



PATIENT

Sir Winston Webb

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

8 years

WEIGHT

4.36 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Mariusz
Chmielinski

HOSPITAL NAME

Apex VS

REFERRING VET

Alpine 24/7 ER Doctor

INVOICE

70212

DATE

1/16/26

PRESENTING CLINICAL SIGNS

History: ~2–3 weeks of reduced appetite, intermittent GI signs (constipation, vomiting Nov/Dec)
Prior management: SQ fluids, Cerenia, lactulose/restoralax, gabapentin Appetite stimulants (mirtazapine), budesonide x5 days Poor PO intake; currently only eating lickable treats, not drinking well

Vital Signs: Temperature [Celsius]:n/d, Heart Rate/min (HR):188, Respiratory Rate/ min: 26, Respiratory Effort: 0, Mucus Membranes/ CRT: ICTERIC dry and tacky/ CRT< 2 sec ,Mentation: QAR ,Hydration: Adequate , Complete Blood Count: RBC 6.5 (L), hematocrit 29% (L), HGB 94 (L), neutrophilia (11.65), monocytosis (1.06), thrombocytosis (666). ii. Chemistry Panel: BUN 4.7 (L), ALT 395 (H), ALP 214 (H), GGT 16 (H), Tbili 140 (H). iii. Urinalysis: Orange and opaque color, specific gravity > 1.050, pH 6.5, proteinuria, presence of bilirubin and urobilinogen, no bacteria or crystals noted.

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 normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 4.11 cm. The left kidney measured 3.73 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. The right adrenal gland measured 0.45 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.



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Liver

The **liver** revealed lobar biliary duct dilation and gallbladder wall thickening and over distension with suspended debris. Regional free fluid was noted. Common bile duct thickening was noted at the level of the duodenal papilla measuring 1.0 cm in length. This is most consistent with inflammatory polyp; however, underlying carcinoma or neoplasia cannot be ruled out. The common bile duct was enveloped by the regional inflammation at the level of the duodenum and right pancreatic limb.

Gastrointestinal

The upper **duodenum** was thickened and spastic enveloped by the pancreatic pathology. The pylorus was thickened with echogenic mucosal remodeling. The distal small intestine and colon were unremarkable other than minor thickening. The mesenteric lymph nodes were mildly enlarged and measured up to 1.7 x 0.65 cm.

Pancreas

The **pancreas** revealed mixed hypoechoic parenchymal changes with hyperechoic surrounding fat with regional free fluid. Regional lymph nodes were slightly enlarged measuring up to 0.5 cm.

Free Abdomen

Trace amount of free fluid was noted in the caudal abdomen.

ULTRASONOGRAPHIC FINDINGS

Post hepatic obstruction and cholangiohepatitis with secondary free fluid, potential underlying neoplasia.

Extensive, mixed hypoechoic pancreatic edema and hyperechoic surrounding steatitis and inflammation is noted.

Combination of gastric, pancreatic and hepatic disease with acute on chronic changes and potential underlying neoplastic process.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Exploratory surgery is indicated in this patient with bile duct redirection and cholecystectomy. Liver inspection and biopsy, pancreatic debridement and biopsies are all indicated. Prognosis is very guarded.



