

## PATIENT

Teddy Staicu

## SPECIES

Feline

## BREED

Domestic shorthair

## SEX

Male, neutered

## AGE

8 Yrs.

## WEIGHT

18.5 lbs.

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Jenn

## HOSPITAL NAME

Rockaway

## REFERRING VET

Dr. Maniar

## INVOICE

13610

## DATE

3/17/2026

## PRESENTING CLINICAL SIGNS

History:

Hx of prev elevated LE's PU/PD intermittent vomiting ALT 137 GGT 5

## 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 to moderate 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 (4.44 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.

The right kidney is normal in size (4.35 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 region of the adrenal glands is evaluated. No obvious pathology is observed in this region.

### Spleen

The spleen is not definitively visualized in the available images.

### Liver

The liver is subjectively normal in size with normal peripheral contours. The parenchyma is hypoechoic relative to the right renal cortex and homogeneous in appearance. 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 mildly distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal 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.

### 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

There is no obvious evidence of free fluid.



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**Other**

Extensive falciform fat is present.

**ULTRASONOGRAPHIC FINDINGS**

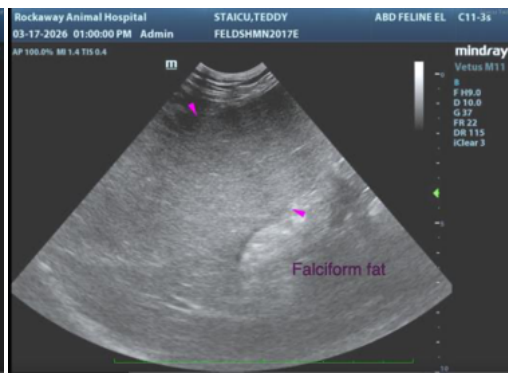
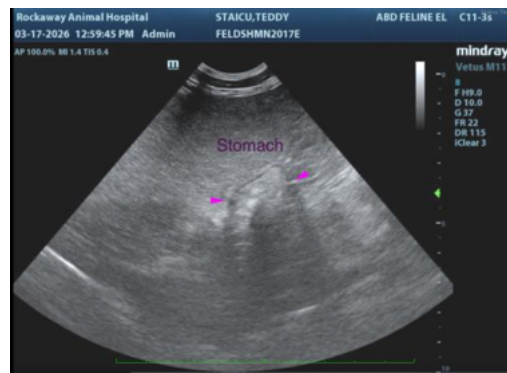
- Mild bilateral nonspecific, age-related renal changes

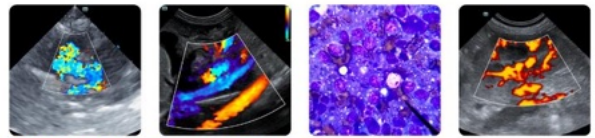
\*An obvious cause for the liver enzyme elevations is not identified in this study. Considerations include hepatic lipidosis, an inflammatory hepatopathy (i.e., cholangiohepatitis, lymphoplasmacytic hepatitis), infiltrative neoplasia (less likely), other hepatopathy.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given the patient's clinical history, consider the following:

- Pre and post-prandial serum bile acids
- Urinalysis +/- culture and sensitivity
- GI panel including serum cobalamin, folate, TLI and PLI to assess for maldigestion/malabsorption and pancreatic disease.
- +/- hepatic tissue sampling (i.e., aspirates or biopsies). Aerobic and anaerobic bile cultures would also be beneficial.
- In the meantime, symptomatic care is recommended.





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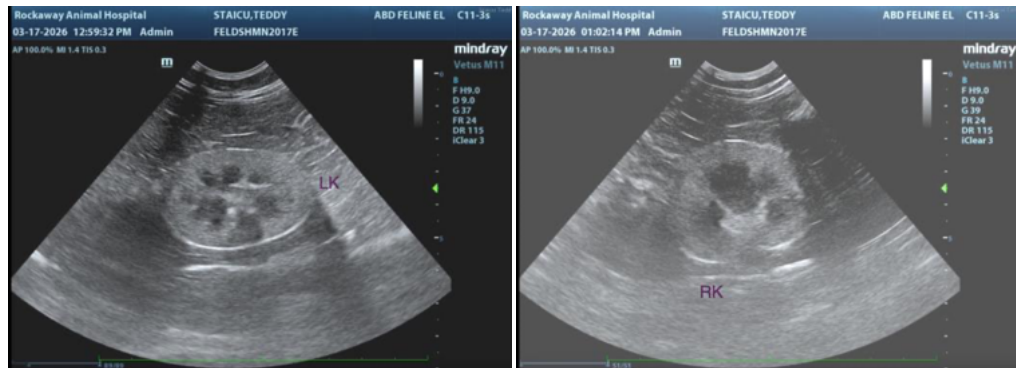
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)  
[info@SonoPath.com](mailto:info@SonoPath.com)