



PATIENT

Minette Stadler

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

17 Years

WEIGHT

Not Provided

INTERPRETED BY

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

IMAGING PERFORMED BY

Eric Lindquist, DMV,
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IVUSS

HOSPITAL NAME

Franklin Lakes Animal
Hospital

REFERRING VET

Dr. Anna Ward

INVOICE

14901

DATE

04/07/26

PRESENTING CLINICAL SIGNS

Cholangiohepatitis, nodule in the duodenum, scant ascites.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed sand accumulation measuring up to 1.1 cm. The bladder itself and urethra were unremarkable. Minimal acoustic shadowing was noted in the sand and should be medically manageable.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor 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 pinpoint mineralizations were noted in the kidneys. The left kidney measured 3.91 cm in length. The right kidney measured 4.43 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 0.43 cm width. The right adrenal gland measured 0.57 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. The spleen measured up to 9.0 mm.

Liver

The **liver** in this patient was swollen. The gallbladder itself was unremarkable. The cystic duct revealed multiple lobar biliary calculi throughout the parenchyma with slight increased portal markings. No duodenal cyst was noted, however, the common bile duct was dilated up to 0.70 cm at the distal aspect of the common bile duct. The proximal common bile duct measured 0.35 cm. A focal 0.50 cm calculus was noted lodged in the duodenal papilla. No evidence of neoplasia was present.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed an 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. The stomach revealed normal wall thickness yet progressively shadowing luminal material consistent with likely hairball accumulation.

Pancreas



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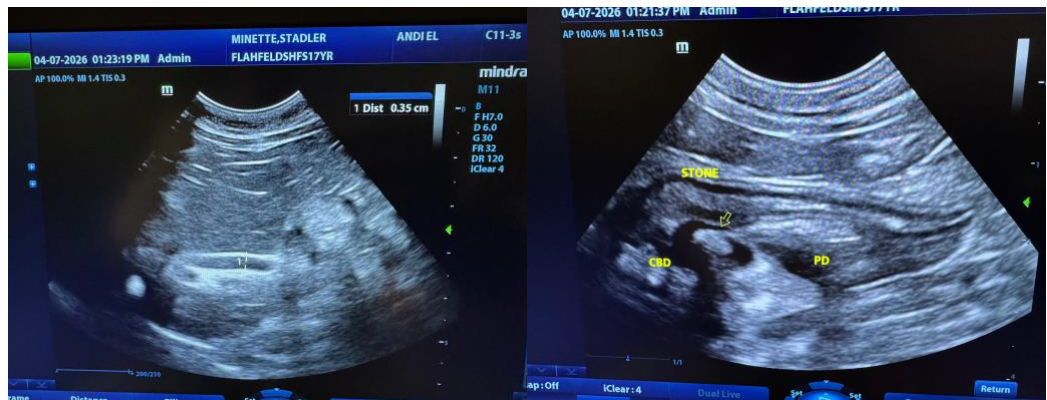
The **pancreas** revealed coarse architecture with swollen irregular contour primarily in the left limb with a positive Murphy sign. The left pancreatic limb measured 1.9 cm.

ULTRASONOGRAPHIC FINDINGS

- Cholelithiasis partially obstructive at the duodenal papilla with calculus.
- Focal ectasia of the common bile duct.
- Hairball density in the stomach.
- Age-related renal changes.
- Mild bladder sand accumulation.
- Low-grade chronic active pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Either surgical intervention with common bile duct lavage and removal of the lodged calculus and liver biopsy could be considered or medical management with ursodiol, pain management, potential broad-spectrum antibiotics if necessary. The hairball density should be managed medically with appropriate oral medications. Urinalysis with dissolution protocol could be considered regarding the bladder sand and management for any evidence of UTI. Ursodiol could be utilized in this patient yet is highly variable patient to patient on its effectiveness of dissolution. This may become a surgical necessity especially if any alkaline phosphates or bilirubin elevations occur or persistent anorexia. Hyporexia or anorexia may be caused by pain related anorexia from either the pancreas or the common bile duct lodged in the duodenal papilla or combination of both. No overt evidence of neoplasia noted however the prednisone therapy could be suppressing a more significant presentation such as round cell neoplasia or multiple myeloma given the patient history. Underlying occult disease such as Bartonella or toxoplasmosis should also be considered.





