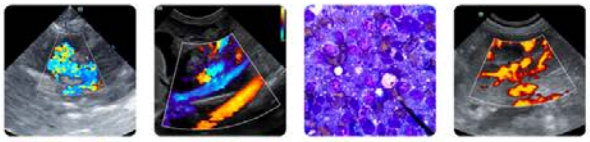

PATIENT

Mittens Hoskins

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

18 Years

WEIGHT

4.9 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Cassidy Smith

HOSPITAL NAME

Viking Veterinary Hospital

REFERRING VET

Dr. Jordan Bateman

INVOICE

72193

DATE

11/30/25

PRESENTING CLINICAL SIGNS

Intermittent vomiting and bloody diarrhea for 3 weeks. Placed on prescription food (unknown kind at that time)

Abnormal PE/Chem/CBC/UA Results: CBC/Chem unremarkable UA unremarkable USG 1.029

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. Minimal amount of urine present at the time of the sonogram. The ureters were not visible which is normal. No uroliths or sediment were visualized. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal. The pelvic urethra was imaged 2.0 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 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Left kidney measured 3.7 cm. Right kidney measured 4.1 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. Left adrenal gland measured 0.40 cm. Right adrenal gland measured 0.40 cm.

Spleen

The **spleen** was mildly to moderately enlarged (1.3 cm) 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.

Liver

The **liver** presented swollen, irregular contour. Isoechoic nodular changes noted, the largest of which measured 1.5 cm. Slight free fluid noted between the liver lobes. The gallbladder wall was echogenic. Mild overdistention of the gallbladder noted. Dilated common bile duct at 0.75 cm. A thickening of 1.7 cm noted at the duodenal papilla. The cystic duct was tortuous.

Gastrointestinal

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable.

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Pancreas

The **pancreas** was hypoechoic and irregular with enhanced surrounding mesentery.

ULTRASONOGRAPHIC FINDINGS

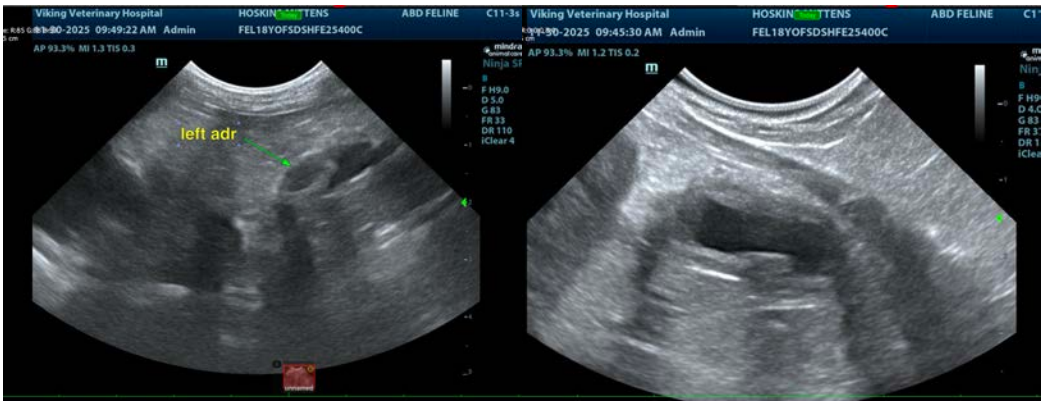
- Dilated/thickened common bile duct - Strong concern for common bile duct neoplasia with some level of post-hepatic obstruction and potential metastatic disease to the liver, versus chronic inflammatory polypoid change.
- Chronic cholangitis pattern to the liver with secondary free fluid.
- Swollen, irregular spleen.
- Chronic pancreatic changes.
- Age related renal and GI changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I'm concerned for occult neoplasia of the spleen and liver in this patient. The common bile duct was thickened at its termination. Concern for chronic inflammatory or neoplastic process. The free fluid between the liver lobes is also concerning, as well as the nodular hepatic changes.

Recommend screening FNA of the spleen and liver. Depending upon those results, eventual surgical exploratory with expectation towards common bile duct deviation procedure and resection of the 1.7 cm thickening at the duodenal papilla may be the best option. Prognosis is very guarded. Even though liver enzymes are not significantly elevated in this patient, pathology of the biliary tree is evident and likely playing a significant clinical role.

If only empirical measures are possible given the age of the patient, then cortisone trial with broad spectrum antibiotics could be considered as a palliative measure, in hoping that the pancreatic, common bile, and splenic presentation are all chronic inflammatory in nature.



