



## PATIENT

Molly Paretti

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Spayed female

## AGE

13 years

## WEIGHT

11.7 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Mary Pearce

## HOSPITAL NAME

Chambersburg AH

## REFERRING VET

Dr. Miller

## INVOICE

69283

## DATE

12/15/25

## PRESENTING CLINICAL SIGNS

**History:** Follow up on elevated liver values done at pDVM 2024. O not describing any abnormal symptoms at home besides weight loss. On exam, heart murmur noted, muscle atrophy of epaxial and HL. Coat dull. Lost 2lbs since 2024. No current medications, did try Denamarin in the past. Ultrasound to provide further direction for elevated liver enzymes and screen for GI disease. Pending GI panel (B12/folate/cobalamin)  
**Abnormal PE/Chem/CBC/UA Results:** Current BW ALT 519U/L, AST 192U/L, ALP 232U/L, T. Bilir 1.3mg/dL, BUN 41 mg/dL, Creat 1.7mg/dL, Ca 11.7mg/kL, TP 8.0g/dL, Alb 3.1 g/dL, Glob 4.9g/dL. tT4 2.0ug/dL, fT4 1.3ng/dL. Pancreatic lipase normal.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 3.67 cm. The right kidney measured 3.66 cm with slight cortical infarct at the caudal pole.

### Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.35 cm. The right adrenal gland measured 0.51 cm.

### Spleen

The **spleen** was mildly enlarged with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner. The spleen measured up to 1.2 cm in width.



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## Liver

The **liver** in this patient revealed a porcelain gallbladder with sand, fibrosis and remodeling. The liver itself was largely unremarkable with uniform parenchyma. The cystic duct was slightly dilated and echogenic. This is consistent with fibrosis. The common bile duct was normal at the level of the duodenal papilla.

## Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

## Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

## ULTRASONOGRAPHIC FINDINGS

Chronic fibrosing cholangitis/cholecystitis pattern.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Screening FNA of the liver is indicated with cytology and culture. It would likely be in the patient's best interest to then have a cholecystectomy. Common bile duct lavage is recommended as the distal aspect of the common bile duct was largely normal, yet fibrosis/mineralized pattern of the gallbladder and cystic duct appeared to be present. I recommended FNA of the liver to rule out concurrent parenchymal disease. Eventual bile culture would be appropriate.



