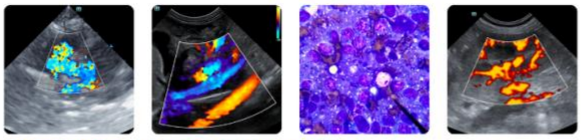


DATE

12/9/25

PATIENT

Kidden Lodgen

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

12/11/12

WEIGHT

8.2 Pounds

INTERPRETED BY

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

HOSPITAL NAME

Chadwell AH

REFERRING VET

Dr. Heydt

INVOICE

36819

PRESENTING CLINICAL SIGNS

Patient History: P presented on 12/8/25 for inappetence and hiding for 36hr. O notes that p did not want to come out to eat on Saturday and vomited. Since has been hiding under dresser. O took to AEH for assessment and was deemed stable to wait until Monday for rDVM. O notes p had not had any elimination and no appetite.

No hx of new treats or food and no hx of ingestion of any FB but O did put up Christmas tree recently
On examination, p was BAR, MM- sl icteric, tacky; CRT<2sec. CV/Resp - WNL; Abd - NSF, soft palpable bladder; no pain on palpation. Bloodwork revealed elevated ALT and Total bilirubin. Hospitalization for additional diagnostics and treatment were recommended and approved by O.

Current Medications: Cerenia - 0.36cc IV SID (started 12/8/25), Ampicillin (250mg/ml) - 0.3cc IV BID (20mg/kg) (started 12/8/25), Baytril (22.7mg/ml) - 0.4cc IV BID (2.5mg/kg) (started 12/8/25)
Labwork Results: Labwork not attached, reported as: CBC: WNL. Chemistry: Total bilirubin 7.5 mg/dL; ALT - too high to read; cholesterol 251 mg/dL, amylase 495 U/L; globulin 5.3 g/dL. Radiographs: hepatomegaly; no evidence of gallstone or mineralization; intestines appear inflamed but no obvious obstruction or FB. Heterogenous material in distal colon; bladder moderately full but no evidence of urolith or mineralization; vertebral spondylosis deformation L1-L2
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: STAT requested.
Imaging Performed by: Rachel Brilhart, RDMS.

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 mild 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. Slight mineralizations were noted. The left kidney measured 4.09 cm. The right kidney measured 4.40 cm.

Adrenal Glands

The **adrenal glands** were mildly enlarged with mineralization bilaterally. The right adrenal gland measured 0.67 cm. The left adrenal gland measured 0.6 cm.

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** revealed coarse architecture and increased portal markings. Subjectively benign hepatomegaly was noted. The gallbladder was mildly overdistended. The common bile duct was dilated with a 0.62 cm calculus lodged at the duodenal papilla. This has surgical criteria. The cystic duct was tortuous.

Gastrointestinal

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal. Muscularis/mucosal ratio was 1:1. 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

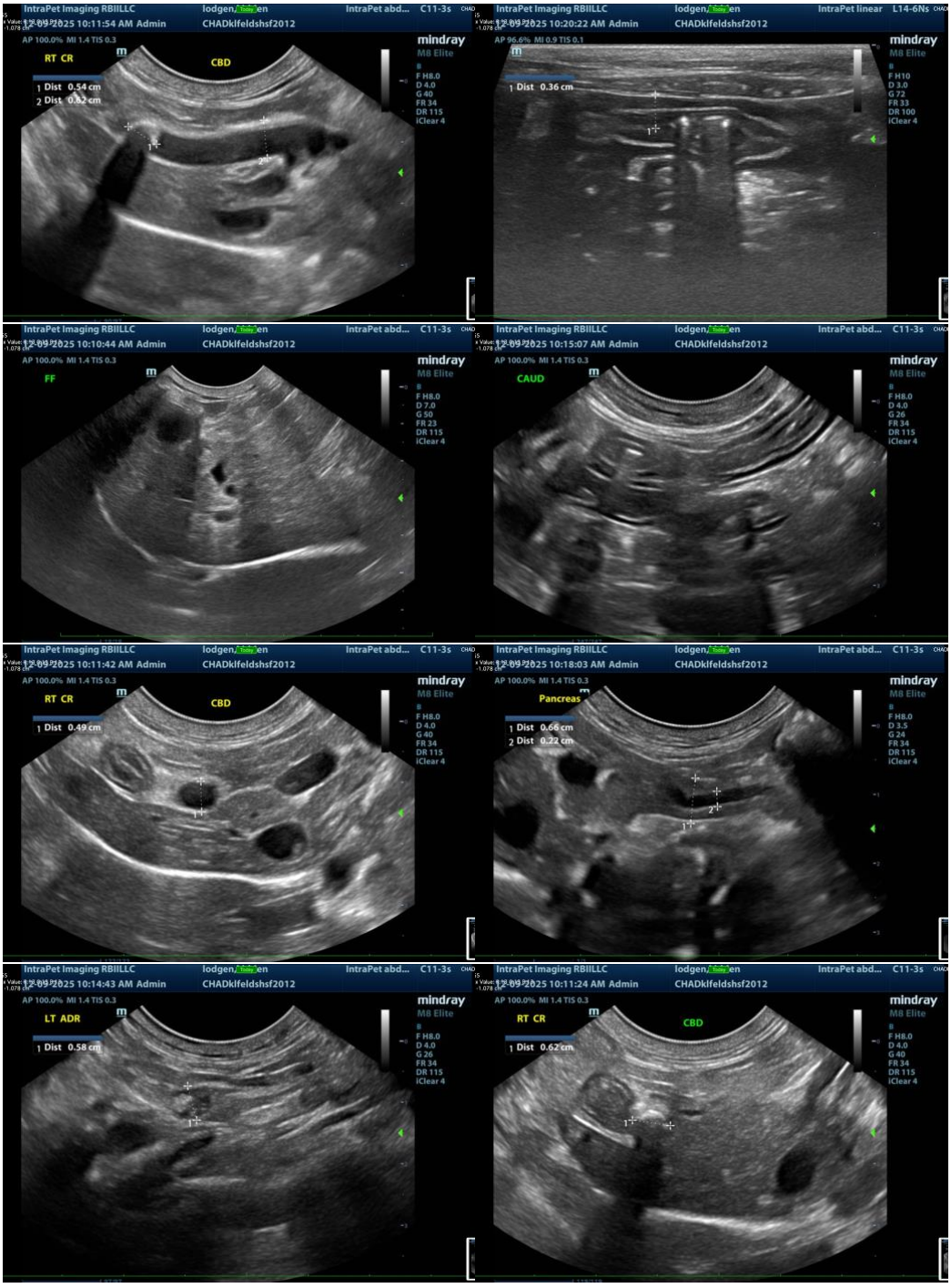
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some moderate parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. 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. The pancreas measured 0.66 cm in left base with duct dilation (0.22 cm).

