



PATIENT

Coal Buto

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

16 years

WEIGHT

11.5 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Joan Gramazio

HOSPITAL NAME

Shohola VH

REFERRING VET

Dr. Gramazio

INVOICE

68373

DATE

11/5/25

PRESENTING CLINICAL SIGNS

History: Sedated with DKT, weight loss, not eating well and vomiting, PU/PD, blood work is pending at the lab. Liver samples were taken and pending results Currently on Z/D for GI issues

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 kidney measured 3.9 cm. Cortical infarcts were noted in the right kidney. The right kidney presented moderate degenerative changes. The right kidney measured 3.2 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** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

Liver

The **liver** was diffusely hyperechoic to the falciform fat. Mild, heterogenous, cystic parenchymal changes were noted with a cystic and parenchymal nodule that measured 1.6 cm in the left cranial liver. A mild to moderate amount of hepatic remodeling was present. A focal, cranial hypoechoic nodule was noted and measured 1.1 cm. The mid cranial liver revealed a 1.5 x 1.0 cm hyperechoic nodule adjacent to one of the cystic structures. This may represent a biliary carcinoma; however, it is a difficult region to sample. The distal common bile duct was normal at 0.2 cm. The gallbladder was unremarkable.



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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.

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.

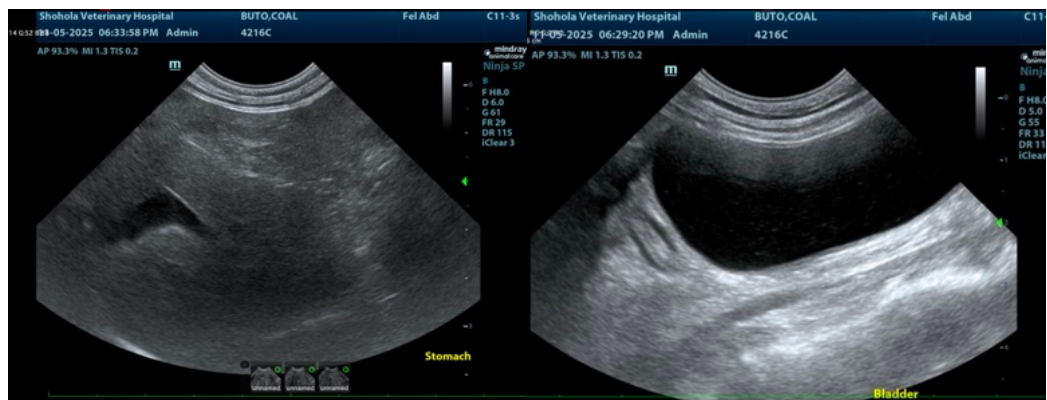
ULTRASONOGRAPHIC FINDINGS

- Biliary cyst adenomatous type hepatic nodules with undefined parenchymal nodule. Other minor microcystic changes were noted in the liver. Potential biliary carcinoma.
- Moderate degenerative right renal changes with cortical infarcts. Mild to moderate on the left.
- Diffuse intestinal thickening without neoplastic criteria.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the weight loss, I am most concerned about potential parenchyma in the liver, primarily in the nodular change. Nodular hyperplasia versus chronic inflammatory hepatopathy and round cell neoplasia can all present in this fashion. The prognosis is guarded depending upon cytology results. The cystic structures are most consistent with biliary cyst adenomas that are very common and benign in older cats. However, the parenchymal nodule is most concerning. Surgical biopsies may be necessary for a definitive diagnosis.

Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.