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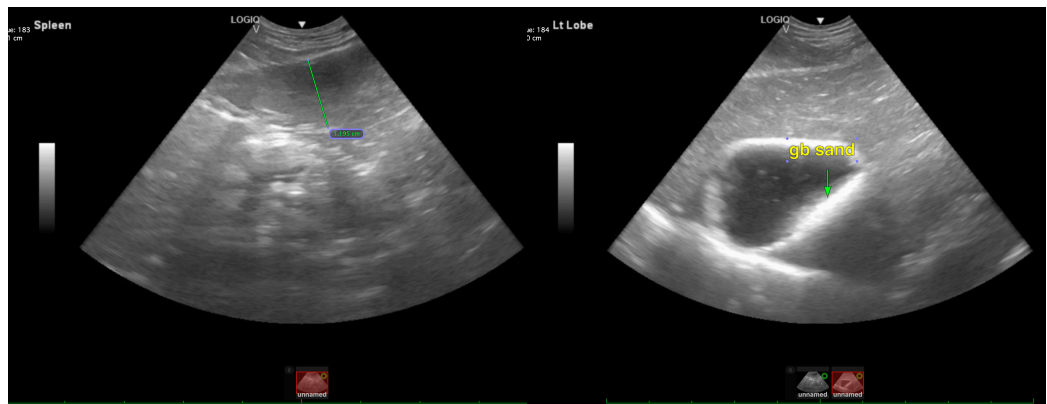
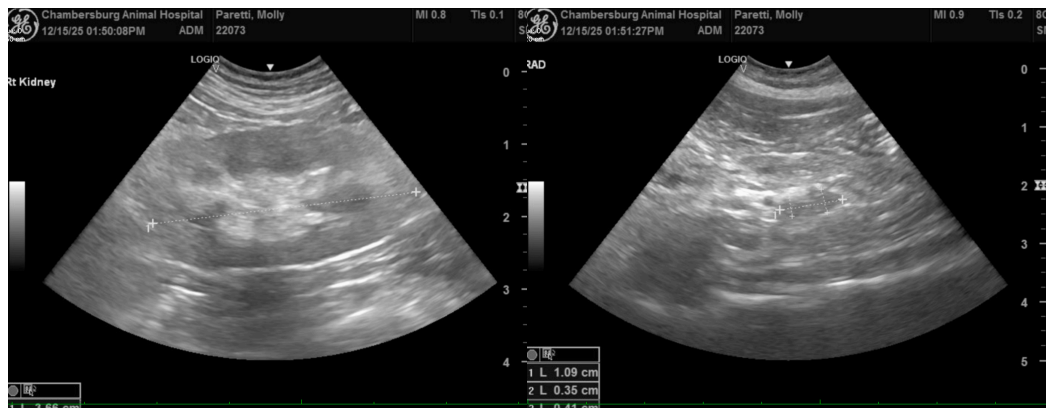
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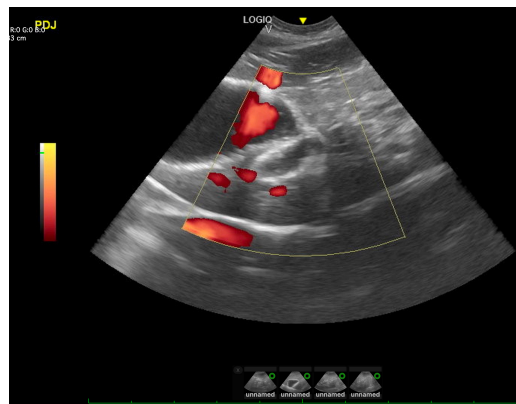
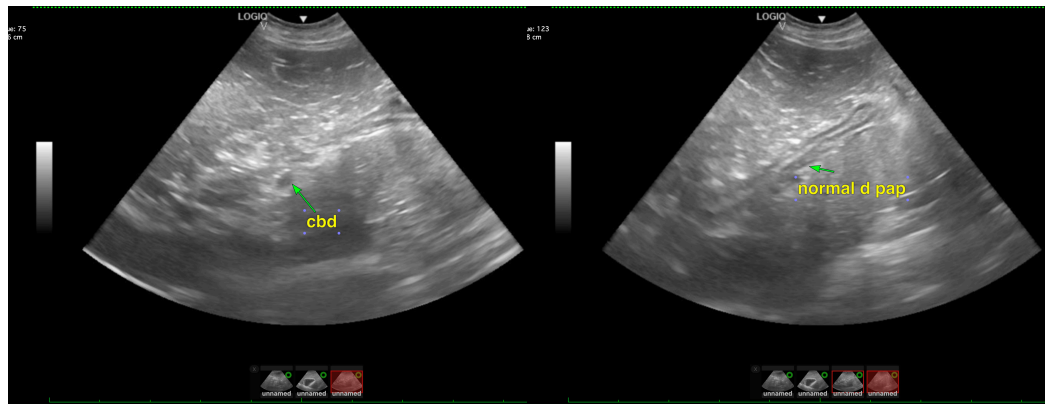
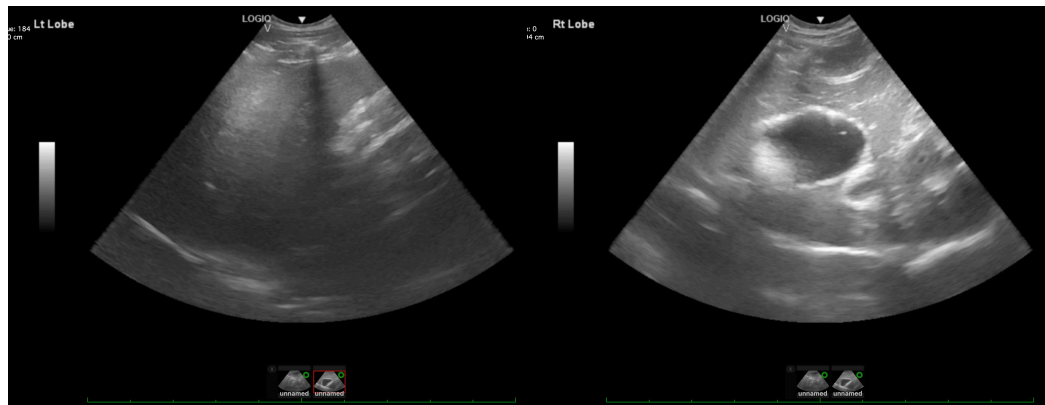
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS, CEO of SonoPath.com

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