



PATIENT PRESENTING CLINICAL SIGNS

Phoebe Murr

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

9

WEIGHT

9.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jack Reese

HOSPITAL NAME

Willow Run VC

REFERRING VET

Gwenna Johnson VMD

INVOICE

22227

DATE

12-6-25

History: Patient first presented 10/31/25 for vomiting and decreased appetite. Exam findings at that time revealed possible abdominal discomfort and elevated GGT. Concern for "triaditis", IBD, other - O opted for supportive care (fluids, anti-emetics), diet change and recommended further diagnostics if symptoms persistent. Presented 12/5/25 for continued weight loss, inappetence, and icterus. Significant weight loss noted (3 lbs in 5 weeks) and icterus noted on physical exam. Bloodwork, abdominal U/S performed as part of work up.

Abnormal PE/Chem/CBC/UA Results: Diagnostics - Blood work - HCT 29%, Mild neutrophilia, ALT 814, ALP 459, GGT 15, TBILI 15.5 - Radiographs - No evidence of thoracic neoplasia, cardiac silhouette and pulmonary parenchyma appear wnl, abdomen - rounded liver lobe margins, but no overt masses

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 is normal.

The left kidney is normal in size (3.74 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 hydroureter. Renal vasculature is normal.

The right kidney is normal in size (4.27 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.30 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 (0.56 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 hyperechoic 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.

The gallbladder lumen is minimally distended. The wall is mildly thickened (up to 0.28 cm) and hyperechoic. A small amount of echogenic-to-mineralized debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.



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Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly distended with ingesta. 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 thickness is normal. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas

The base and limbs of the pancreas are visible with normal curvilinear peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Lymph Nodes

The abdominal lymph nodes are normal/not visible.

Free Abdomen

There is no obvious evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- 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.
- The gallbladder wall thickening may be artifactual due to lack of full repletion or may be secondary to cholecystitis. Some echogenic-to-mineralized debris/sand is observed within the lumen.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- The small intestinal wall changes could be consistent with inflammatory bowel disease or may be a normal variant for this older feline patient. Correlation with the patient's long-term clinical history is recommended.

Secondary Findings

- Minor bilateral age-related renal changes

*Given the sonographic changes, "triaditis" is a consideration in this patient.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Feline leukemia, FIV, and FIP testing is recommended if not already performed.
- Consider hepatic tissue sampling (i.e., aspirates for biopsies) along with aerobic and anaerobic bile cultures.



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- In the meantime, empirical treatment for cholangiohepatitis/cholecystitis/hepatic lipidosis is recommended, including broad-spectrum antibiotics, nutritional support, fluid therapy, and other symptomatic measures, with close monitoring of the patient's liver values to assess progression.

