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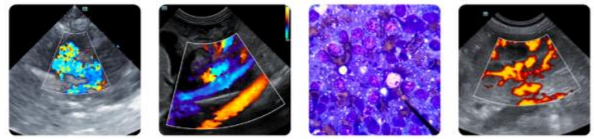


Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT
Tristy Bergen

SPECIES
Feline

BREED
Devon Rex

SEX
Spayed Female

AGE
11 Years

WEIGHT
3.6 kg

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

IMAGING PERFORMED BY
Dr. Sarah Barthelemy

HOSPITAL NAME
Fish Creek PH

REFERRING VET
Fish Creek PH

INVOICE
37058

DATE
5/10/26

PRESENTING CLINICAL SIGNS

History of gallbladder stones.
Acute onset profuse vomiting and marked ALT elevation

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 pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

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, and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 3.91 cm. The left kidney measured 3.68 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 0.43 cm. The left adrenal gland measured 0.4 cm.

Spleen

The **spleen** was mildly enlarged (0.92 cm) with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner.

Liver

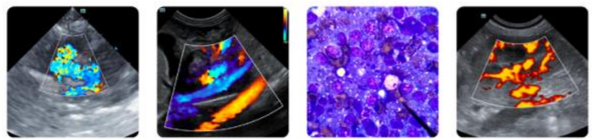
The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular tracts were of normal volume with no evidence of congestion.

The **gallbladder** and common bile duct revealed sand and calculi accumulation. The largest grouping of sand measured 1.57 cm. Lobar biliary calculi were also noted. The common bile duct was dilated up to 0.6 cm. The duodenal papilla was unremarkable, measuring up to 0.3 cm in thickness.

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



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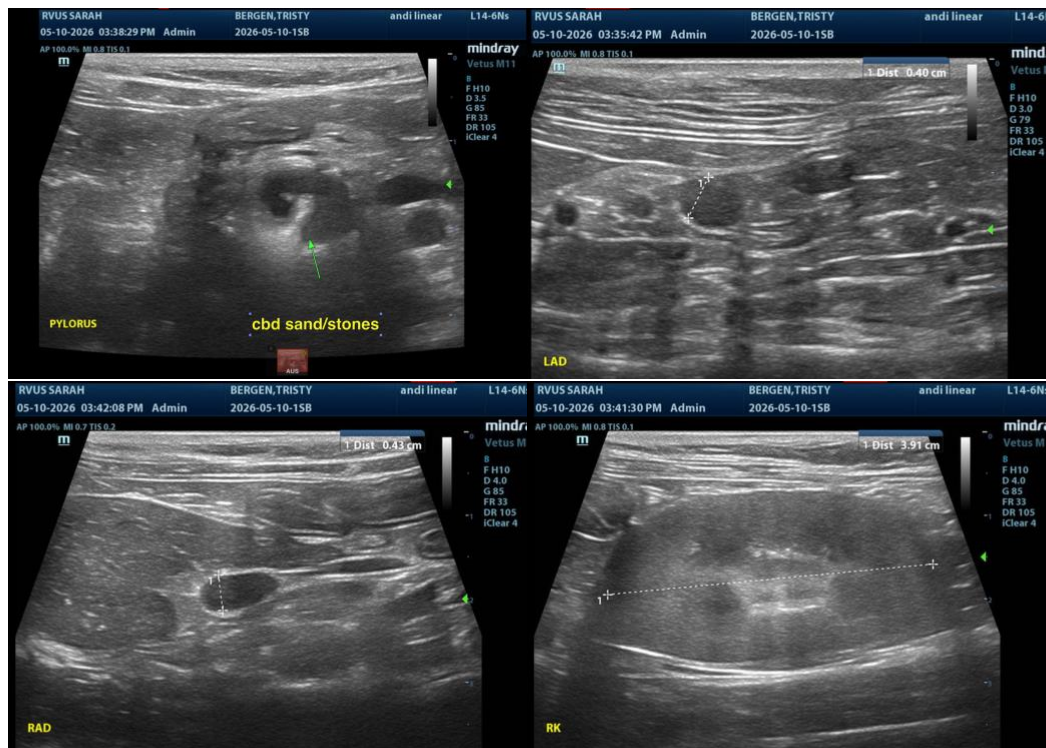
The **pancreas** was hypoechoic and irregular with undulating contour. Pancreatic duct dilation was noted with mild pericapsular enhancement, suggestive for inflammation.

ULTRASONOGRAPHIC FINDINGS

- Posthepatic obstruction with common bile duct, cystic duct and gallbladder calculi
- Lobar biliary calculi
- Acute on chronic cholangiohepatitis is also likely.
- Concurrent pancreatitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend surgical intervention with biliary lavage and liver biopsy. J-tube placement may be appropriate in this patient. The abundance of calculi and obstructive pattern would render this a surgical urgency. Medical management with ursodiol and other would be warranted as an ancillary approach, yet would not likely be effective on its own without surgical intervention.



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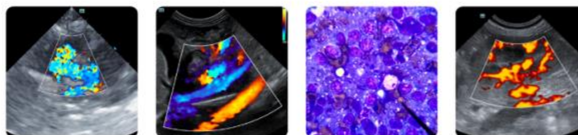
The information and recommendations provided are based on the images presented by the referring



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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, Owner, Founder -- SonoPath.com
info@SonoPath.com