



**PATIENT**

Zazou Bakalinsky

**SPECIES**

Feline

**BREED**

Domestic shorthair

**SEX**

Male, neutered

**AGE**

6 yrs.

**WEIGHT**

8.42 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

West Hills AH

**REFERRING VET**

Dr. Glaze

**DATE**

2/8/22

**INVOICE**

12987

**PRESENTING CLINICAL SIGNS**

History: Vomiting and weight loss. Second opinion from another clinic. Icterus and poor body condition

Abnormal PE/Chem/CBC/UA Results: ALT 574, AST 204, ALk Phos 181, T bili 2.2, conj bili 1.8  
Current Medications Previously P was prescribed cerenia, dexamethasone tablets, Vit B12 injections

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*Urinary System*

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with mostly anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal size (3.85 cm in length); normal shape and architecture with 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. Renal vasculature is normal.

The right kidney is normal size (4.27 cm in length); normal shape and architecture with 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. Renal vasculature is normal.

*Adrenal Glands*

The left adrenal gland is normal in size (1.06 cm length; 0.35 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.70 cm length; 0.45 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

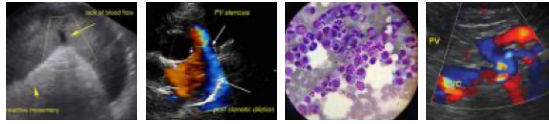
*Spleen*

The spleen is normal in size (0.59 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 prominent in size with slightly irregular peripheral contours. The parenchyma is isoechoic relative to the spleen and is homogeneous in appearance. No distinct focal lesions are observed. Intra-lobar biliary tracts appear dilated. Hepatic vasculature is normal with no evidence of congestion.

The gall bladder lumen is severely distended. The wall is normal in thickness. A small amount of gravity-dependent echogenic debris is observed within the lumen. The cystic and common bile ducts are also severely distended. At the level of the duodenal papilla, a 1.96 x 1.77 cm ill-defined, slightly heterogeneous tissue structure with foci of mineralization is observed. The mesentery effacing the serosal surface in this region is hyperechoic.



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**Gastrointestinal**

The gastric lumen is minimally fluid distended. The duodenal wall at the level of the duodenal papilla appears thickened/abnormal. The remaining small intestinal wall thickness is normal with a normal layering pattern. The colonic wall is normal. No obstructive disease is noted. See also *Other*.

**Pancreas**

The left limb of the pancreas is prominent with slightly irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. The pancreatic duct is not overtly dilated. See also *Other*.

**Free Abdomen**

Trace free fluid is present. 1-2 prominent mesenteric lymph nodes are visualized.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings:**

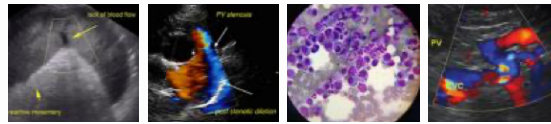
- Suspected obstruction at the level of the distal common bile duct/duodenal papilla. Differentials include duodenal mass (i.e., lymphoma or inflammatory lesion), pancreatic tumor or focal pancreatitis, distal biliary neoplasia, other. Regional peritonitis is present at the level of the duodenal papilla.

**Secondary Findings:**

- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Referral to a board-certified surgeon for an abdominal exploratory, assessment of bile duct patency, biopsies of the tissue at the level of the duodenal papilla, +/- bile duct re-routing procedure is recommended.



