



PATIENT

Gracie Baty

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

17 Years

WEIGHT

3.5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Lindsay Powell CVT

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

Dr. Brittany Lang

INVOICE

15554

DATE

04/29/26

PRESENTING CLINICAL SIGNS

Presented 4/28 for vomiting and decreased appetite. Client had been syringe feeding her water. Prev hx, pancreatitis, CKD, suspect chronic enteropathy, UTIs Med hx Laxatone gel, metronidazole 50mg SID, pancreplus SID, dexamethasone 0.5mg SID, famotidine 10mg SID, metoclopramide 5mg SID

PE: orbits appear sunken (muscle atrophy) MM pink/ptyalism, CRT <2s, mod-severe tartar/gingival erythema Mild expiratory wheezes, slightly increased bronchovesicular sounds growls on palpation of entire abd; thin body condition Thin, unkempt coat; delayed skin tenting diffuse muscle atrophy MCS 1/3 QAR to dull mentation

CBC: HCT 29.3%, WBC 17.05K (H), Neut 15.64K (H), Lymph 0.34K (L), Baso 0 Chem: Creat 2.1, Phos 1.9 (L), ALT 1930 (H), ALP 253 (H), GGT 6, Tbil 2.7 CPL: >50 EPOC: K 2.8, Lac 4.37, Creat 2.33, Gluc 136 UA: USG 1.028, Prot 500, Blood 250, Bili 3 Rads: Linear pattern of mineralization in the cranial abdomen; suspect intrahepatic biliary mineralization vs other. Stomach appears empty, small intestines uniform in size and contain small amounts of gas. Contour of kidneys is irregular. Small amount of feces within the colon.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra to a depth of 1.0 cm 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 **right kidney** presented with dystrophic changes as well as mineralizations and infarcts. The right kidney measured 3.0 cm.

The **left kidney** revealed a cortical infarct at the cranial pole with adjacent calculus. The capsules were acceptably uniform without significant irregularities. The left kidney measured 3.3 cm in length. Cortical collapse was noted at the cranial pole. Blood flow to the left kidney appeared to be mildly subnormal on color flow assessment.

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 0.40 cm width. The right adrenal gland measured 0.40 cm 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



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The **liver** in this patient presented with severe cholelithiasis involving the hepatic biliary tree within the hepatic parenchyma as well as the common and cystic bile duct. However, the distal common bile duct revealed a tissue proliferation measuring 2.3 by 1.5 cm continuing to the duodenum papilla with a dilation of the common bile duct of 1.0 cm with concurrent calculi. This tissue proliferation is strongly concerning for carcinoma and appears to be entering into the pancreatic duct.

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

Pancreas

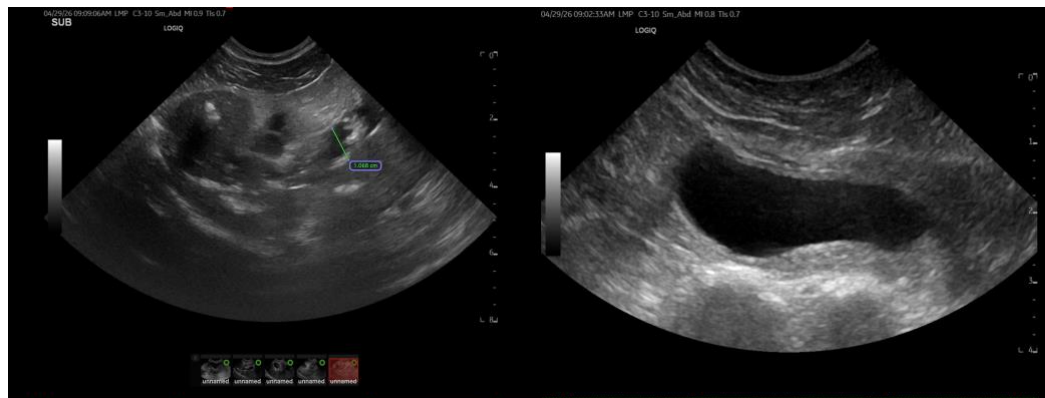
The **pancreas** was enlarged and irregular with a dilated duct and coarse architecture consistent with pancreatitis or carcinoma. Both can present in this fashion.