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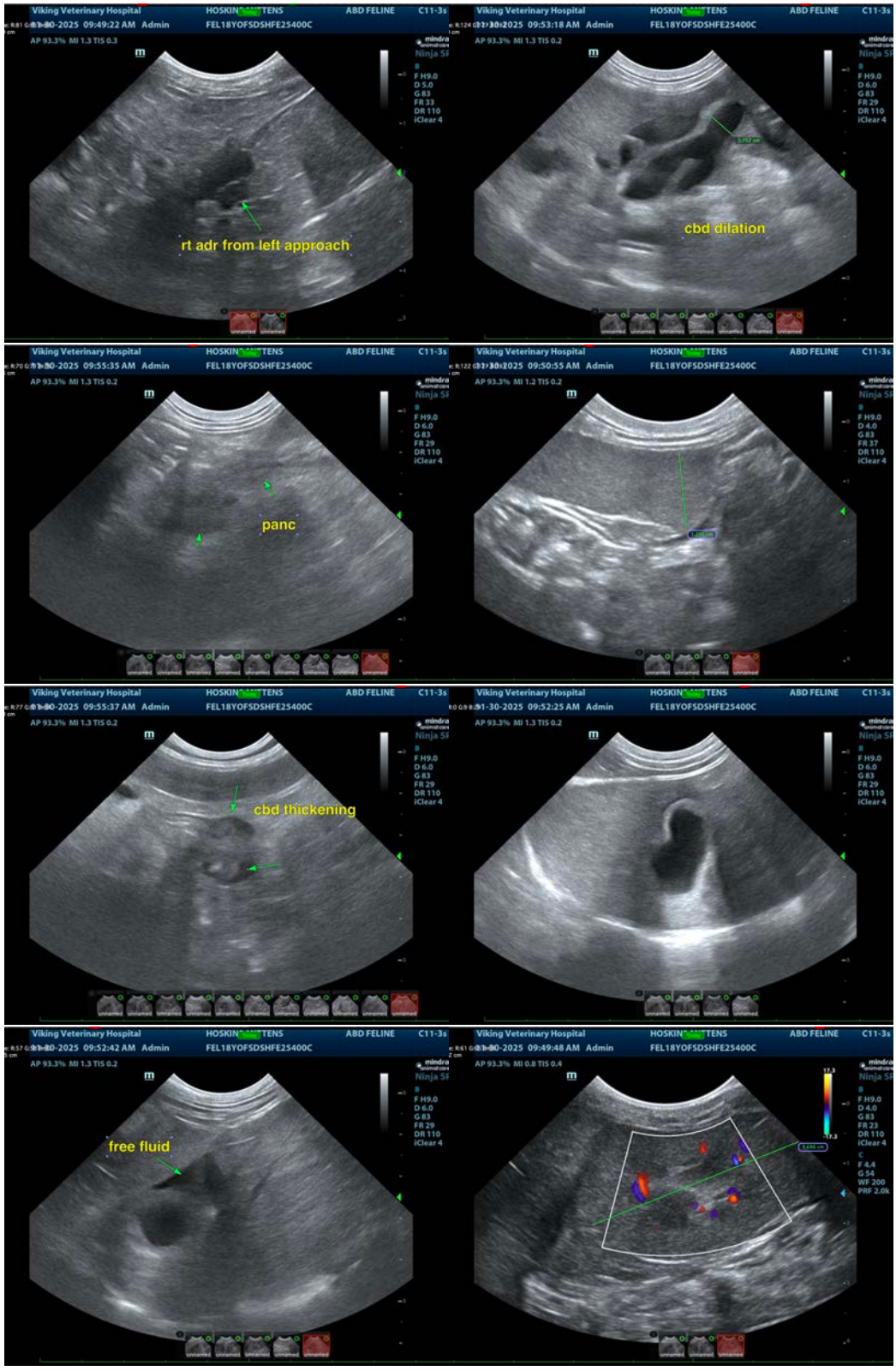

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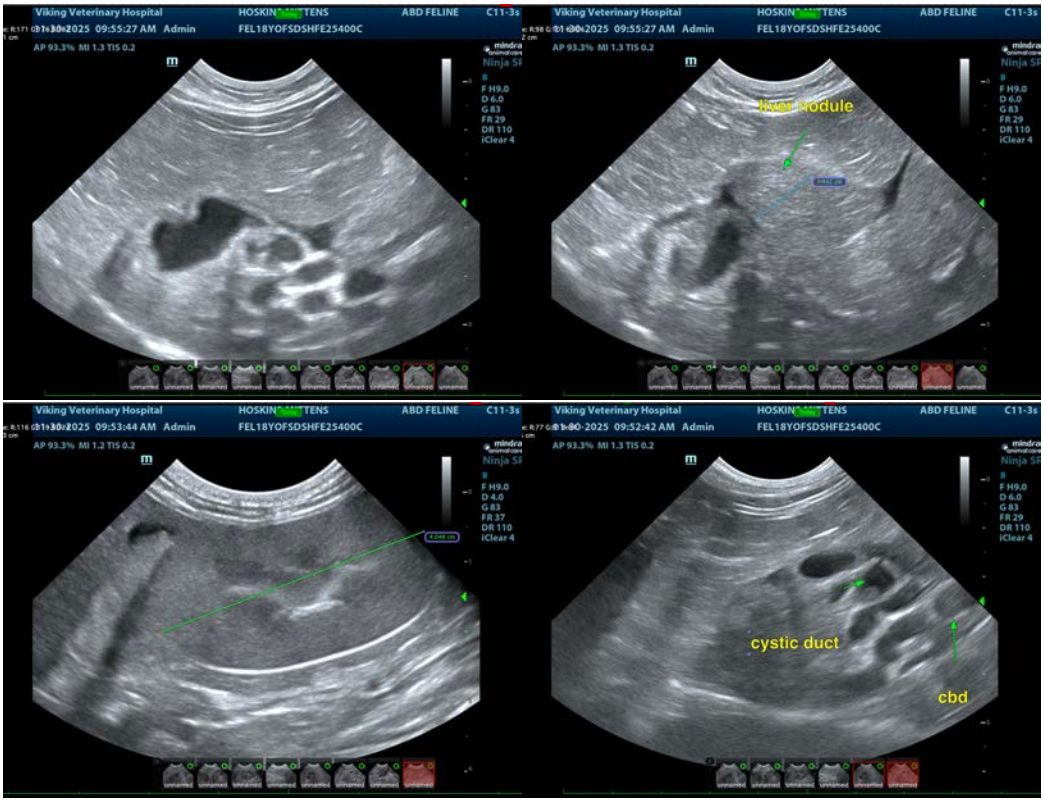

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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