



**PATIENT**

Noli Hardt

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Spayed Female

**AGE**

11 years

**WEIGHT**

9 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Kelly Vazquez, CVT

**HOSPITAL NAME**

Glen Rock VH

**REFERRING VET**

Dr. Stekler

**INVOICE**

95222

**DATE**

1/13/22

**PRESENTING CLINICAL SIGNS**

Patient presents due to jaundice and vomiting. Current meds: Cerenia SID, Amoxi 100mgs BID, mirtazapine 1.875 mgs SID.  
Abnormal PE/Chem/CBC/UA Results: Albumin 3.5, ALP 498, ALT 495, T. bili. 12.9.

**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 right kidney measured 4.2 cm and the left kidney measured 4.3 cm.

**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.

**Spleen**

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

**Liver**

The **liver** revealed mildly increased portal markings. There appears two separate gallbladders in this patient which is a fairly common variant in cats. However, two separate cystic ducts entering into the common bile duct tissue thickening or coalesced bile was noted in both gallbladders as well as the cystic duct with a slight amount of free fluid. I could not completely discern tissue proliferation from coalesced bile. The portal vein and vena cava appeared unremarkable. The distal common bile duct appeared unremarkable. However, there is lobar biliary duct dilation, which would suggest post hepatic obstruction. Power Doppler would suggest vascularization of the gallbladder densities; however, this may be artifactual.



**PATIENT**

**Gastrointestinal**

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The **stomach** was filled with ingesta. The small intestine and colon was unremarkable.

**SPECIES**

**Pancreas**

Feline

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.

**BREED**

Domestic Shorthair

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Spayed Female

Two separate gallbladders; however, two separate cystic ducts entering into the common bile duct tissue thickening or coalesced bile was noted in both gallbladders as well as the cystic duct with a slight amount of free fluid. I could not completely discern tissue proliferation from coalesced bile.

**AGE**

11 years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

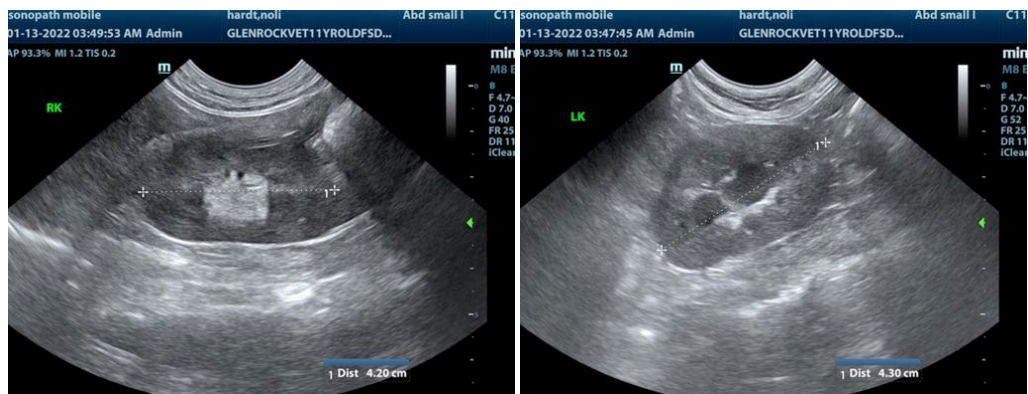
I recommend surgical exploratory in this patient with expectations of cholecystectomy and common bile duct lavage if this is coalesced bile and not a proliferative mass.

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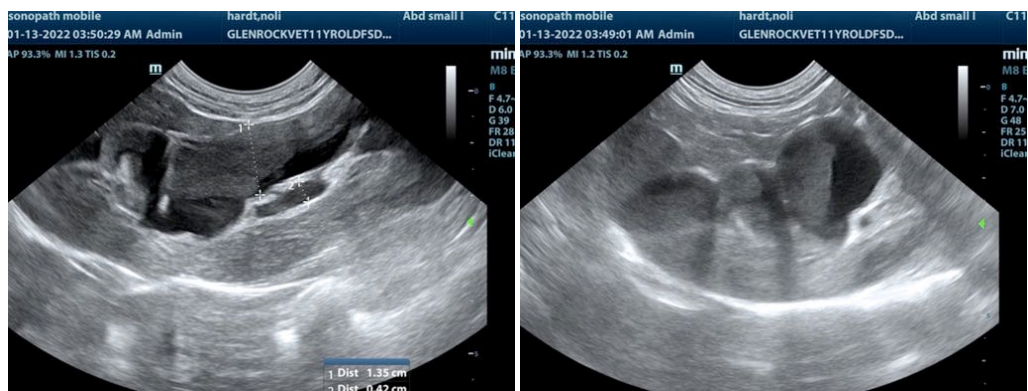
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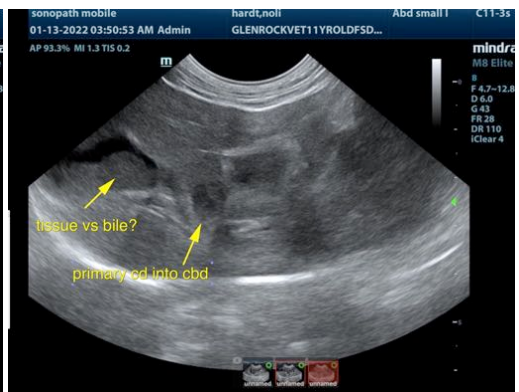
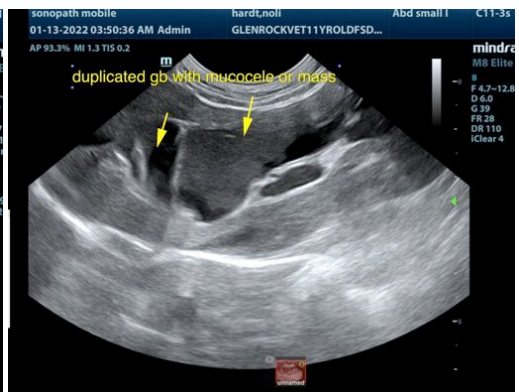
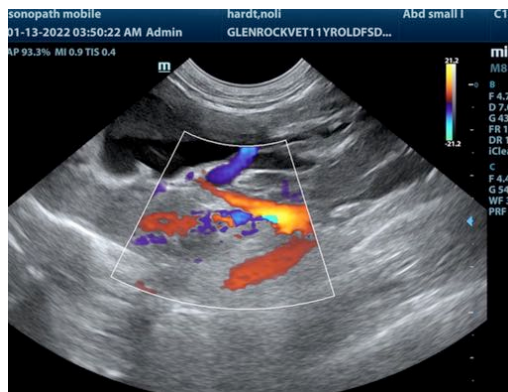
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com  
info@SonoPath.com