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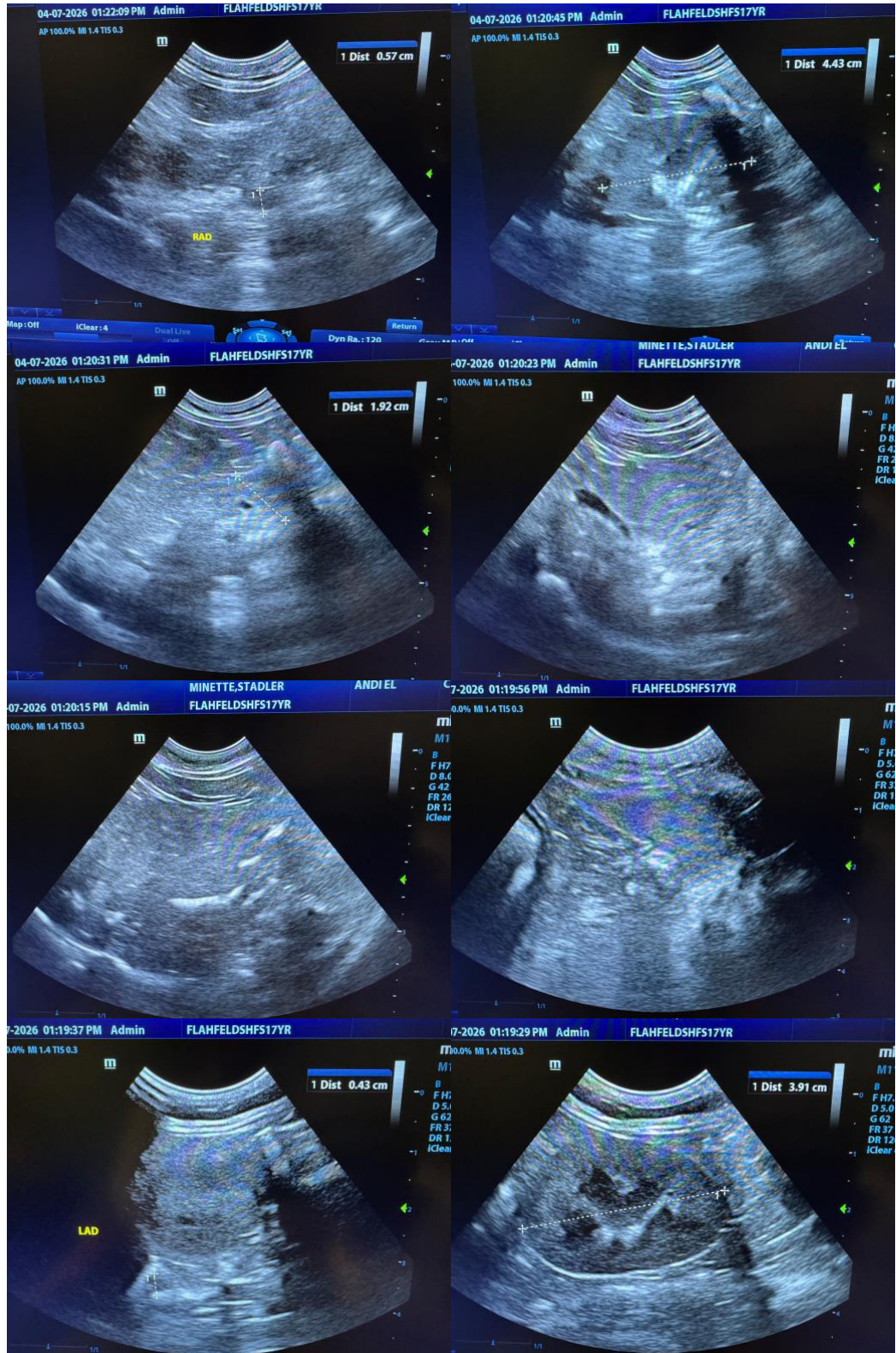
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