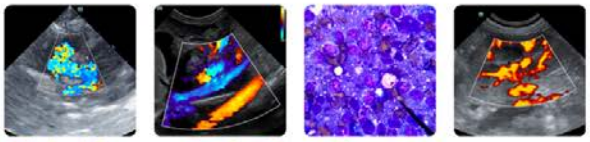

PATIENT

Meatloaf Goffredi

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

14 Years

WEIGHT

7.4

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Brittany Wolfe

HOSPITAL NAME

HomeVets

REFERRING VET

Dr. Brittany Wolfe

INVOICE

73711

DATE

3/13/26

PRESENTING CLINICAL SIGNS

Weight loss, chronic vomiting that has worsening recently, decreased appetite. Hx of constipation

Abnormal PE/Chem/CBC/UA Results: Mild Lymphocytosis, monocytosis, and eosinophilia Mild SDMA elevation (15) reminder of cbc/chem/t4 wnl

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 **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. Slight pyelectasia noted. The kidneys measured 4.5 cm each with slight pyelectasia noted.

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

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 overdistended gallbladder and cystic duct with multiple calculi throughout the hepatic parenchyma, cystic duct, and common bile duct. A cystadenomatous type mass was noted in the right medial liver measuring approximately 3.0 cm. Adjacent lobar biliary calculi noted. Chronic dilation of the biliary tree noted. The termination of the common bile duct appeared to be strictured, and calculi appeared to be present.

Gastrointestinal

The **gastrointestinal** presentation revealed mild 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. Some enhanced mesentery noted. 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.

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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 observed. 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 subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected. Slight pancreatic duct dilation noted.

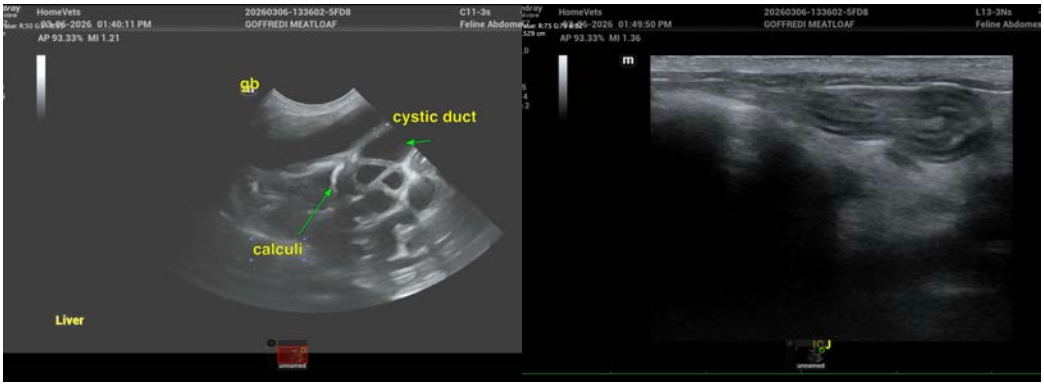
ULTRASONOGRAPHIC FINDINGS

- Extensive biliary calculi and overdistended cystic duct, common bile duct and gallbladder.
- Hepatic mass – biliary cystadenoma versus carcinoma.
- Chronic pancreatic changes.
- Age related renal changes.
- IBD GI pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pancreatic and biliary presentations are likely playing a role in the clinical signs. Surgical intervention with bile duct deviation procedure, lavage, and potential debulking or removal of the liver mass could be considered. However, it may be significantly challenging from a surgical perspective. CT evaluation indicated. Medical management typically does not work readily in this type of presentation, given the physical obstruction or stricture of the common bile duct. Even though bilirubin elevations are not an issue currently, discomfort in the area of the right pancreatic limb and common bile duct is likely playing a role in the anorexia. Subxiphoid palpation is recommended to assess for pain or discomfort associated with the pancreas. No overt evidence of neoplasia other than the liver mass, which is likely cystadenoma. However, I cannot rule out carcinoma. FNA of the liver mass could be considered as well.

Images were excessively dark. Post-processing adjustments were made.