ULTRASONOGRAPHIC FINDINGS

- Bilateral adrenal mineralization and mild enlargement
- Common bile duct calculus lodged at the duodenal papilla with post hepatic obstruction
- Subjectively benign hepatomegaly
- Possible low-grade pancreatitis and inflammatory bowel yet no neoplastic criteria is noted.
- Age-related renal changes with mineralization

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Surgical intervention with liberation of the common bile duct +/- bile duct deviation is indicated. GI biopsies would be ideal given the convenience of the procedure. Deep subxiphoid palpation would likely create a pain response. No evidence of neoplasia.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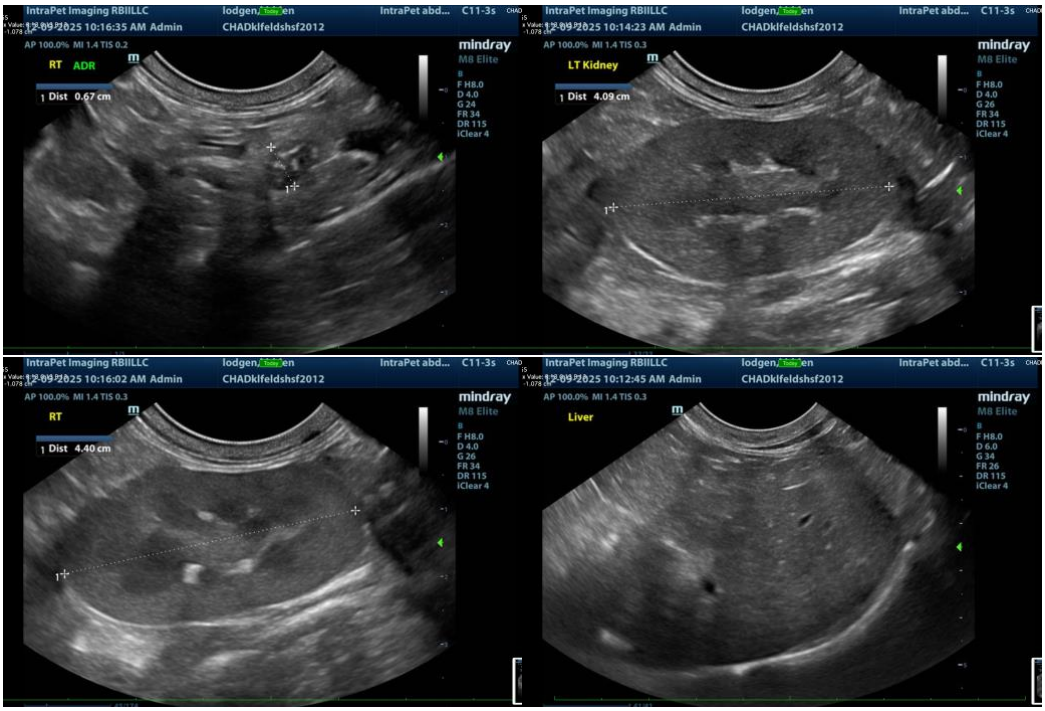

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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