



PATIENT

Mrs. Clause Gaytan

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

AGE

9 Yrs.

WEIGHT

13 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Mario V

HOSPITAL NAME

TLC AH

REFERRING VET

Dr. Scarborough

INVOICE

13461

DATE

2/9/26

PRESENTING CLINICAL SIGNS

History: P come in 9/26/25 for skin concerns, BW was ran and her ALT was high (388). A depo inj was given for the skin and she was told to recheck her values in 4 weeks, she didn't come back until 2/2/26. P presents for vomiting bile almost everyday. Issues has been going on for several months now. P does have behavioral changes such as aggression towards other housemates, recommend abdominal US. P is a transfer from Banfield.

Abnormal PE/Chem/CBC/UA Results: BW performed 2/2/26 ALT 720 (12 - 130 U/L) ALP 192 (14 - 111 U/L) GGT 7 (0 - 4 U/L)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and 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 the visible portion of the proximal urethra are normal.

The left kidney is subjectively normal in size with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

The right kidney is normal in size (4.00 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Several non-obstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter.

Adrenal Glands

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

Spleen

The spleen is normal in size (0.80 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.

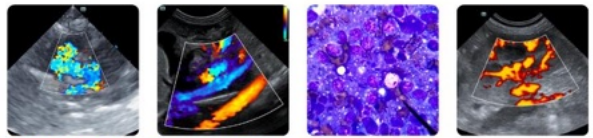
Liver

The liver is subjectively 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.

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

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 ileocecolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.



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Pancreas

The pancreas is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.

Lymph nodes

The abdominal lymph nodes are normal/not visible.

Free Abdomen

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

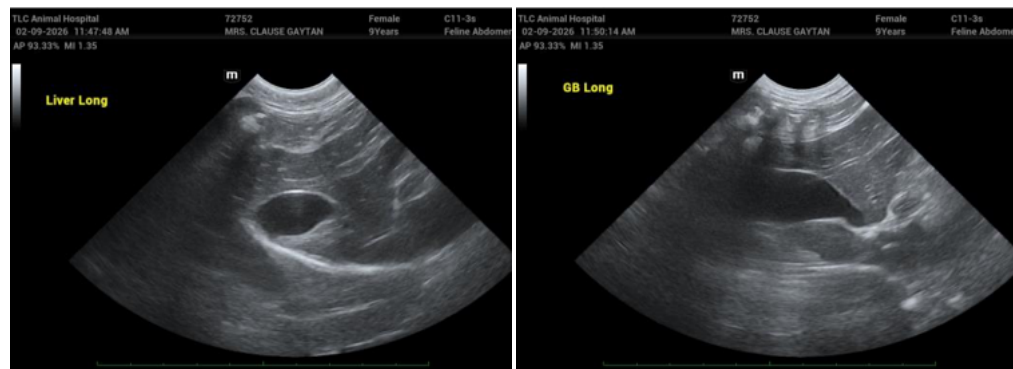
ULTRASONOGRAPHIC FINDINGS

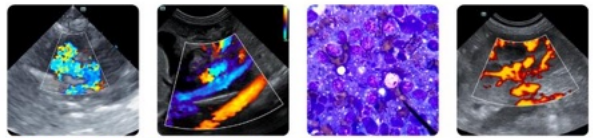
- Mild bilateral nonspecific, age-related renal changes with non-obstructive nephrocalcinosis.

*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) should be considered.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Pre and post-prandial serum bile acids are recommended to assess hepatic function.
- Hepatic tissue sampling (i.e., aspirates or biopsies) would be necessary to get a definitive diagnosis. Aerobic and anaerobic bile cultures would also be beneficial.
- 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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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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