



PATIENT

Marlo Becerril

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

16 Years

WEIGHT

9.4 Pounds

INTERPRETED BY

Eric Lindquist, DMV,
DABVP (CFM), Cert. IVUSS

IMAGING PERFORMED BY

Quinn Robinson, RVT

HOSPITAL NAME

Hess Ridge AH

REFERRING VET

Kevin Frint, DVM

INVOICE

35289

DATE

1/7/26

PRESENTING CLINICAL SIGNS

History: Chronic GI signs with weight loss.

Abnormal PE/Chem/CBC/UA Results: HCT 33.1, SDMA 17, Sodium 145, CK 660, USG 1.016 Remainder of lab results from 12/6/2025 WNL.

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 pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate 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. The left kidney measured 3.77 cm. The right kidney measured 3.61 cm. Blood flow to the kidneys appeared to be subnormal. Slight pyelectasia was noted in the left kidney.

Adrenal Glands

The **left adrenal gland** was 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 0.36 cm.

The region of the **right adrenal gland** revealed no evident pathology.

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 were noted.

Liver

The **liver** revealed coarse architecture. The gallbladder was echogenic and thickened. Wall thickness measured 0.54 cm. Tortuous common bile duct and cystic duct was noted. A common bile duct stone was noted and lodged near the duodenal papilla, measuring 0.56 cm.

Gastrointestinal

The upper **gastrointestinal** tract appears to be enveloped. The colon was unremarkable.

Pancreas



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A 2.0 cm hypoechoic structure was noted in the region of the **pancreas** with hyperechoic surrounding nodular tissue

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Free Abdomen

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Slight **free fluid** was noted adjacent to the kidneys, in the retroperitoneal space.

Feline

ULTRASONOGRAPHIC FINDINGS

BREED

- Cholecystitis/choleangioheaptitis pattern
- Moderate to near end stage degenerative renal changes with undefined retroperitoneal free fluid adjacent to the kidneys- cannot rule out an emerging neoplastic process of the kidneys, such as a renal lymphoma.
- Ill-defined tissue proliferation in the right pancreatic limb with cystic component- concern for a potential abscess or possible neoplastic process. Ultrasound guided drainage after color flow assessment of this region is recommended.
- Upper GI tract enveloped

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

The right pancreatic base may represent a neoplastic event, as proliferative tissue appeared to be present/evident. It may be in this patient's best interest to perform exploratory surgery with expectations towards cholecystectomy, common bile duct lavage, and regional tissue debridement in the right pancreatic base. Reconstruction of the common bile duct is likely necessary in this patient. This is most consistent with chronic inflammatory disease/chronic pancreatitis/choleangiohepatitis; however, carcinoma is a strong potential as well. Screening FNA of the region could also be considered. There is a lot of pathological activity between the right pancreatic base, common bile duct, gallbladder, and the upper gastrointestinal tract appears to be enveloped.