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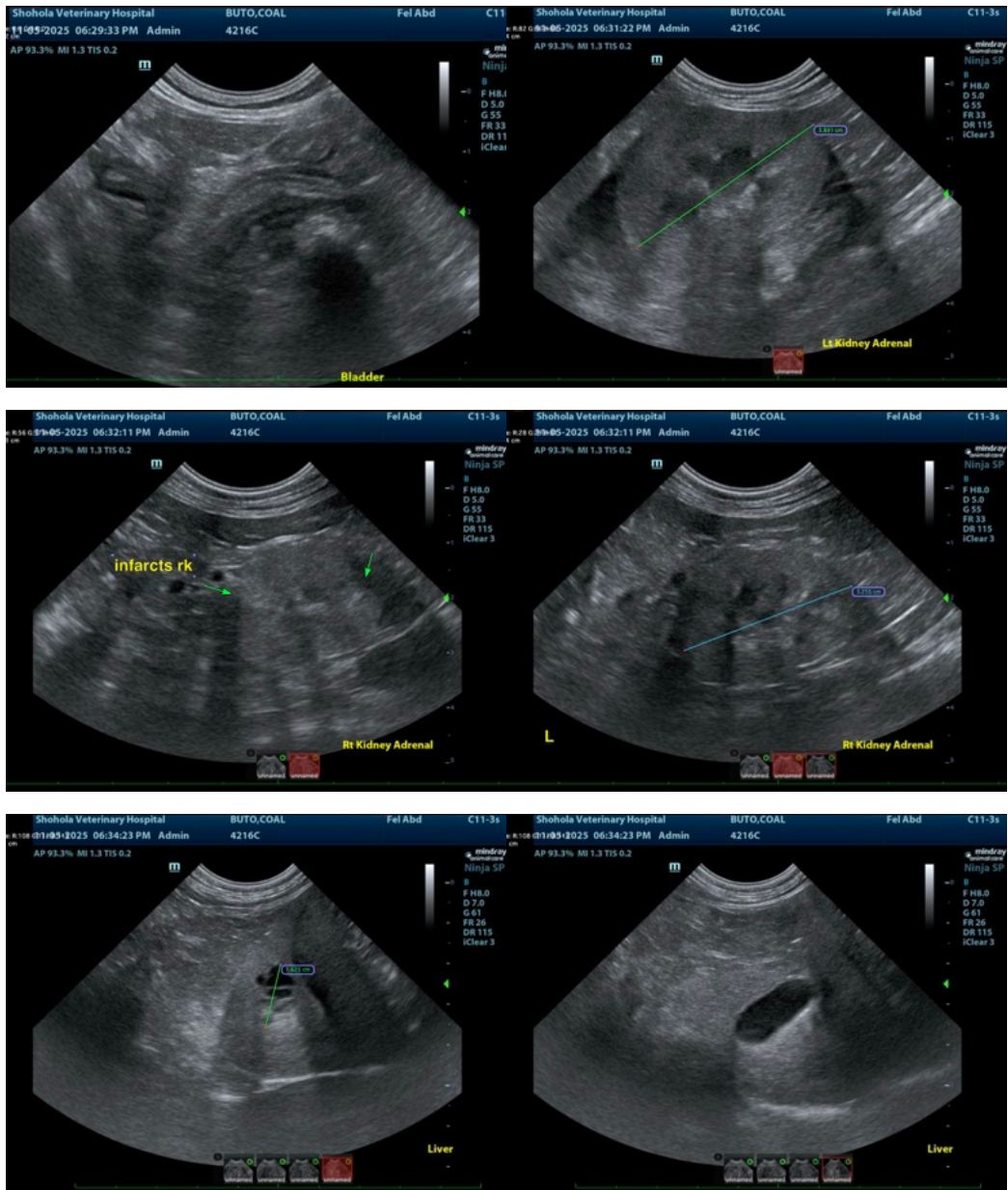
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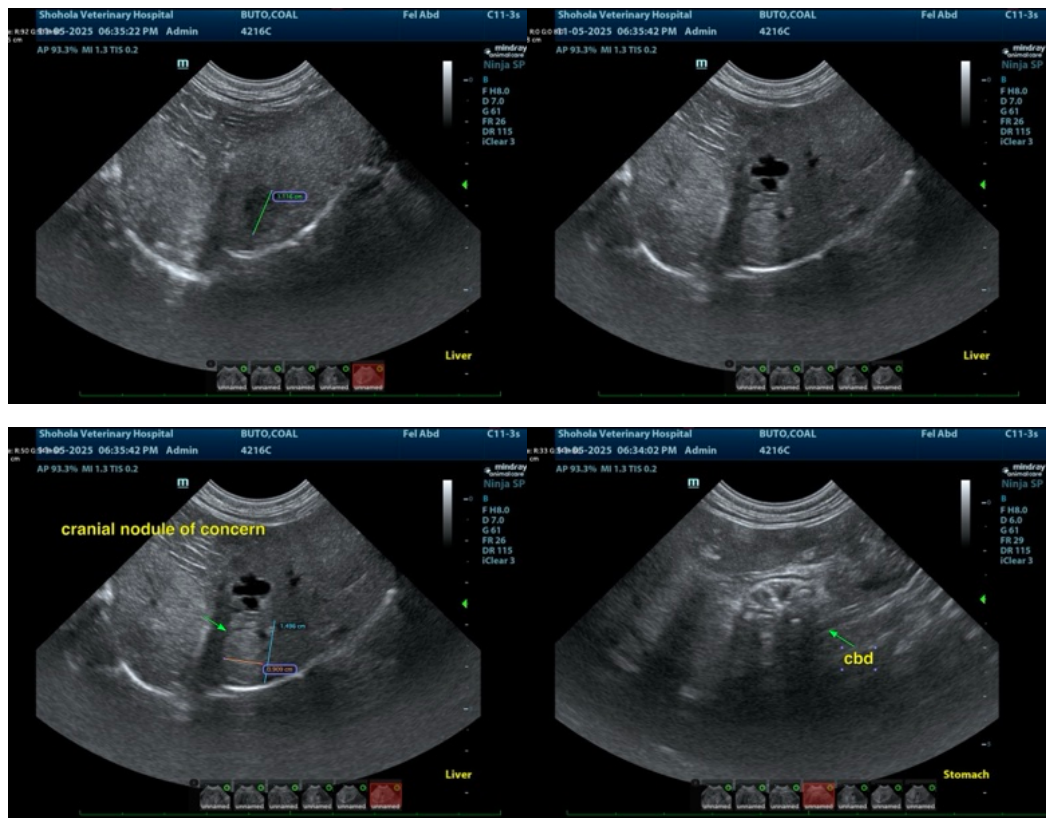
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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