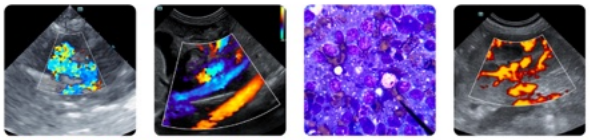


PATIENT

Louie Selig

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

13 years

WEIGHT

18 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Julie Deter

HOSPITAL NAME

Village VC California

REFERRING VET

Dr. Deter

INVOICE

70842

DATE

1/21/26

PRESENTING CLINICAL SIGNS

- Diabetic, previously well-controlled on Prozinc for 1 year, last monitored with Freestyle Libre sensor 1 month ago. Obese but slowly losing weight.
- Acute onset vomiting and inappetence 10 days ago. Clinical improvement with hospitalization on IV fluids, empiric antibiotic tx, antiemetics, liver support, syringe feeding. Progressive elevation in fPL and liver values despite treatment.
- Severe icterus, reactive to deep palpation of cranial abdomen. Borderline anemia, mild neutrophilia, ALP 448, ALT 594, bili 13.4, fPL 38.4

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 and right kidney measured 4.5 cm.

Adrenal Glands

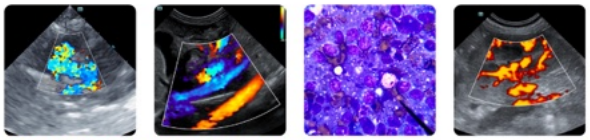
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient.

Spleen

The **spleen** was mildly enlarged with uniform, but subtly micronodular parenchyma, and undulating capsular contour. Micronodular changes were noted in the spleen. 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.

Liver

The **liver** revealed lobar biliary duct dilation and common bile duct thickening and over distension up to 0.5 cm. The gallbladder was over distended with suspended bile and debris. The gallbladder wall was echogenic and measured 0.2 cm. The common bile duct at the level of the duodenal papilla measured 0.5 cm. Regional inflammation was noted.



PATIENT

Louie Selig

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

13 years

WEIGHT

18 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Julie Deter

HOSPITAL NAME

Village VC California

REFERRING VET

Dr. Deter

INVOICE

70842

DATE

1/21/26

Gastrointestinal

The upper **duodenum** revealed thickening up to 0.6 cm. There was loss of structural detail in the duodenum. The pylorus and upper duodenum revealed an infiltrative pattern and regional inflammation causing post hepatic obstruction.

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.

Free Abdomen

Free fluid was noted.

ULTRASONOGRAPHIC FINDINGS

Infiltrative upper duodenal pattern with post hepatic obstruction.

Chronic cholecystitis and cholangitis pattern with debris.

Micronodular spleen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I believe that the underlying lymphoma or other causes of wall thickening in the duodenum are likely the primary cause of secondary post hepatic obstruction. Ultrasound-guided FNA of the duodenal wall can be considered for further definition or surgical biopsies. However, the prognosis is extremely guarded. FNA of the spleen is indicated as well and general hepatic parenchyma. However, the primary issue appears to be involving the duodenum, pancreas and common bile duct. Duodenal lymphoma is likely or similar neoplasia, granulomatous disease is possible, yet less likely.