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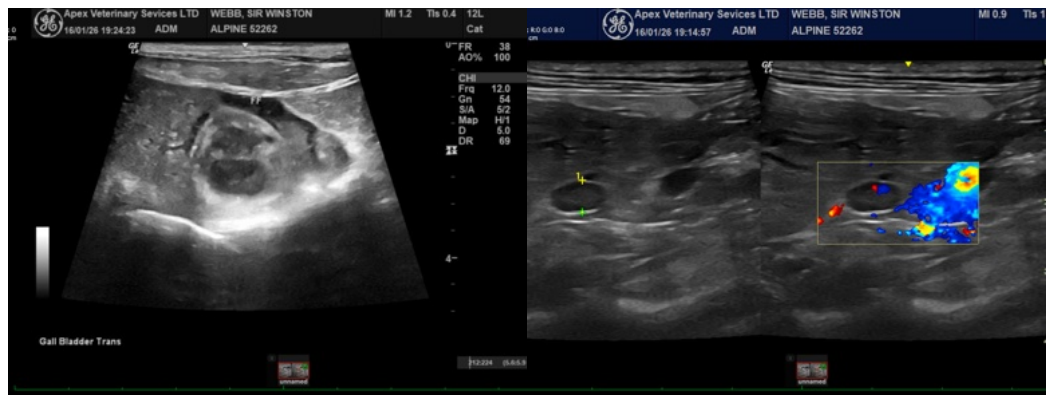
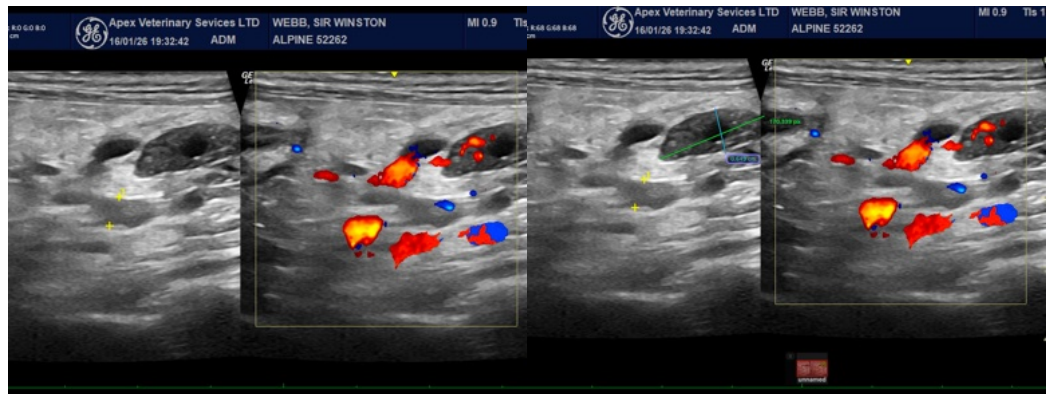
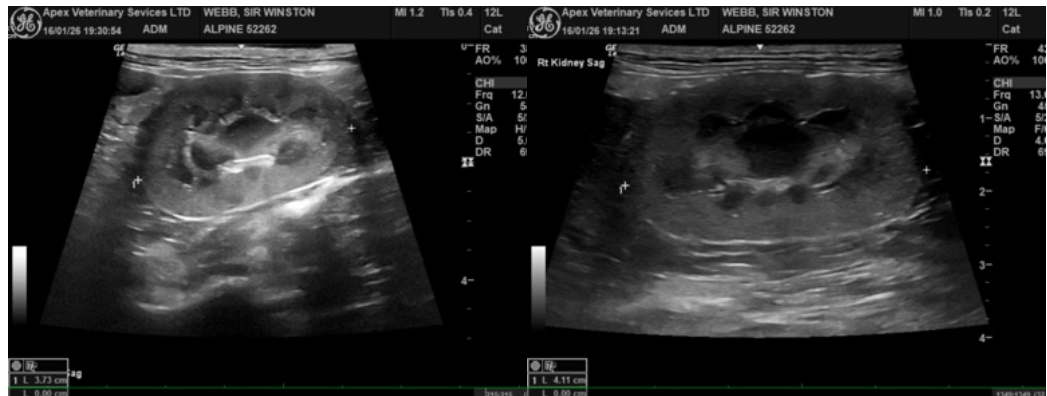
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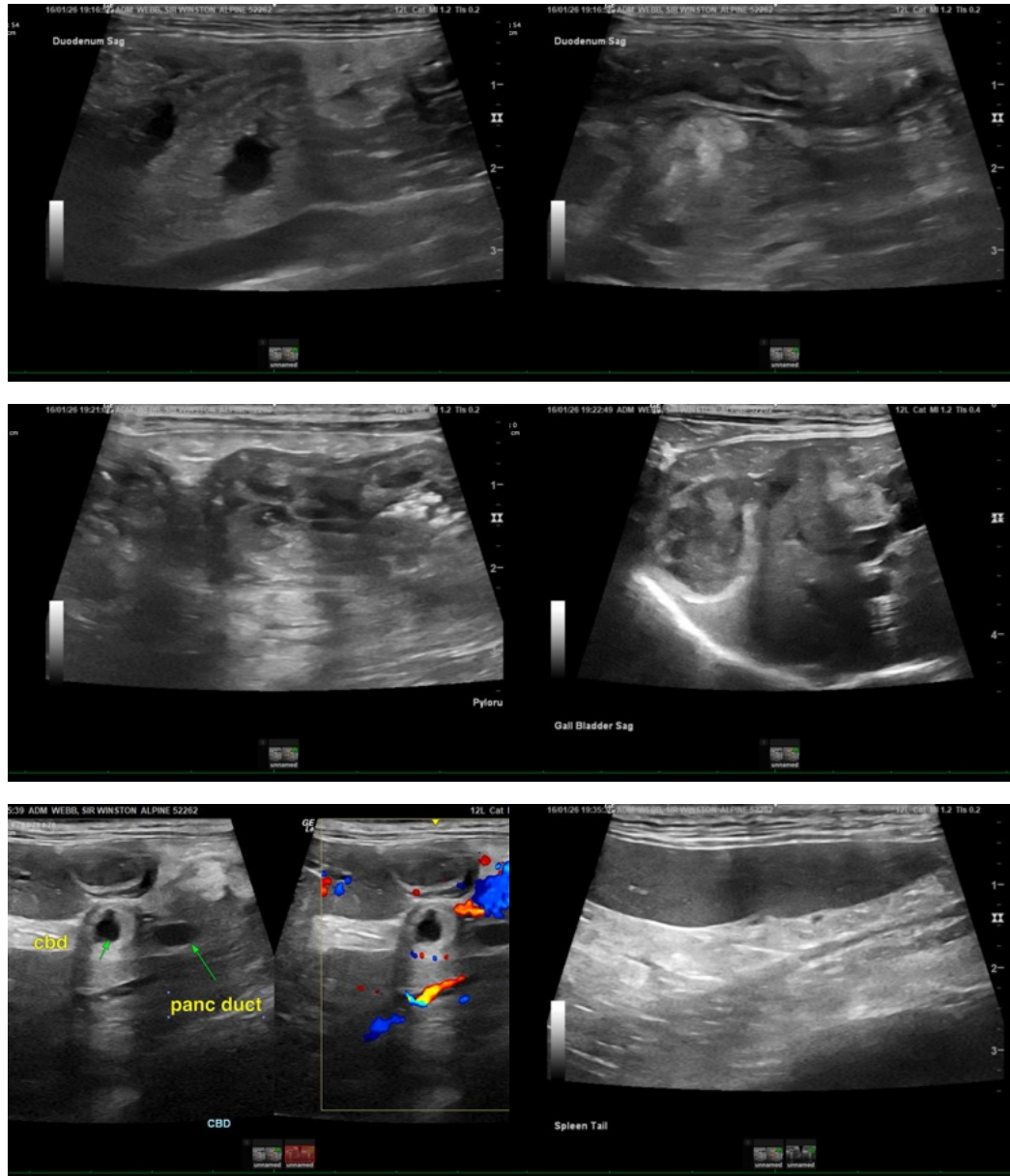
