



## PATIENT

Kit Cat Cease

## SPECIES

Feline

## BREED

DMH

## SEX

Neutered Male

## AGE

9.5 Years

## WEIGHT

3.1 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Melissa Randolph

## HOSPITAL NAME

Shores Veterinary  
Center

## REFERRING VET

Dr. Laurie Brewer

## INVOICE

73168

## DATE

2/22/26

## PRESENTING CLINICAL SIGNS

Originally seen 2/18 for weight loss, lethargy, and anorexia. admitted for supportive care for pancreatitis, uncontrolled hyperthyroidism, hypertension, stress cystitis. discharged with cerenia, clavamox, buprenorphine, benazepril, mirataz, fortiflora. Prior history of hyperthyroid, gallop rhythm with abnormal ProBNP, kidney disease/ infection, high blood pressure, pancreatitis.

Recheck 2/21 for lethargy, nausea, drooling. owner noting pain. has not been eating well. admitted for supportive care: iv fluids, cerenia, famotidine, unasyn, benazepril, mirataz, buprenorphine. NG tube was placed, initial aspiration of 76 ml air, 2nd aspiration 1 ml gastric fluid and 1 ml air. Concern for hyperthyroid, possible fatty liver or other liver issues, worsening pancreatitis, abdominal mass, enlarged LN, other

Abnormal PE/Chem/CBC/UA Results: PE: 2/21 Temp 104; dull/depressed; pain 2/4; Non reactive to abdominal palpation, very gassy fluid bowel; Muscle atrophy, moderate to severe generalized muscle wasting 2/18: ALP 163 H, cbc: neu 14.50, lym 0.50 L, T4 8.6 H, fpL 5.5 abnormal 2/18 urine: rbc<5/hpf, wbc <5/hpf, urine hazy, protein trace, pH 6, usg 1.048 2/19 urine: rbc 6-20/hpf, wbc < 5/hpf 2/22: epoc: normal; liver panel: alt 148, alp 226, ggt 13, t bili 2.1; fpl: 11.7 abnormal 2/22 rads: stomach severely distended with gas and gas in small bowel small, density in mid abdomen (LN?)

## 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 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 3.86 cm. Right kidney measured 3.9 cm.

### Adrenal Glands

The **adrenal glands** were uniform, yet bilaterally swollen and hypoechoic. This is most consistent with stress-induced hyperplasia. Adrenal glands measured 0.50 cm each.

### 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.



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**Liver**

The **liver** presented a gallbladder and cystic duct there were overdistended, with multiple biliary calculi and parenchymal calculi. Lobar biliary duct dilation noted, consistent with post-hepatic obstruction. The biliary tree was thickened as well.

**Gastrointestinal**

Examination of the **gastrointestinal tract** revealed variable minor areas of stasis, but transit appeared to be occurring normally. Structure was unremarkable.

**Pancreas**

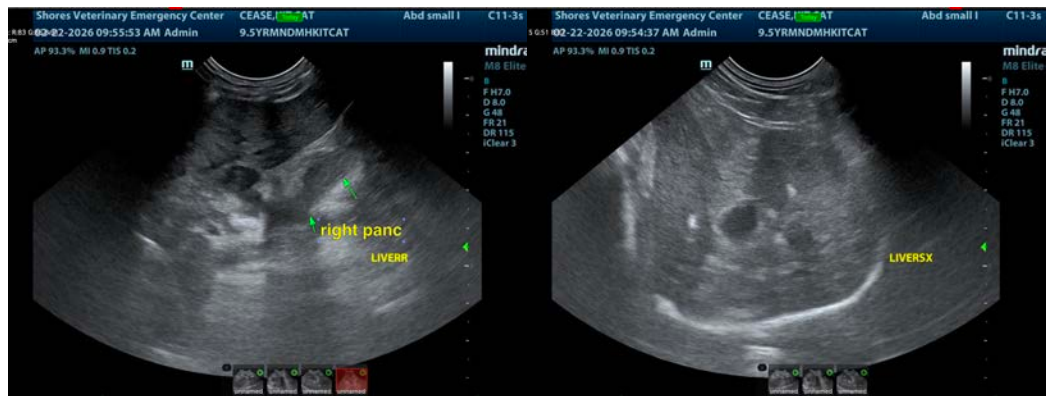
The pancreas revealed undulating hypoechoic parenchyma in both the left and right limbs with dilated duct. The right pancreatic base was nebulous and enveloped the distal common bile duct at the level of the duodenal papilla. The common bile duct was dilated up to 6.0 mm with echogenic debris and calculi, with a calculus embedded in the duodenal papilla.

