



## PATIENT PRESENTING CLINICAL SIGNS

**Louise Larson** History: Repeatable mild elevation in ALT and GGT (bloodwork performed 4 months apart). Recently had a decrease in appetite, but has resolved.

### SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: Overweight, mild increase in ALT and GGT that has stayed persistent since August.

### BREED

Tonkinese

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. A scant 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.

### SEX

Female Spayed

The left kidney is normal in size (3.28 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

### AGE

10

The right kidney is normal in size (3.63 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

### WEIGHT

12 lbs

## INTERPRETED BY

Andrea Nicastro, DVM,  
Diplomate ACVIM  
(Small Animal Internal  
Medicine)

### Adrenal Glands

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

### Spleen

The spleen is prominent in size (1.09 cm in width at the level of the hilus) with smooth peripheral contours. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

## IMAGING PERFORMED BY

Becky Barnard, LVT

### Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion.

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Southkent VH

The gallbladder lumen is moderately distended. The wall is thin and smooth. A small amount of aggregated, echogenic, mostly gravity-dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

## REFERRING VET

Janae Seneker DVM

### Gastrointestinal

The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

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## DATE

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### 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.



**PATIENT**

**Lymph Nodes**

The abdominal lymph nodes are normal/not visible.

Louise Larson

**SPECIES**

**Free Abdomen**

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

Feline

**ULTRASONOGRAPHIC FINDINGS**

**BREED**

**Primary Findings**

Tonkinese

- An obvious cause for the elevated liver enzymes is not identified in the study. However, a microscopic hepatopathy (i.e., bacterial cholangiohepatitis, lymphoplasmacytic hepatitis, hepatic lipidosis, infiltrative neoplasia (less likely)) is possible.

**SEX**

Female Spayed

- Gallbladder debris, non-mucocele

**AGE**

**Secondary Findings**

10

- Bilateral nonspecific age-related renal changes

**WEIGHT**

- Mild splenomegaly. This may be a normal variant for this patient or may be secondary to lymphoid hyperplasia, extramedullary hematopoiesis, splenitis, antigenic stimulation, or less likely, emerging neoplasia.

12 lbs

**INTERPRETED BY**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Andrea Nicastro, DVM,  
Diplomate ACVIM  
(Small Animal Internal  
Medicine)

- To further evaluate for an underlying hepatopathy, consider hepatic aspirates or biopsies (assuming normal clotting status). Aerobic and anaerobic bile cultures would also be beneficial.

**IMAGING PERFORMED BY**

- If a conservative approach is desired, consider empirical treatment for bacterial cholangiohepatitis (amoxicillin-clavulanic acid, Denamarin). If no improvement in the liver values is seen within 7-10 days of initiating therapy, antibiotics should be discontinued, and hepatic tissue sampling reconsidered. If liver values improve, continue therapy for at least 3-4 weeks and 1 week beyond normalization of the liver values. Given the patient's age, three-view thoracic radiographs are also recommended to assess for occult pathology in the chest, particularly if the patient is to undergo anesthesia.

Becky Barnard, LVT

**HOSPITAL NAME**

Southkent VH

**REFERRING VET**

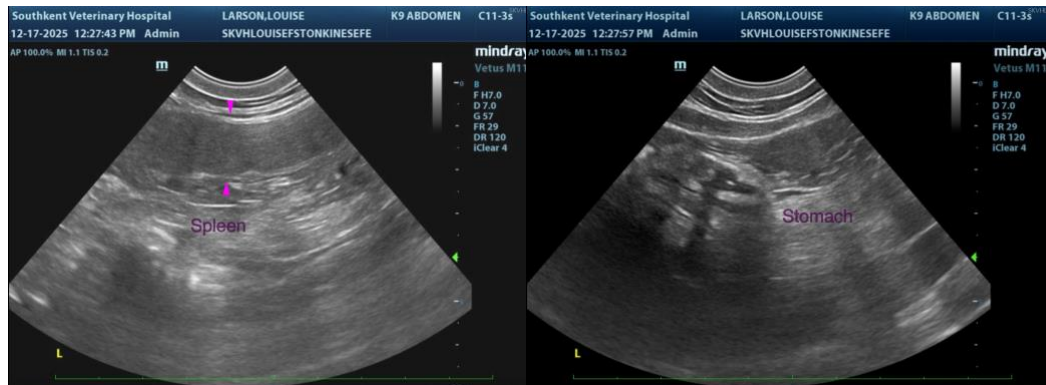
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**PATIENT**

Louise Larson

**SPECIES**

Feline

**BREED**

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**SEX**

Female Spayed

**AGE**

10

**WEIGHT**

12 lbs

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PERFORMED BY**

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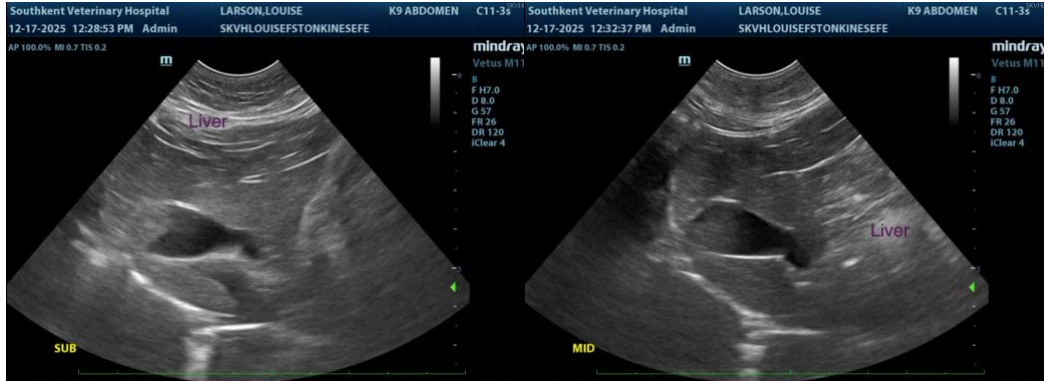
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)**  
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