



## PATIENT PRESENTING CLINICAL SIGNS

Bruno Kolig History: elevated GGT on annual BW

## SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Feline *Urinary System*

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. A small amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

### BREED

DSH

The left kidney is subjectively normal-in-size with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

### SEX

Neutered Male

The right kidney is normal in size (3.64 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

### AGE

4

### *Adrenal Glands*

The region of the adrenal glands is evaluated. No obvious pathology is observed in this region.

### WEIGHT

8.3

### *Spleen*

The spleen is normal in size (0.61 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

### INTERPRETED BY

Andrea Nicastro DVM  
Diplomate ACVIM  
(Sm Animal Internal Med)

### *Liver*

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion.

### IMAGING PERFORMED BY

Jenn

The gallbladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

### HOSPITAL NAME

Rockaway AH

### *Gastrointestinal*

The lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme. The small intestinal wall thickness is normal in thickness. There is slight disruption in the normal 1:3 muscularis: mucosal ratio in some segments. Discreet masses are not identified. The colonic wall is normal. There is no obvious evidence of an obstructive pattern.

### REFERRING VET

Dr Maniar

### *Pancreas*

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

### INVOICE

22270

### *Lymph Nodes*

The abdominal lymph nodes are normal/not visible.

### DATE

11-17-25

### *Free Abdomen*

The peritoneal cavity is normal. There is no evidence of inflammation or effusion.



**PATIENT      ULTRASONOGRAPHIC FINDINGS**

Bruno Kolig      **Primary Findings**

**SPECIES**      The small intestinal wall changes could be consistent with inflammatory bowel disease or may be a normal variant for this patient. Correlation with the patient’s clinical history is recommended.

Feline

**BREED**

\*An obvious cause for the patient’s elevated GGT is not identified in this study. Its significance is unclear in the absence of other liver enzyme elevations. Considerations include lab artifact, emerging hepatopathy (i.e., cholangiohepatitis, lymphoplasmacytic hepatitis, hepatic lipidosis, neoplasia), other.

DSH

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SEX**

- Consider pre- and postprandial serum bile acids to assess hepatic function.

Neutered Male

- Also consider rechecking liver values in 2-3 weeks (on a fasted sample). If the GGT remains persistently elevated, hepatic tissue sampling (i.e., aspirates or biopsies) along with aerobic and anaerobic bile cultures should be considered.

**AGE**

4

**WEIGHT**

8.3

**INTERPRETED BY**

Andrea Nicastro DVM  
Diplomate ACVIM  
(Sm Animal Internal Med)

**IMAGING PERFORMED BY**

Jenn

**HOSPITAL NAME**

Rockaway AH

**REFERRING VET**

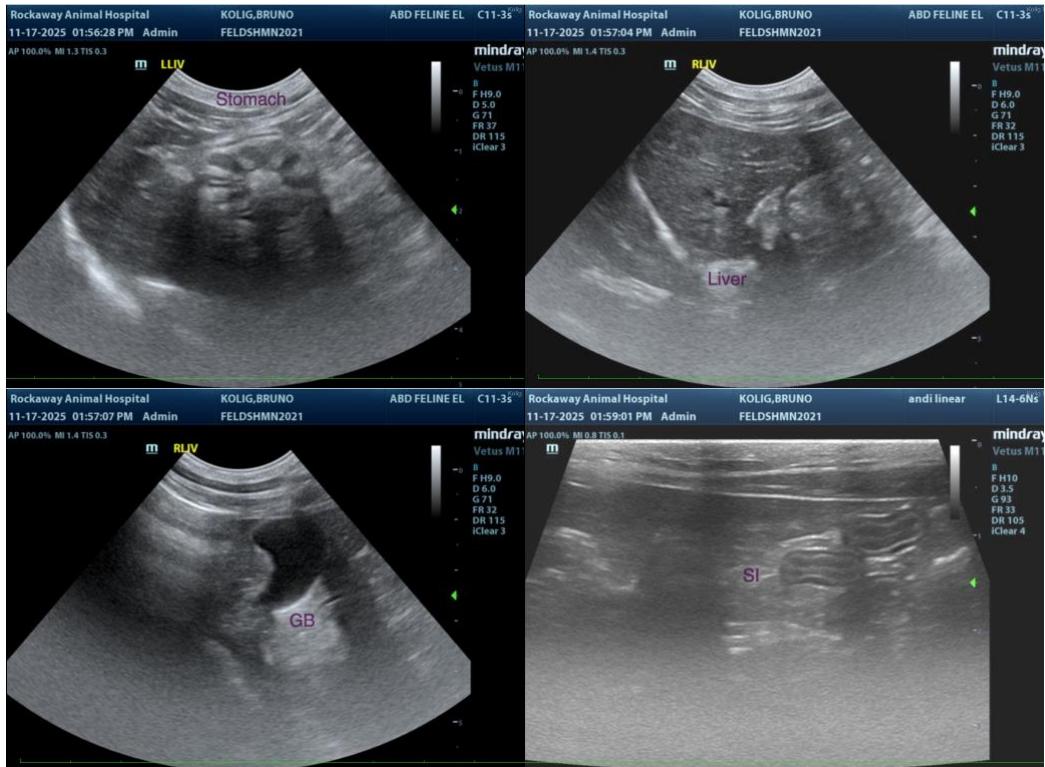
Dr Maniar

**INVOICE**

22270

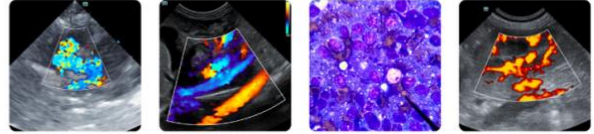
**DATE**

11-17-25



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

**Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)**  
[info@SonoPath.com](mailto:info@SonoPath.com)

Bruno Kolig

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

4

## WEIGHT

8.3

## INTERPRETED BY

Andrea Nicastro DVM  
Diplomate ACVIM  
(Sm Animal Internal Med)

## IMAGING PERFORMED BY

Jenn

## HOSPITAL NAME

Rockaway AH

## REFERRING VET

Dr Maniar

## INVOICE

22270

## DATE

11-17-25