PATIENT

Louie Selig

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

13 years

WEIGHT

18 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Julie Deter

HOSPITAL NAME

Village VC California

REFERRING VET

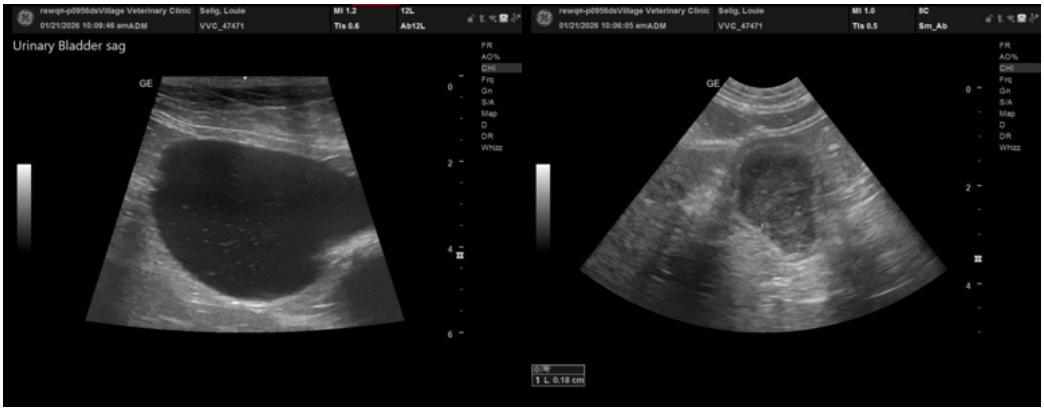
Dr. Deter

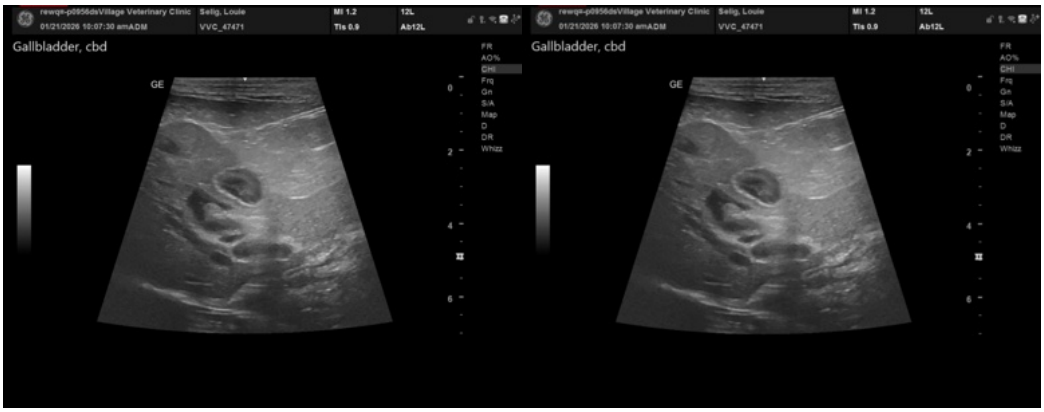
INVOICE

70842

DATE

1/21/26





PATIENT

Louie Selig

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

13 years

WEIGHT

18 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Julie Deter

HOSPITAL NAME

Village VC California

REFERRING VET

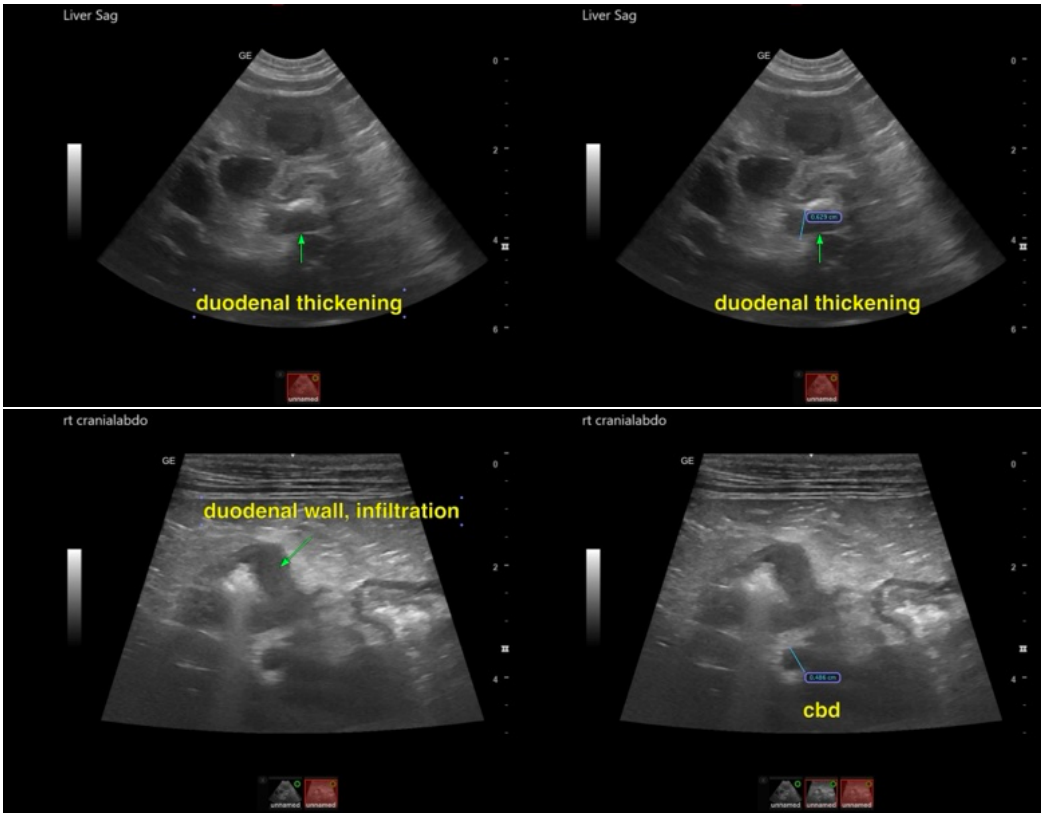
Dr. Deter

INVOICE

70842

DATE

1/21/26



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.

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

info@SonoPath.com