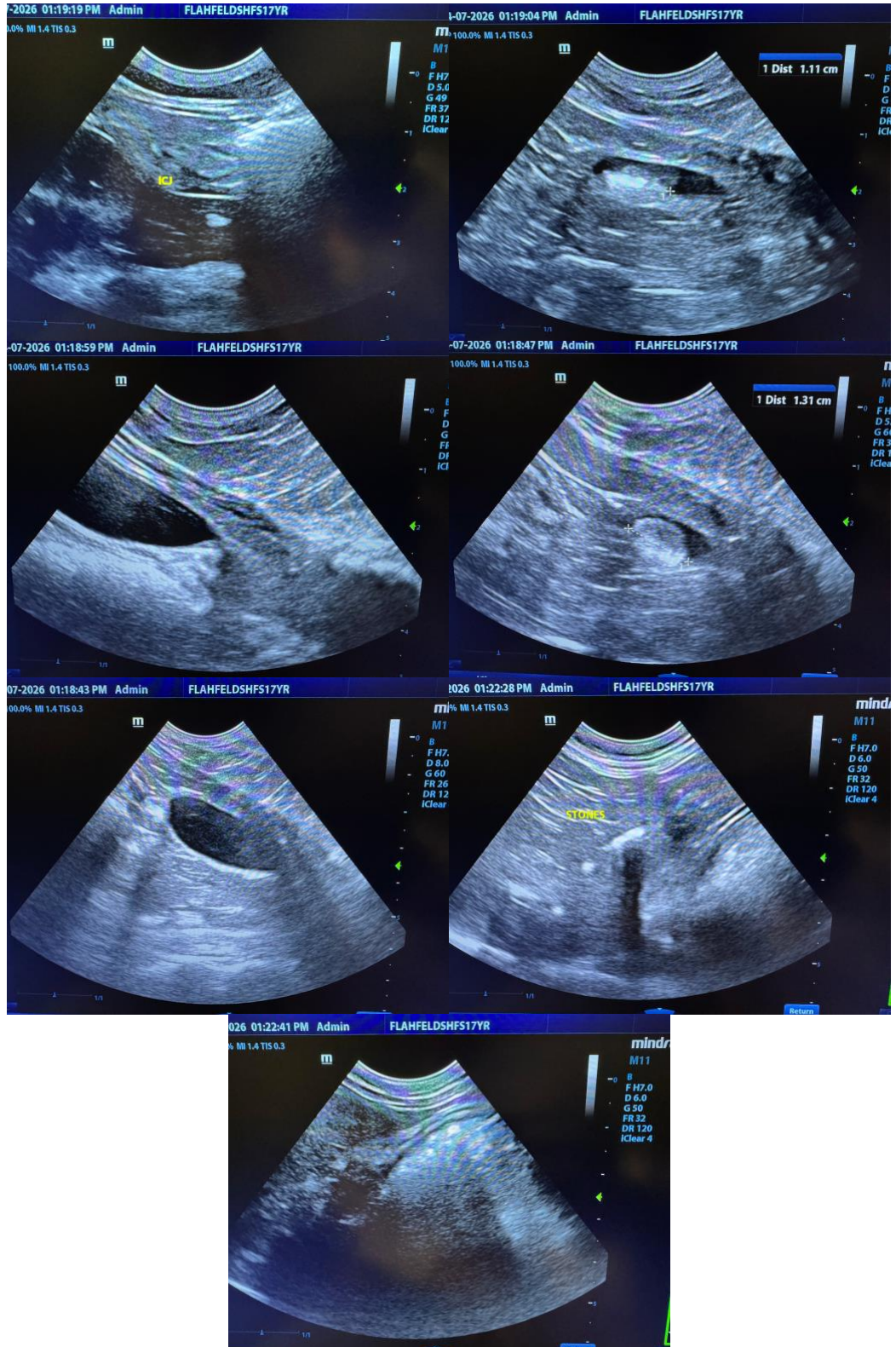
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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