



PATIENT

Donatello Jaspar

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

11.5 Years

WEIGHT

3.6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Danielle RVT

HOSPITAL NAME

Orchard Veterinary
Care

REFERRING VET

Dr. Antonopoulos

INVOICE

15241

DATE

04/20/26

PRESENTING CLINICAL SIGNS

In Fall of 2022, had two surgeries for gallstones blocking in the CBD by the duodenal papilla. Gets random "gallbladder" flare ups. Recent vomiting, lethargy, anorexia, Currently on Ursodiol SID 62.5 mg, Cerenia as needed. Recently noticed an increase in vomiting, anorexia, weight loss.

CBC: Unremarkable although red cell indices (HCT, RBC and HGB at low end of normal) CHEM: ALT elevated at 223, hyperbilirubinemia (hepatocellular injury/insult, suspect cholestasis and possible biliary inflammation based off US findings UA: 2+ bilirubin

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 normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex. The capsules were acceptably uniform without significant irregularities. Slight pinpoint mineralizations were noted. The left kidney measured 4.0 cm in length. The right kidney measured 3.8 cm in length.

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 left adrenal gland measured 5.0 mm width. The right adrenal gland measured 5.0 mm width.

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 lobar biliary dilation.

The **gallbladder** was thickened, as was the common bile duct and cystic duct. The common bile duct and cystic ducts were tortuous with biliary calculi. The duodenal papilla was mildly thickened. The common bile duct was dilated to a point of 1.29 cm.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine



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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

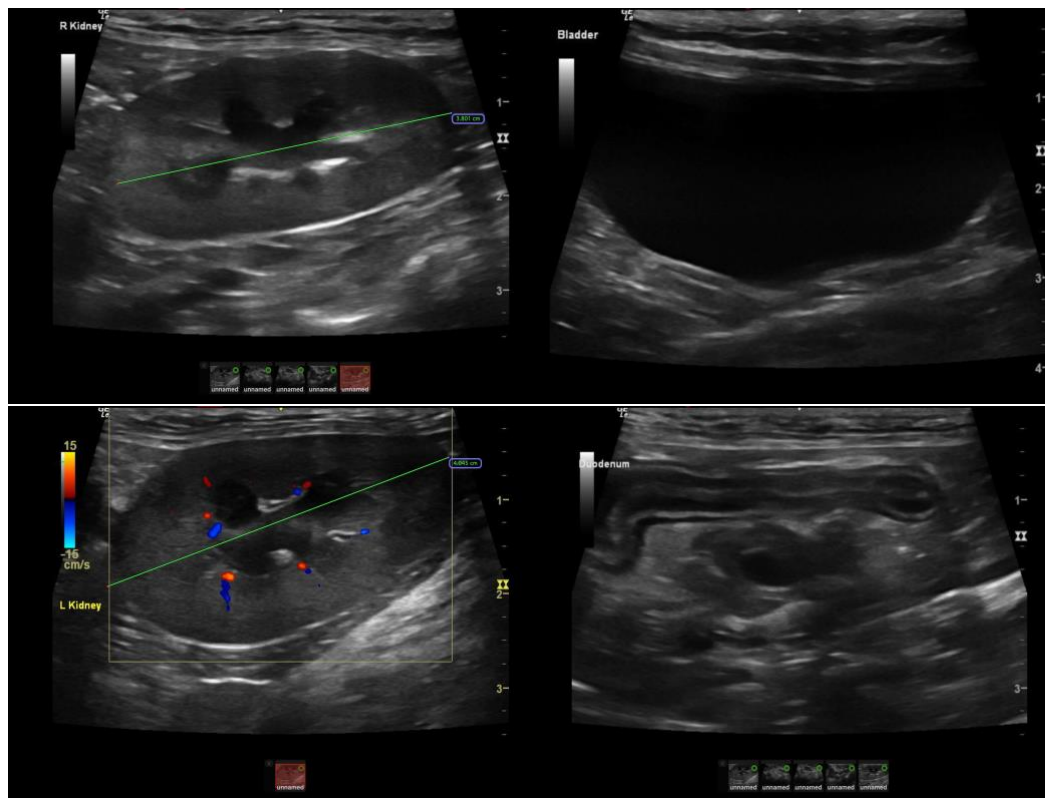
The **pancreas** presented hypoechoic and irregular with enhanced surrounding mesentery consistent with pancreatitis. The right limb of the pancreas presented with a dilated pancreatic duct and hypoechoic parenchyma changes and enhanced mesentery.

