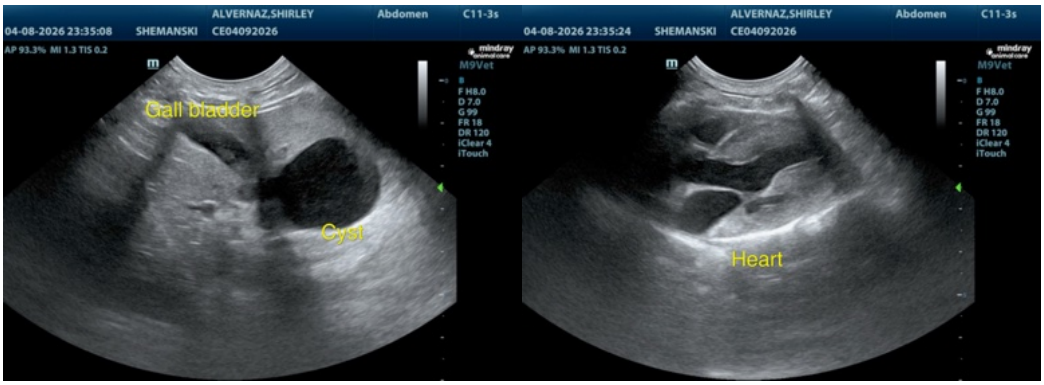

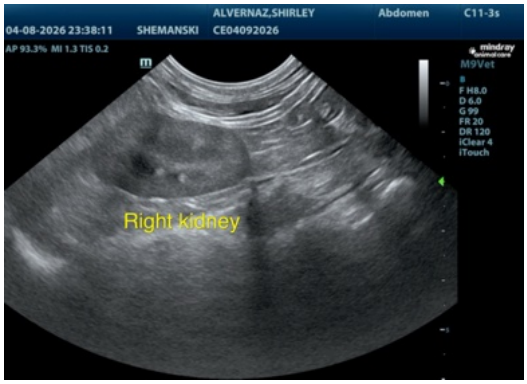

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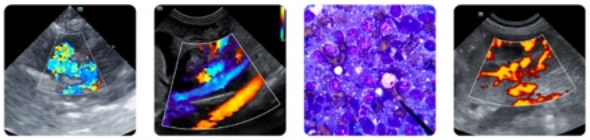

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)

info@sonopath.com