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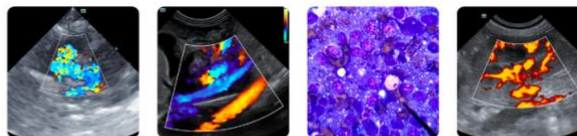
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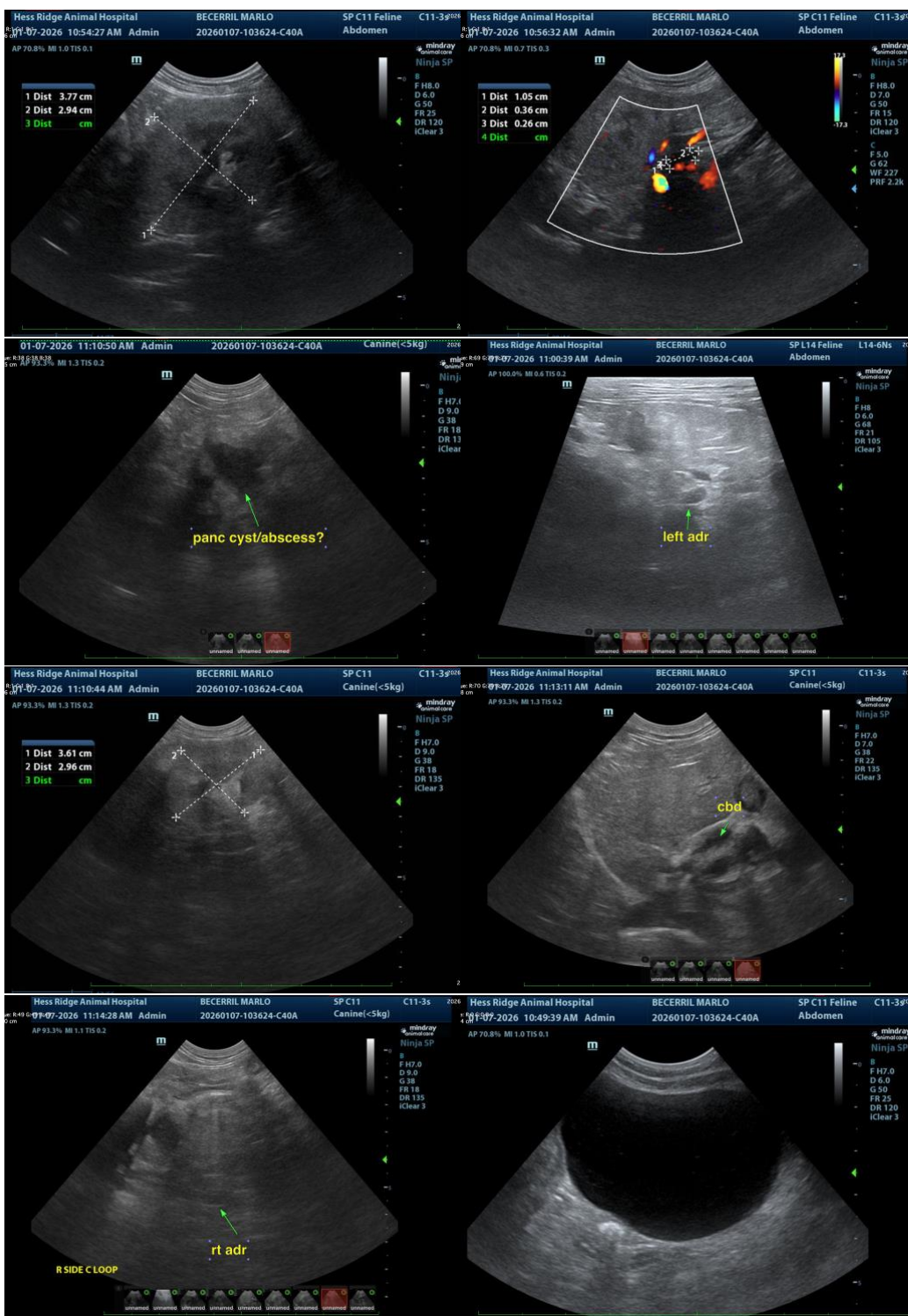
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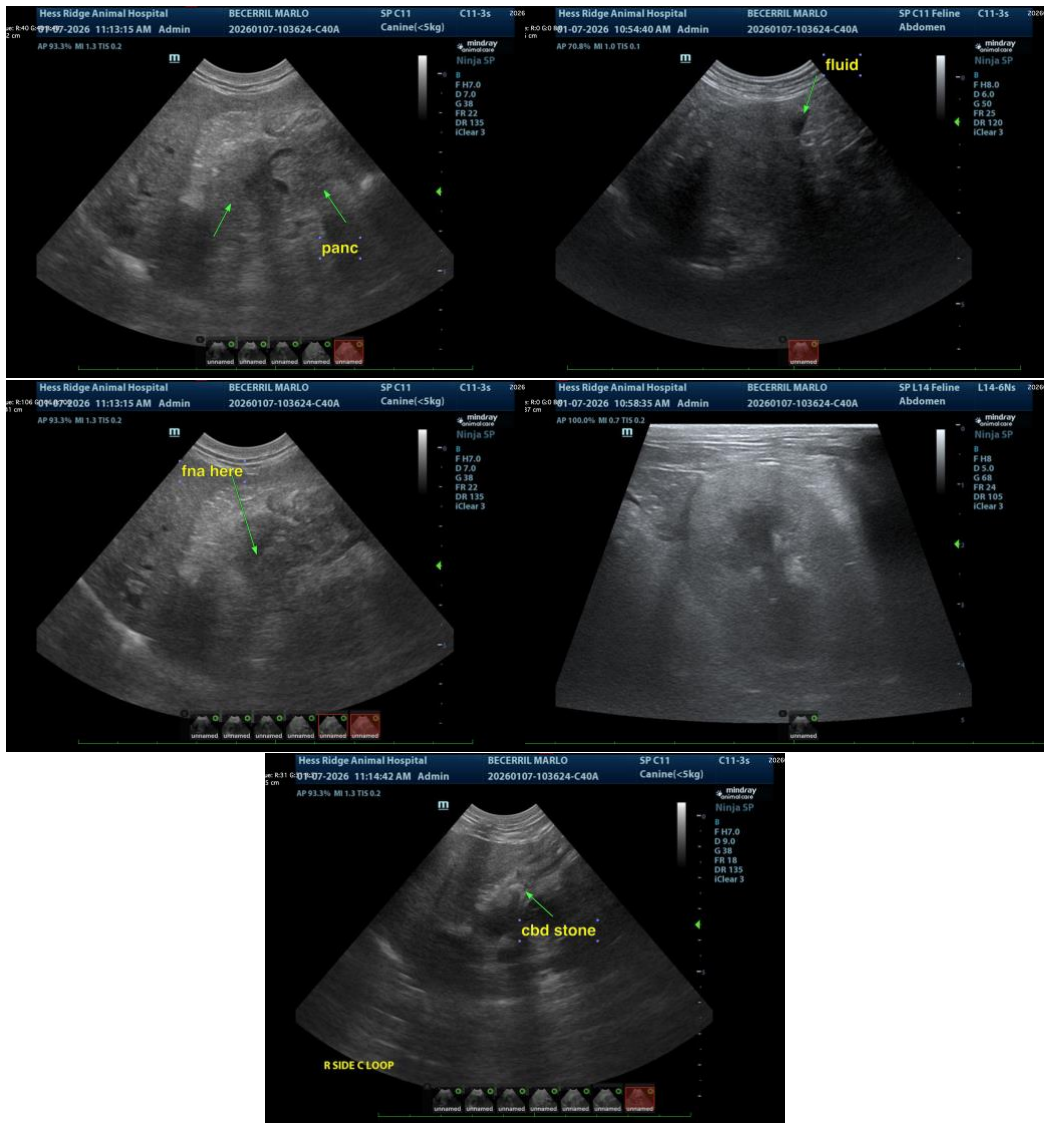
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Owner, Founder -- SonoPath.com
info@SonoPath.com