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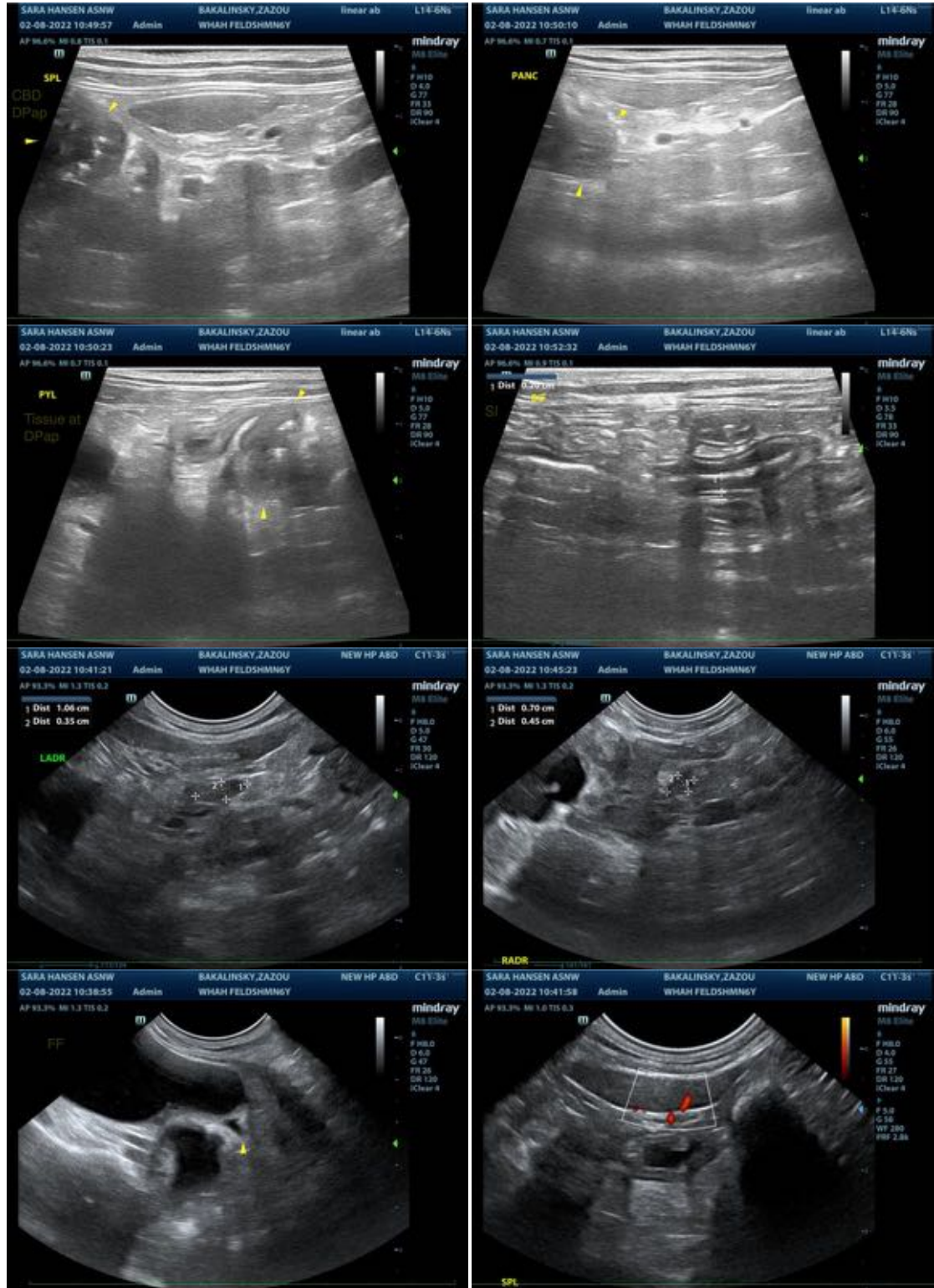
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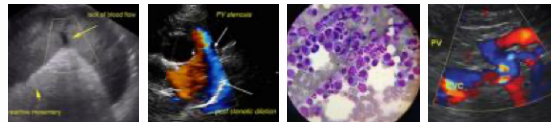
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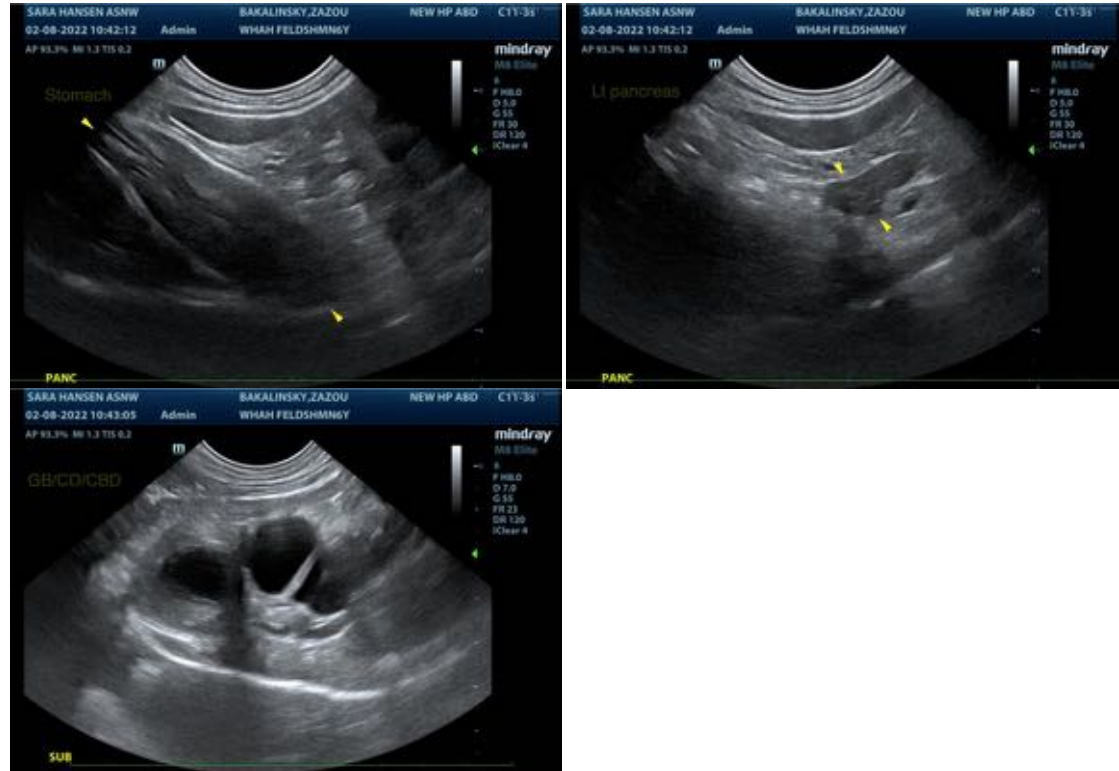
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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