



PATIENT

Gracie Czilinger

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

12 Years 5 Months

WEIGHT

N/A

INTERPRETED BY

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

IMAGING PERFORMED BY

Vincent Ravancho, CVT

HOSPITAL NAME

Blairstown AH

REFERRING VET

Dr. Summers

INVOICE

35051

DATE

12/22/25

PRESENTING CLINICAL SIGNS

History: Icteric, decreased weight. Clinical findings: wt loss, no palpable mass Current meds: None
Abnormal PE/Chem/CBC/UA Results: AST 445,, ALT 862, ALP 204, T.Bili 8.1 BUN 44, SDMA 21.6 WBC
16,300 Neut 12,062

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 kidneys measured 3.0 cm each.

Adrenal Glands

The regions of the **adrenal glands** 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** presented increased portal markings and coarse architecture, consistent with chronic cholangiohepatitis. Minor gallbladder overdistention with debris was noted. No overt evidence of neoplasia, however, cannot rule out emerging round cell round cell neoplasia.

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 malabsorption of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable. This is a moderate change.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was



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observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation, then low-grade smoldering chronic pancreatitis should be suspected.

Free Abdomen

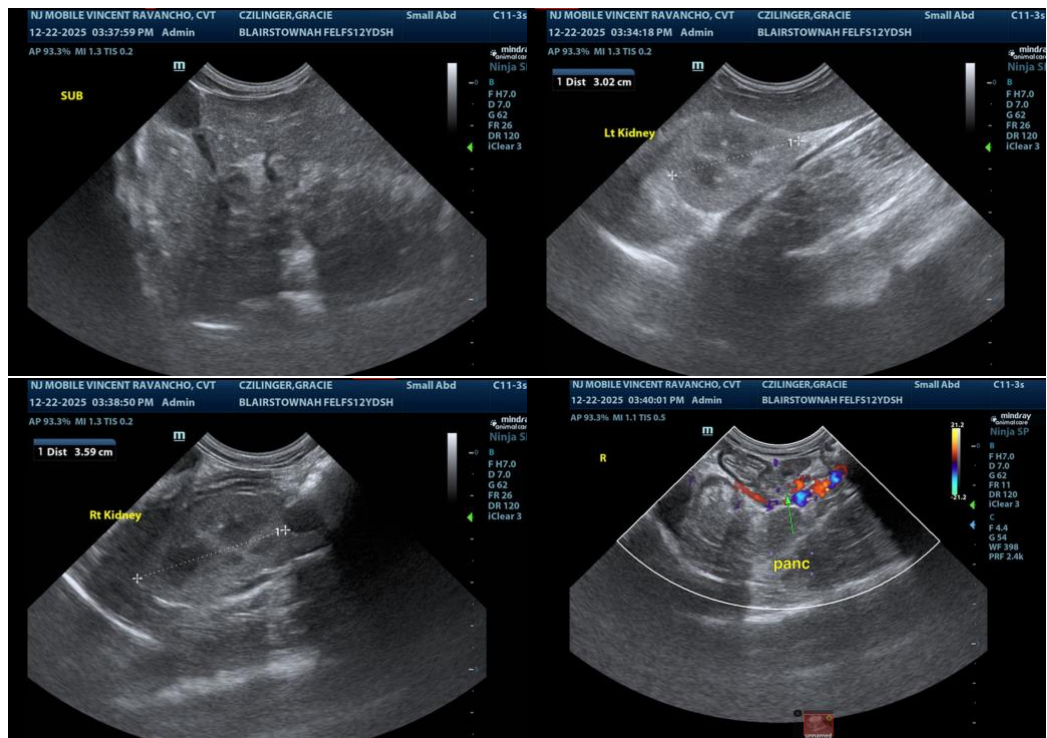
Occasional mesenteric and epigastric **lymph nodes** were noted.

ULTRASONOGRAPHIC FINDINGS

- Chronic cholangiohepatitis
- Inflammatory bowel presentation
- Age-related renal and pancreatic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA of the liver with cytology and culture +/- cholecystocentesis would be ideal in this patient. Prognosis is guarded. Chronic infectious disease, such as toxoplasmosis and bartonella should be ruled out. Enrofloxacin/clindamycin, ursodiol, and nutraceuticals are all indicated. The bilirubin elevation is owing to diffuse parenchymal disease. No evidence of posthepatic obstruction.





