

PATIENT PRESENTING CLINICAL SIGNS

PATIENT: Freeda Luck
SPECIES: Feline
BREED: DSH
SEX: Female Spayed
AGE: 15
WEIGHT: 8.31 lbs

PRESENTING CLINICAL SIGNS:
 History: Flea/Tick PCR, all negative - Freeda is indoor/outdoor but spends days outside close to her home, spends nights indoors, not a hunter - May 2022, normal hepatic values, but HCT = 31%, FELV/FIV neg/neg - 1-8-2024 Presented for vomiting, lethargy, anorexia. Tx with supportive care; resolved. Had lost 0.8 lbs since 2022. Lab work showed: HCT = 33%, ALT = 257 new - 7-17-24 HCT = 39%, ALT = 182, further weight loss with rising T4 values (2.6, 3.0) ; we assumed emerging hyperthyroidism but this was not the case, Free T4 ED = 48 - 6-4-25 Annual exam, persistent wt loss; HCT = 36%, ALT = 379, ALP = 110, AST = 88, T. bili = 0.3, FELV/FIV neg/neg - 7-31-25 T4 = 2.83 using TruForma machine - 7-31-25 RAD, one view, right lateral: RADs: right lateral: liver is not enlarged, LS junction is collapsed with no disc space. Marked bilateral elbow OA. Stifle mineralizations - 11-21-25 Follow-up exam: wt improved mildly, HCT = 33%, ALT = 486, ALP = 151, T4 = 2.4 icteric serum - 12-22-25 PT and PTT both normal This ultrasound to investigate hepatic elevations ABNORMAL Labwork Values We will email lab work separately

Current Medications: Vit D 400/IU/drop - 1 drop 3 X week

Radiographic Findings: 7-31-25 RAD, right lateral: liver is not enlarged, LS junction is collapsed with no disc space. Marked bilateral elbow OA. Stifle mineralizations.

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. Luminal contents are mostly anechoic. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

The left kidney is normal in size (3.62 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.

The right kidney is normal in size (3.72 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. At least one, small cortical cyst is seen. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.35 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.41 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.87 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.

Liver

The liver is subjectively enlarged with slightly swollen 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.

INTERPRETED BY
 Andrea Nicastro DVM
 Diplomate ACVIM
 (Sm Animal Internal Med)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Corvallis Cat Care

REFERRING VET

Dr Blouin

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DATE

12-18-25



PATIENT

The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

Freeda Luck

Gastrointestinal

SPECIES

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.

Feline

BREED

Pancreas

DSH

The left limb is visible, with normal peripheral contours. The parenchyma is mildly hypoechoic relative to surrounding omental fat and homogenous in appearance. The pancreatic duct is not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

SEX

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Lymph Nodes

The abdominal lymph nodes are normal/not visible.

AGE

Free Abdomen

15

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

WEIGHT

ULTRASONOGRAPHIC FINDINGS

8.31 lbs

Primary Findings

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- The diffuse hepatic parenchymal changes could be consistent with hepatic lipidosis, an inflammatory hepatopathy (i.e., bacterial cholangiohepatitis, lymphoplasmacytic hepatitis, feline infectious peritonitis), infiltrative neoplasia (i.e., lymphoma) and/or other hepatopathy.
- Gallbladder debris, non-mucocele

IMAGING PERFORMED BY

Sara Hansen

Secondary Findings

- Bilateral, nonspecific age-related renal changes
- The hypoechoic pancreas may be a normal variant for this patient or may represent mild pancreatitis. Correlation with the patient's clinical history is recommended.

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Corvallis Cat Care

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

REFERRING VET

Dr Blouin

- Consider hepatic tissue sampling (i.e., aspirates or biopsies) assuming normal clotting status. Twenty-five gauge-needles should be used. Aerobic and anaerobic bile cultures would also be beneficial.

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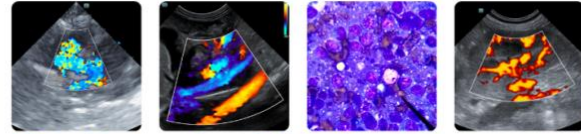
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- If a conservative approach is desired, consider empirical treatment for bacterial cholangiohepatitis (amoxicillin-clavulanic acid, Denamarin). If no improvement in the liver values is seen within 7-10 days of initiating therapy, antibiotics should 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.

