



PATIENT

Wizzy Hamilton

SPECIES

Feline

BREED

Domestic Medium Hair

SEX

Neutered male

AGE

14 years

WEIGHT

5.77 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Trudeau

HOSPITAL NAME

Vetcetera AH

REFERRING VET

Dr. Trudeau

INVOICE

68613

DATE

11/12/25

PRESENTING CLINICAL SIGNS

History: jaundice and anorexic since Monday but had a decreased appetite noted on the exam Nov 3; has elevated liver enzymes and historical CRD (managed); barely eating anything, even with Mirtazapine; Still drinking and urinating but not much; the owner noticed that the urine was a very bright yellow.

Abnormal PE/Chem/CBC/UA Results: CBC - NSF Chem - ALP 94 (10.0 90.0 U/L); ALT 425 (20.0 100.0 U/L); otherwise NSF T4- WNL U/A - NSF except USG 1.017 and pH of 6

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 3.9 cm. The left kidney measured 3.65 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** revealed hyperechoic lipid plaque at the caudal pole measuring 0.5 cm. Other hyperechoic lipid plaques were noted. Slight undulating contour was noted. The spleen was mildly enlarged and measured 1.15 cm. Hypoechoic nodular changes were noted medial to the spleen.

Liver

The **liver** revealed multi-focal, expansive coalescing nodular changes creating a mass effect. The mass measured 4.0 cm, yet the margins were ill-defined. The gallbladder was thickened and echogenic consistent with fibrosis. The gallbladder was over distended and congested.



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Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. The mesenteric lymph node was rounded and hypoechoic measuring 0.5 cm.

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.

ULTRASONOGRAPHIC FINDINGS

- Splenic nodular changes and hepatic mass.
- Congested gallbladder, suspect mass obstruction of the common bile duct.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further imaging is necessary to confirm that the hepatic mass is obstructing the common bile duct. FNA of the spleen and liver is warranted. Round cell neoplasia versus carcinoma. The prognosis is extremely guarded depending upon FNA results.





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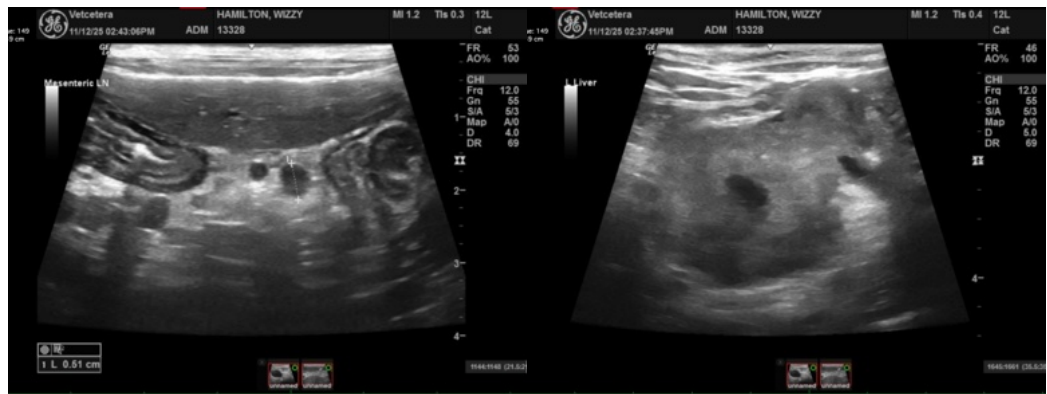
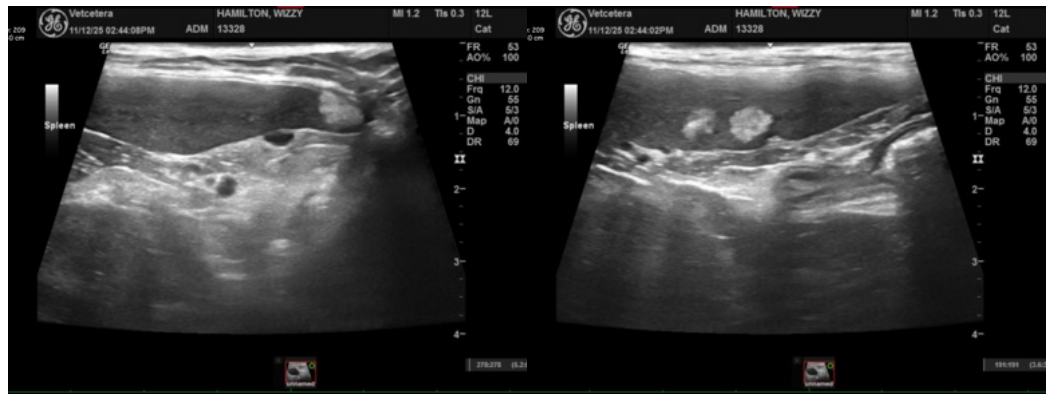
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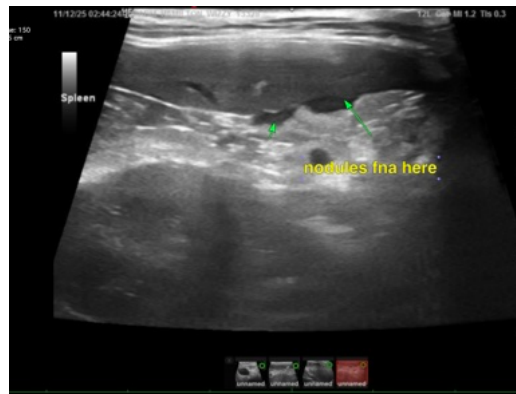
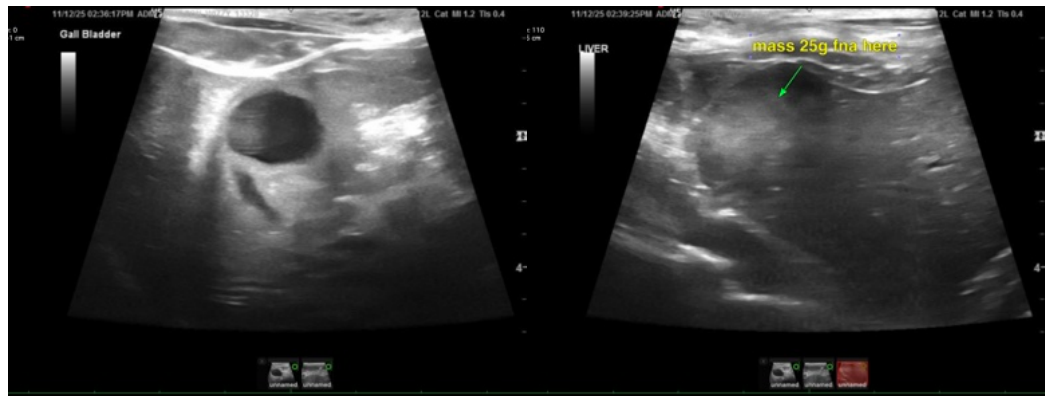
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com