



PATIENT

Mooshu Yarbrough

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

16 years

WEIGHT

9 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Gudrun Gunther

HOSPITAL NAME

New Frontier Animal
Medical Center

REFERRING VET

Dr. Schobert-Nichols

INVOICE

74083

DATE

4/2/26

PRESENTING CLINICAL SIGNS

- Current #1 concern: possible mechanical obstruction vs intestinal mass
- Hx: Previous U/S findings = IBD. Food allergy, early small cell lymphoma?
- Dx: Stage 2 CKD - now normal labs this week
- Intermittently ausculted Grade II heart murmur, systolic

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.

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. Pinpoint mineralization was noted. The left kidney measured 3.53 cm. The right kidney measured 4.17 cm.

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 right adrenal gland measured 0.27 cm. The left adrenal gland measured 0.49 cm.

Spleen

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

Liver

The **liver** was mildly swollen and hypoechoic. The gallbladder was unremarkable. The common bile duct was mildly dilated measuring 0.5 cm with echogenic debris. A 0.32 cm calculus was lodged in the duodenal papilla, which was mildly thickened.

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 malassimilation of nutrients if any weight loss is present. Thickening of the duodenal papilla was noted without overt neoplastic transformation. No obvious neoplastic patterns were noted and luminal content as unremarkable.



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Pancreas

The **pancreas** revealed minor, heterogenous parenchymal changes with regional inflammatory pattern around the common bile duct.

ULTRASONOGRAPHIC FINDINGS

Post hepatic obstruction of the common bile duct with duodenal papilla calculus.

Swollen liver.

Chronic IBD GI pattern.

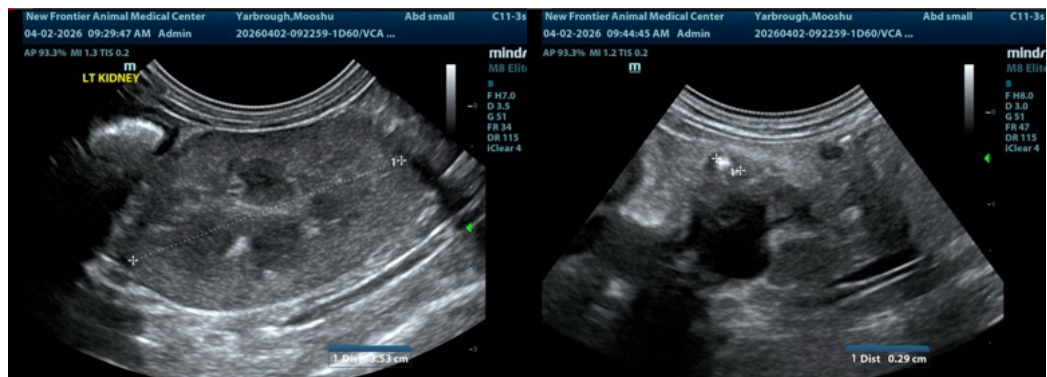
Otherwise, geriatric abdomen.

Minor pancreatitis is likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There were no overt neoplastic criteria noted. There was no muscularis hypertrophy noted at the level of the duodenal papilla. Chronic intestinal disease may be predisposing to duodenal papilla dysfunction.

Surgical intervention is recommended. However, a sonogram should be performed prior to surgery to ensure that the calculus is persistently present.





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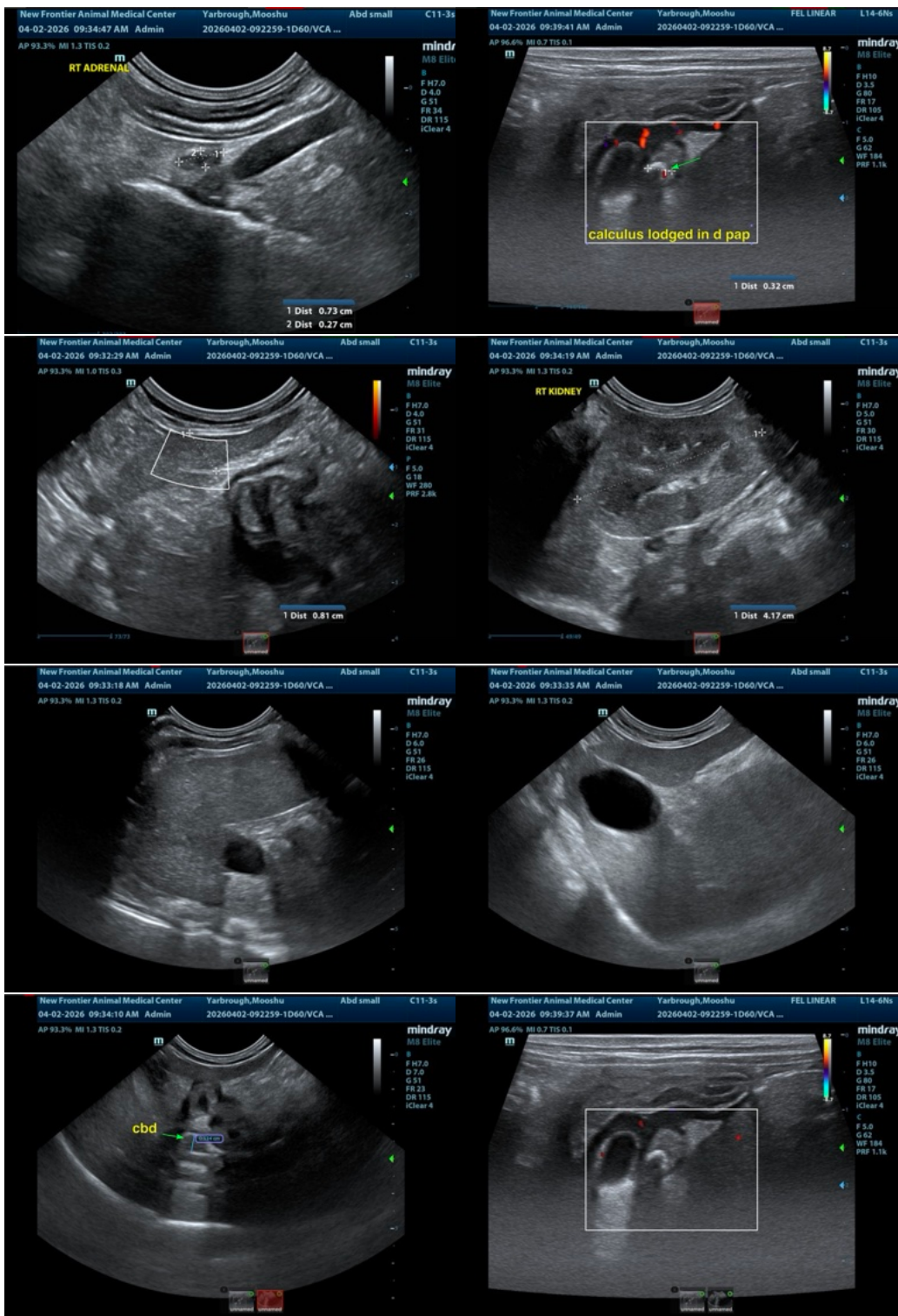
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The information and recommendations provided are based on the images presented by the



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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 of SonoPath.com

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