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- Given the patient's age, three-view thoracic radiographs are recommended to assess cardiopulmonary status.



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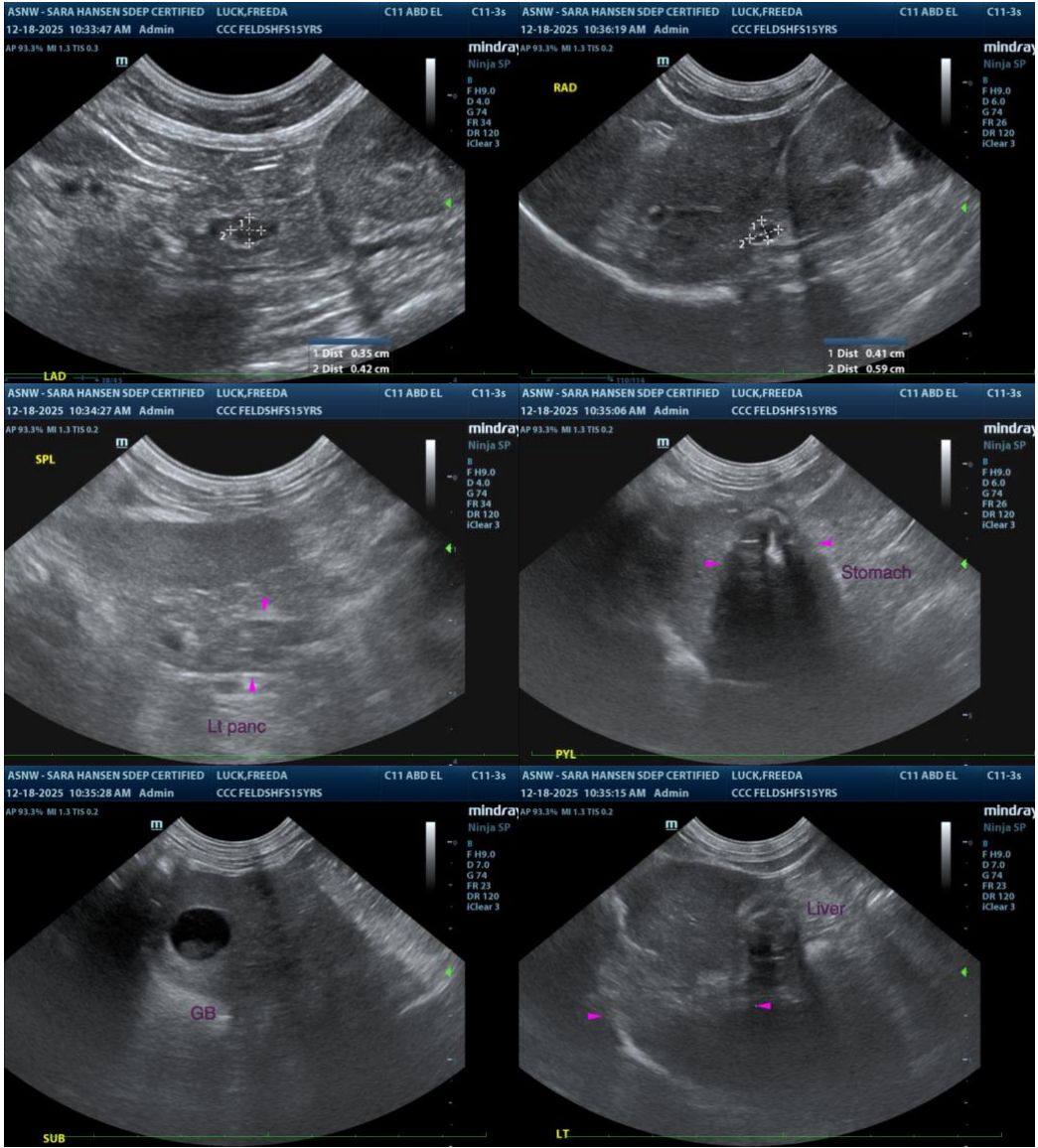
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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