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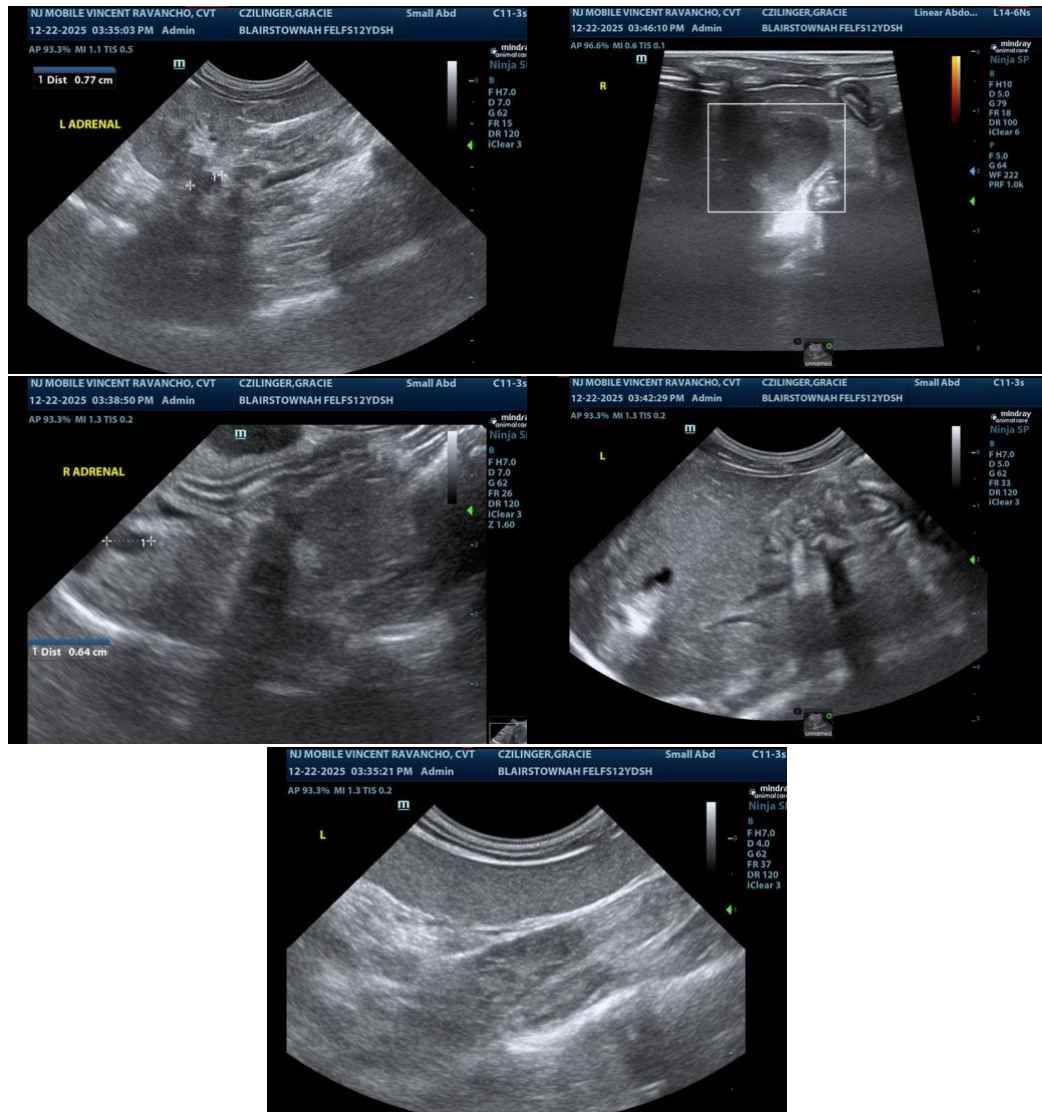
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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