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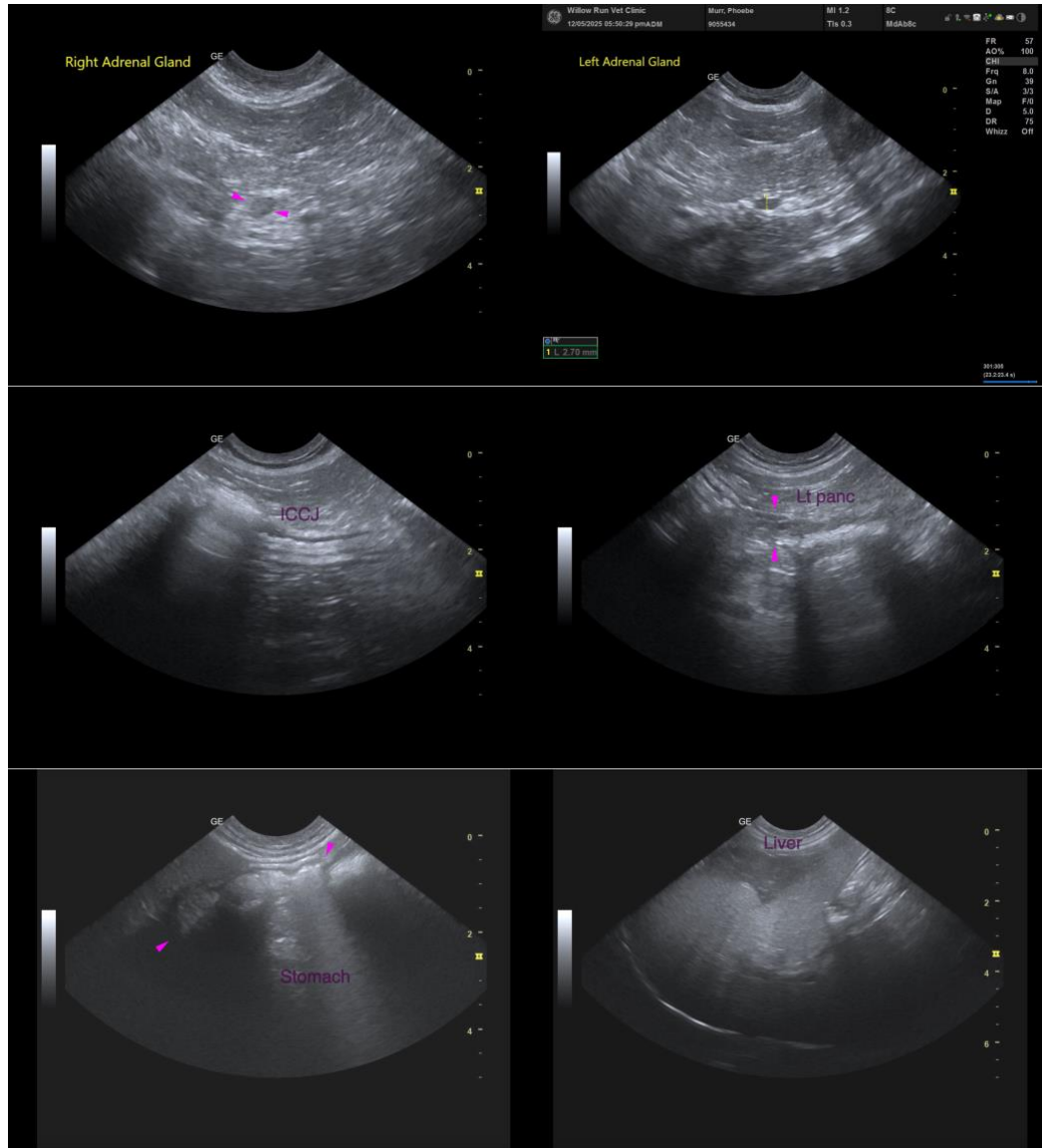
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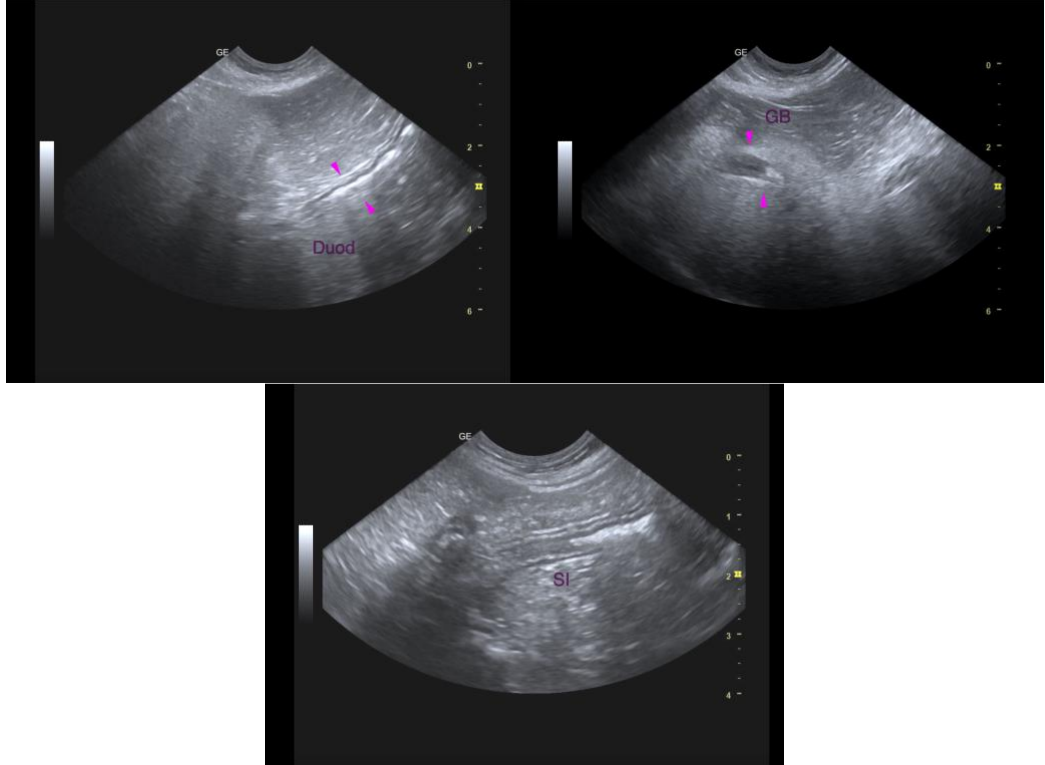
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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