**ULTRASONOGRAPHIC FINDINGS**

- Chronic cholangiohepatitis with post-hepatic obstruction and obstructive cholelithiasis.
- Concurrent pancreatitis.
- Bilaterally swollen adrenal glands.
- Age related renal changes.
- Minor gastrointestinal stasis.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Surgical intervention is recommended in this patient to deviate the common bile duct, debride necrotic tissue. Potential cholecystectomy with liver biopsy and pancreatic biopsies with a J-tube placement likely in this patient's best interest. Prognosis is guarded. No overt evidence of neoplasia.





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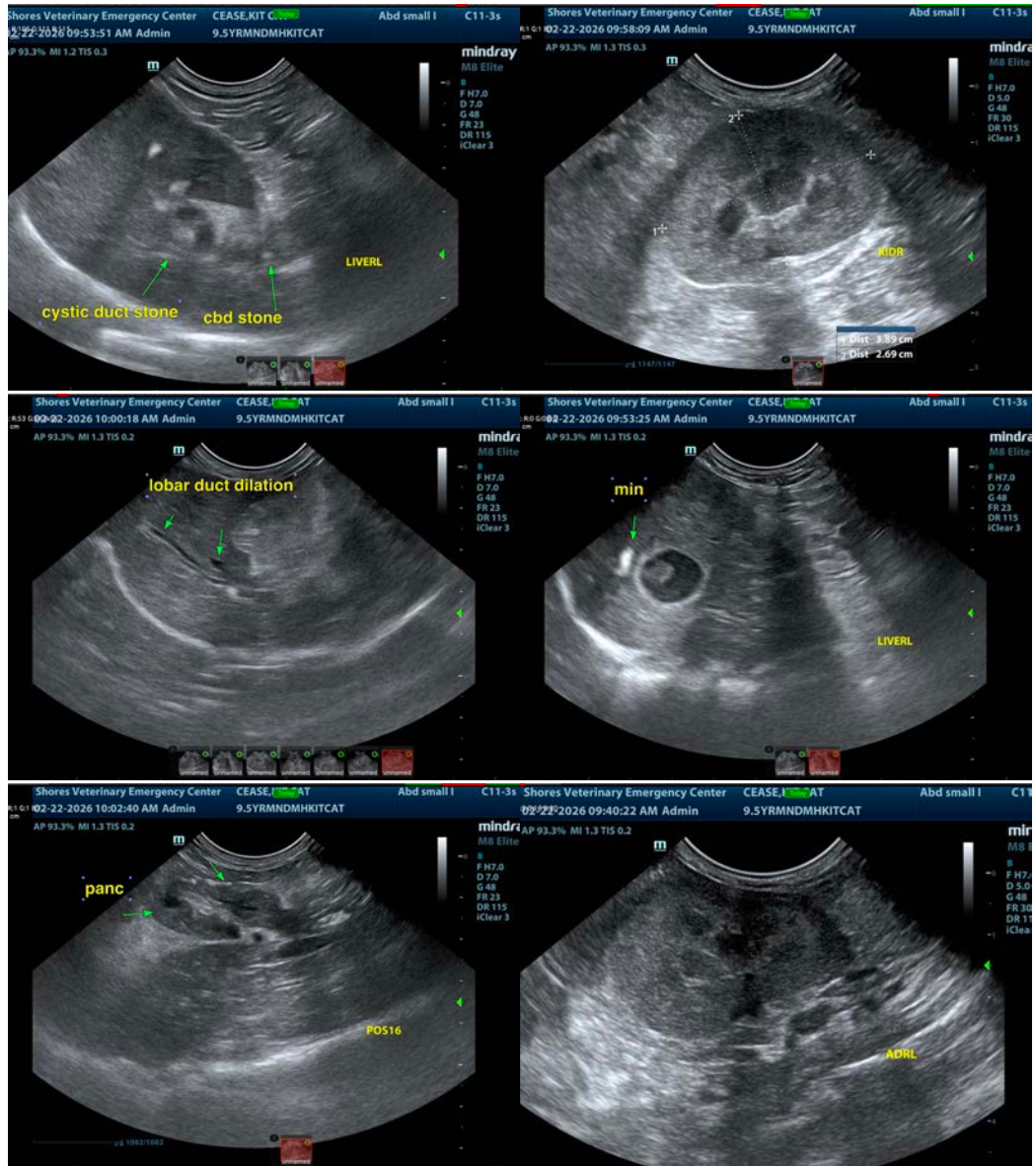
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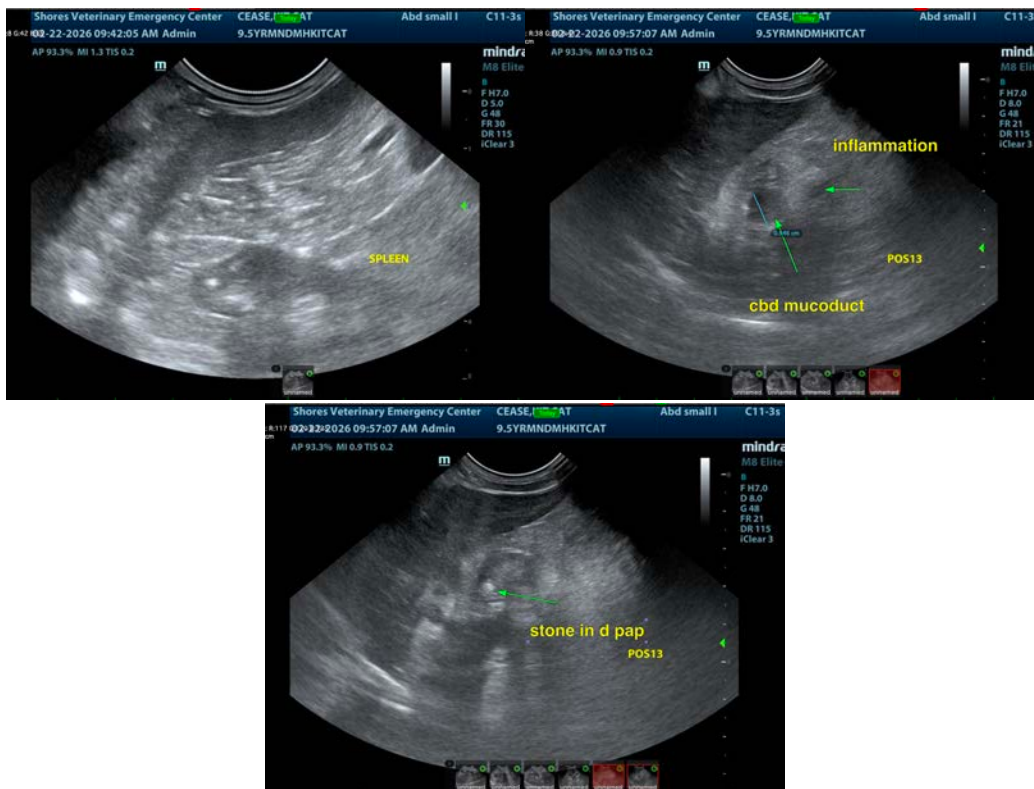
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,  
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[info@SonoPath.com](mailto:info@SonoPath.com)