ULTRASONOGRAPHIC FINDINGS

- Posthepatic obstruction with hepatolithiasis and pancreatitis.
- Dystrophic kidneys with mineralizations and infarcts.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA of the tissue thickening and pancreas as well as liver is indicated or exploratory surgery. Prognosis is guarded to poor.





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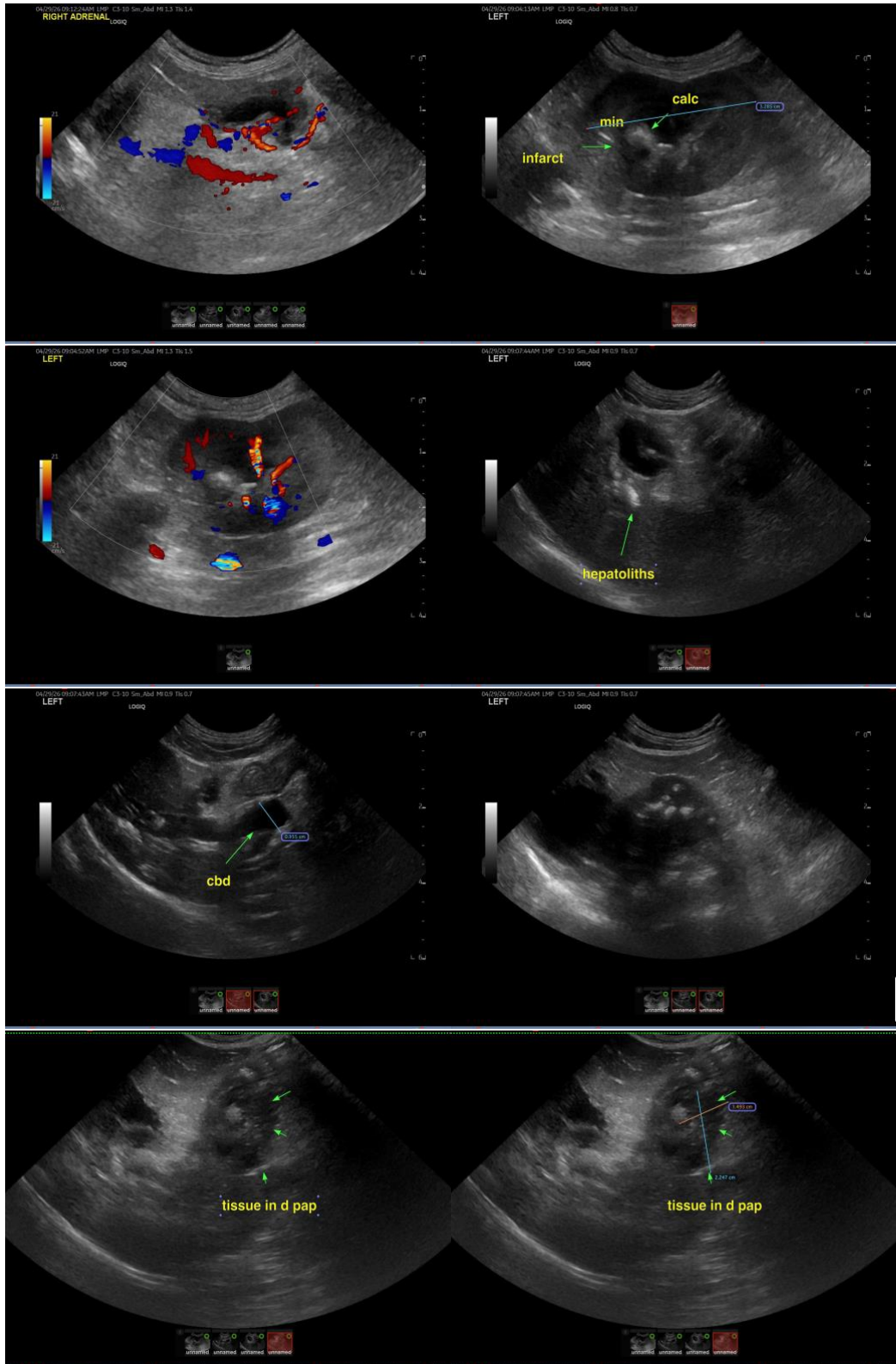
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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