

PATIENT

Vader Kulchar

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

10 Years

WEIGHT

13.8 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Fairview AC

REFERRING VET

Dr. Combe

INVOICE

12760

DATE

12/19/25

PRESENTING CLINICAL SIGNS

Presented after 4 days decreased appetite, scheduled initially for annual exam. Had seen kibble left in the bowl, and some dropping of kibble from his mouth. O had been working on weight loss over the past year, diet is TD. Other cat in home ok, indoors only. On exam marked jaundice noted. nor lesion in oral exam. Tense on cranial abdominal palpation. No palpable mass. Ate wet food in exam room. TPR WNL. Some decreased muscle mass along the spine.

Current Medications zentoniil 200mg 1 PO SID

Abnormal PE/Chem/CBC/UA Results: marked elevation in ALT, ALP, GGT, TBIL, cholesterol, amylase. icteric serum. CBC WNL pancreatic lipase elevated Radiographic Findings no hepatomegaly, no mass effect Primary Question to Be Answered in This Exam hepatobiliary disease? is a liver disease, obstruction of the hepatobiliary duct or due to severe pancreatitis, Neoplasia?

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra (to a depth of 2.0 cm) 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 were 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 mild to 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 4.08 cm in length. The right kidney measured 3.8 cm in length.

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. The left adrenal gland measured 0.36 cm width. The right adrenal gland measured 0.35 cm width.

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** presented with diffusely hyperechoic to falciform fat and uniform parenchyma. The gallbladder and common bile duct were unremarkable. No evidence of posthepatic obstruction. The hepatic presentation is consistent with inflammatory hepatopathy and lipidosis and cannot completely rule out round cell neoplasia.



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Gastrointestinal

The **gastrointestinal** presentation revealed minor uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No concerning lymphadenopathy was visible. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility.

Pancreas

Hypoechoic irregular pancreatic limb was noted in the left limb of the **pancreas** with enhanced surrounding mesentery. A portion of the pancreas was undifferentiated and cannot rule out a neoplastic event such as pancreatic lymphoma yet not suspected. Slight free fluid was noted adjacent to the left pancreatic limb.

ULTRASONOGRAPHIC FINDINGS

- Pancreatitis.
- Lipidosis, inflammatory hepatopathy liver pattern.
- IBD pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

25-gauge ultrasound guided FNA of the liver after coagulation panel is indicated to ensure underlying disease is not an issue. Ultrasound guided FNA of the pancreas is ideal with cytology and culture. There is no evidence of posthepatic obstruction. The liver disease is diffusely parenchymal and would be best served by ultrasound guided FNA cytology and culture, however, both pancreatitis and cholangiohepatitis appear to be evident. Sampling to assess inflammatory cell type as well as rule out occult neoplasia would be indicated. Lipidosis type protocol is warranted in the meantime with feeding tube. Broad spectrum antibiotics and pain management are all indicated.





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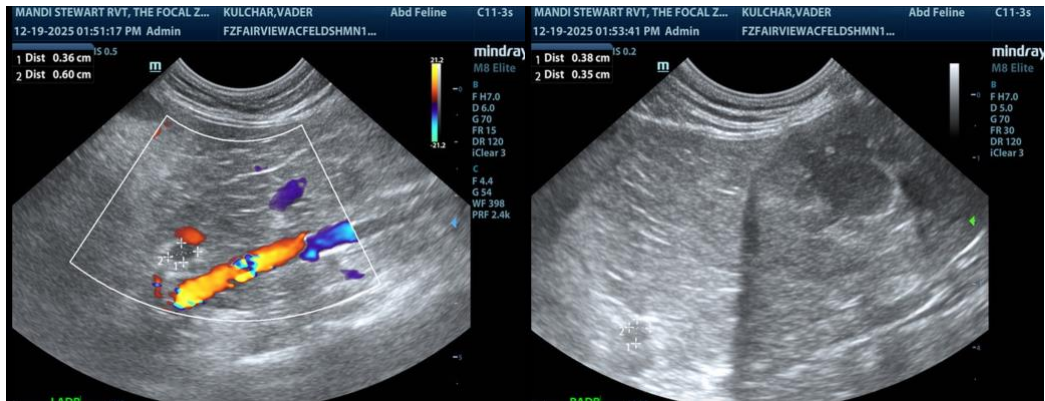
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,

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