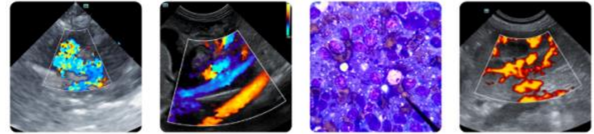


PATIENT
Lorelei Rohletter

SPECIES
Feline

BREED
DLH

SEX
Spayed Female

AGE
16

WEIGHT
10.25

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

IMAGING PERFORMED BY
Dr Suciu

HOSPITAL NAME
Animal Clinic of Queens

REFERRING VET
Dr Singh

INVOICE
23132

DATE
6-5-26

PRESENTING CLINICAL SIGNS

History: vomiting, anorexia since 6/1
Abnormal PE/Chem/CBC/UA Results: Bloodwork 6/1: High ALT (493), high AST (107), normal ALP, TBILI; low creat 0.5 (0.6-2.4), high SDMA (18.7), normal BUN (20)

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 anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal in size (3.31 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.

The right kidney is normal in size (3.50 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands
The region of the left adrenal gland is evaluated. No obvious pathology is observed in this region.

The right adrenal gland is normal size (0.36 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

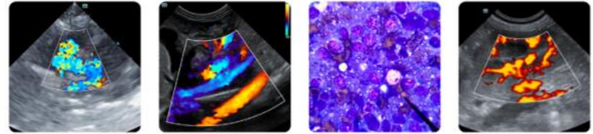
Spleen
The spleen is subjectively prominent-in-size, with a curled contour. The parenchyma is subtly mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

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 gallbladder lumen is moderately distended. The wall is thin and smooth. A small amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are normal.

Gastrointestinal
The stomach and intestine are free of stasis and exhibit normal peristaltic activity. 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 thickness is normal. There is disruption in the normal 1:3 muscularis: mucosal ratio. Discreet masses are not identified. The colonic wall is normal. There is no obvious evidence of an obstructive pattern.

Pancreas
The base and limbs of the pancreas are visible with normal curvilinear peripheral contours. The parenchyma is slightly hyperechoic 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.



PATIENT

Lorelei Rohletter

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

16

WEIGHT

10.25

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Suciu

HOSPITAL NAME

Animal Clinic of Queens

REFERRING VET

Dr Singh

INVOICE

23132

DATE

6-5-26

Lymph Nodes
The abdominal lymph nodes are normal/not visible.

Free Abdomen
Trace free fluid is observed adjacent to the spleen.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- 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, normal variation for an older feline patient or less likely, emerging lymphoma.
- 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)) cannot be excluded.
- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a lower possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- Trace ascites

Secondary Findings

- Bilateral nonspecific age-related renal changes

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the elevated liver values, consider hepatic tissue sampling (i.e., aspirates or biopsies) along with aerobic and anaerobic bile cultures. Alternatively, 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.
- To further evaluate for concurrent maldigestion/malabsorption and pancreatic disease, consider a GI panel including serum cobalamin and folate, TLI and PLI.
- Given the patient's age, three-view thoracic radiographs are recommended to evaluate cardiopulmonary status.
- Fine-needle aspiration of the spleen to assess for round cell neoplasia (assuming normal clotting status). A 25-gauge needle should be used.

PATIENT

Lorelei Rohletter

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

16

WEIGHT

10.25

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Suciu

HOSPITAL NAME

Animal Clinic of Queens

REFERRING VET

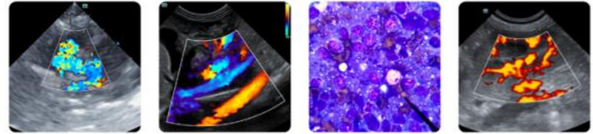
Dr Singh

INVOICE

23132

DATE

6-5-26



PATIENT

Lorelei Rohletter

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

16

WEIGHT

10.25

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Suciu

HOSPITAL NAME

Animal Clinic of Queens

REFERRING VET

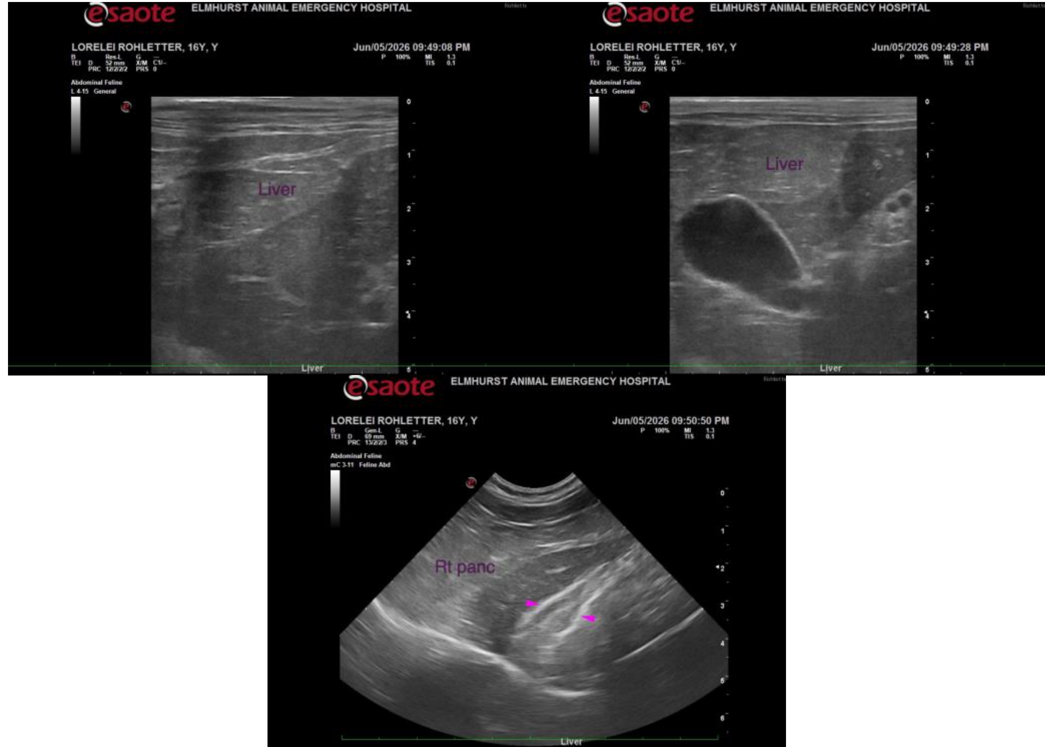
Dr Singh

INVOICE

23132

DATE

6-5-26



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