ULTRASONOGRAPHIC FINDINGS

- Post hepatic obstruction with biliary calculi.
- Cholangitis/pancreatitis pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Surgical intervention with bile duct deviation procedure, removal of biliary lavage calculi, culture and pancreatic biopsy would all be ideal. J-2 placement may be appropriate at the time of surgery.





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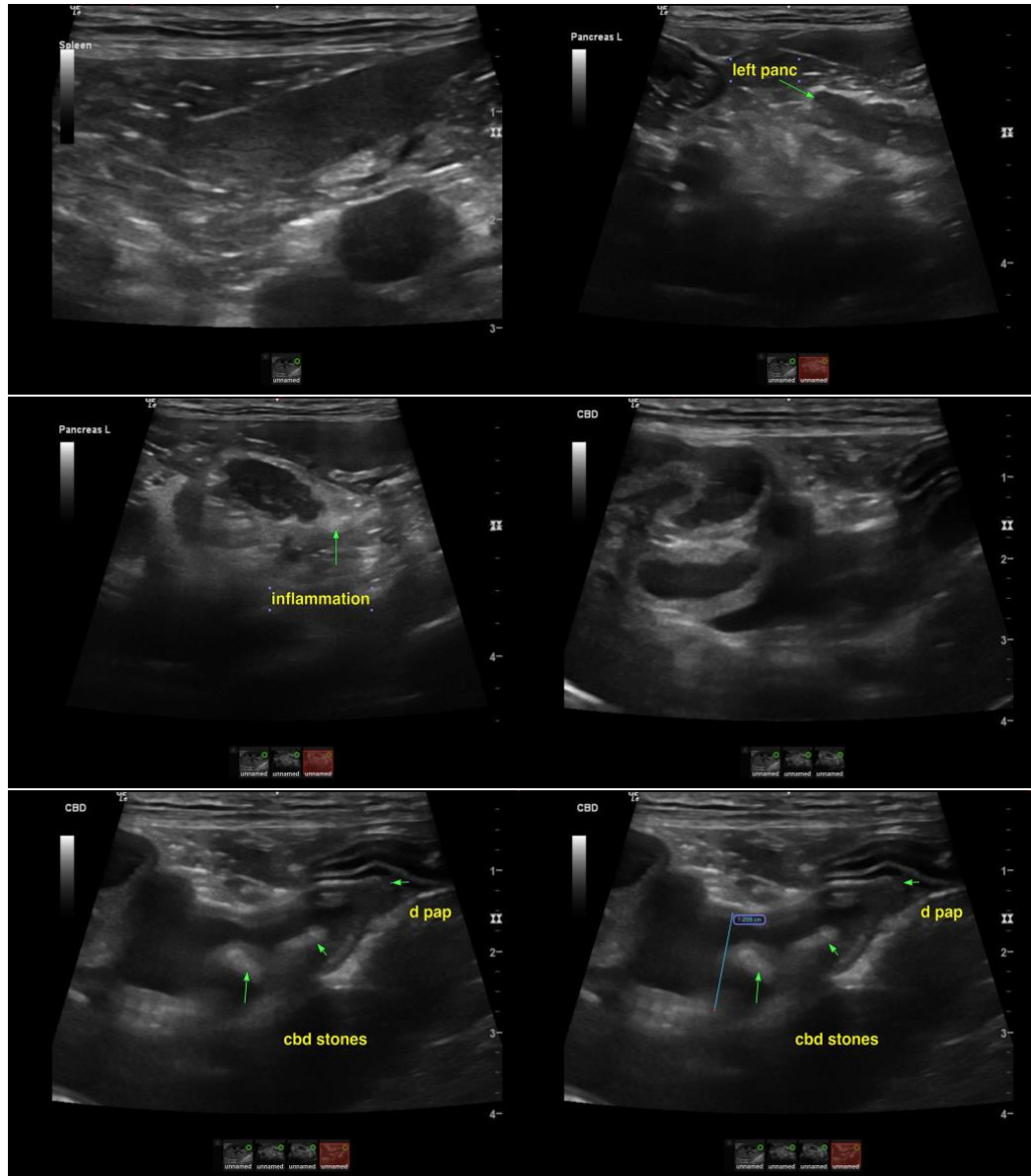
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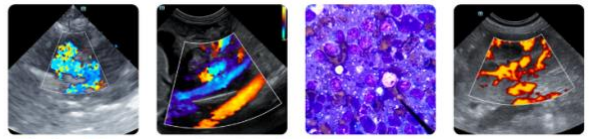
The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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