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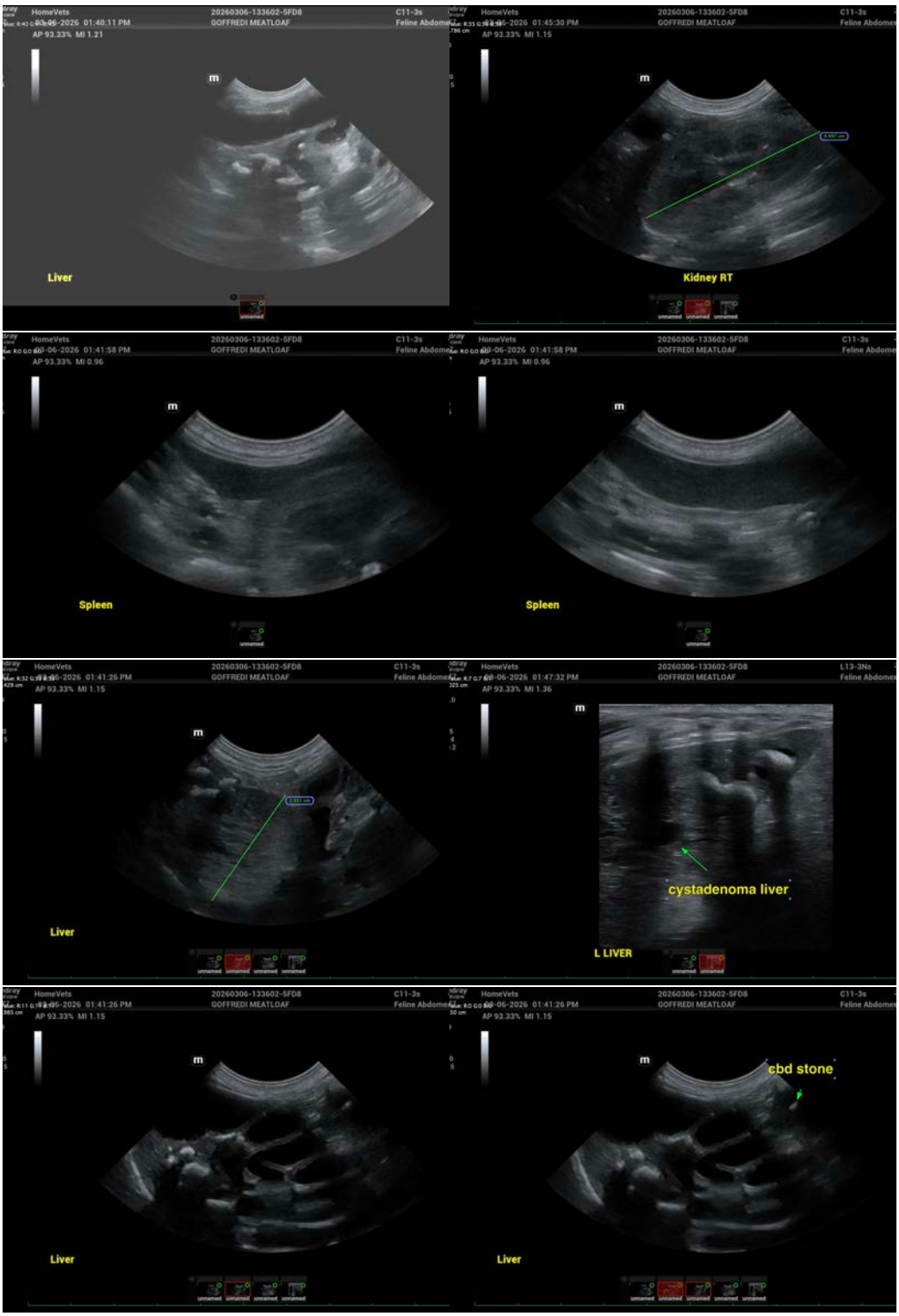

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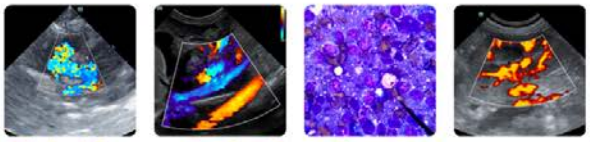

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Educational Teleconsultation Services™

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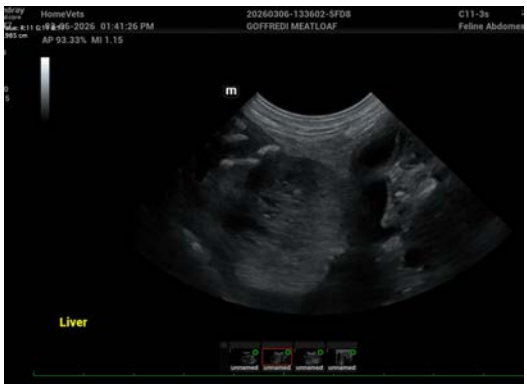

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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