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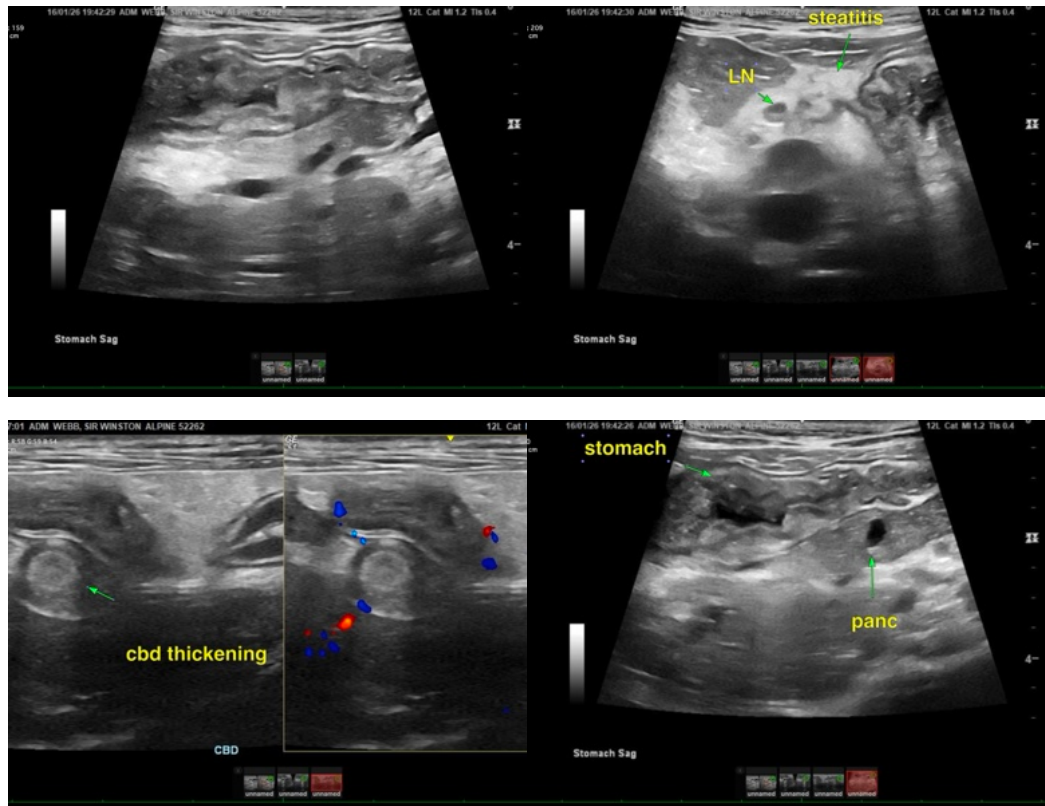
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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