



## PATIENT

Pippadipoules Schock

## SPECIES

Feline

## BREED

Tabby

## SEX

Spayed Female

## AGE

11 Years 7 Months

## WEIGHT

3.29 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Jessie Evoniuk

## HOSPITAL NAME

State Avenue Vet  
Clinic

## REFERRING VET

Dr. Jessie Evoniuk

## INVOICE

16050

## DATE

05/11/26

## PRESENTING CLINICAL SIGNS

Presents for progressive muscle wasting, polyuria/polydipsia, polyphagia, and chronic vomiting. Muscle wasting, especially hindlimbs, progressive over ~6 months. Polyuria/polydipsia. Polyphagia. Occasional chronic vomiting, no diarrhea. No current medications or supplements

Abnormal PE/Chem/CBC/UA Results: WBC 26.09, NEU 18.27, EOS 0.61, MCHC 35.2, ALP 616, ALT 441, Total Bilirubin 10.7, Total Protein 8.3 SDMA wnl (8 µg/dL), pending Total T4

## 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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate 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 and no evidence of pelvic dilation was present. The left kidney measured 4.0 cm in length. The right kidney measured 4.5 cm in length.

### Adrenal Glands

Both **adrenal glands** were not visualized.

### 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 was folded upon itself.

### Liver

The **liver** revealed coarse architecture and increased portal markings with regional biliary ectasia and a significant amount of parenchymal remodeling. The gallbladder was severely over distended with heterogenous parenchymal changes present, creating mass effects within the liver. This is strongly consistent with biliary carcinoma; chronic cholangitis is possible. A stricture was present in the gallbladder. A second mass was noted in the common bile duct near the duodenal papilla. Slight free fluid was also present.

### 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.



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**Pancreas**

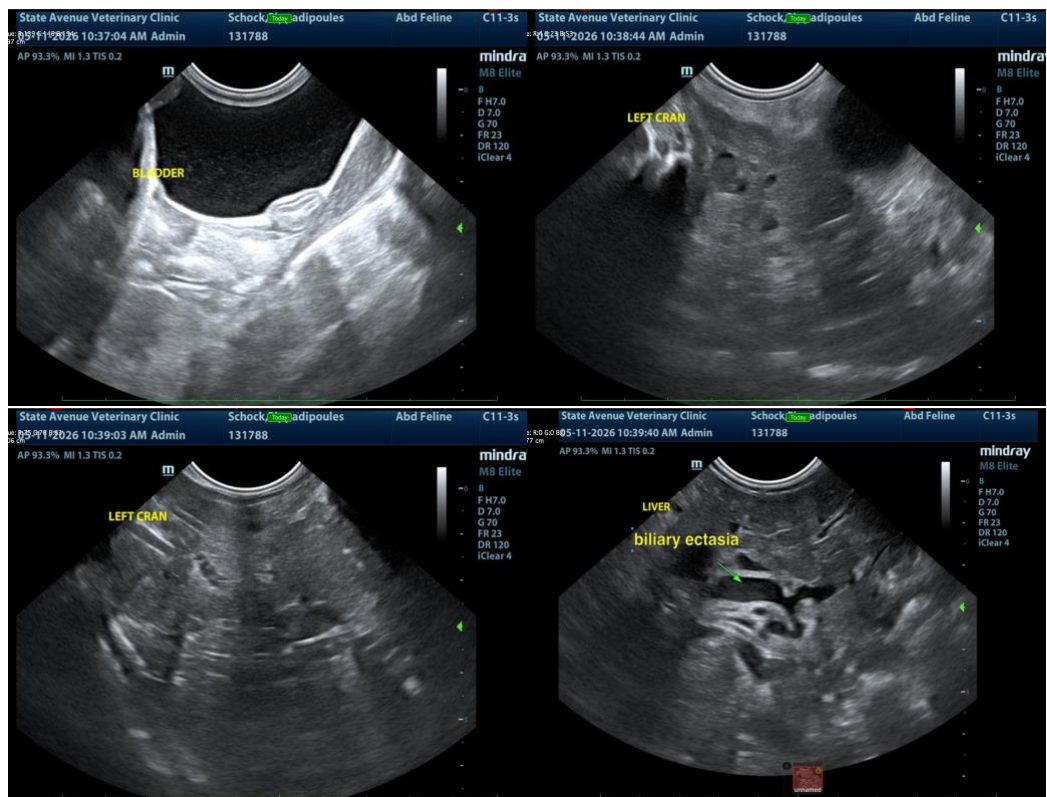
The **pancreatic duct** was also secondarily dilated.

**ULTRASONOGRAPHIC FINDINGS**

- Severe chronic biliary obstruction with gallbladder over distention.
- Age-related renal changes.
- Splenic folding.
- Heterogenous nodular hepatic changes.
- Pancreatic duct dilation.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Biliary carcinoma with post hepatic obstruction and metastatic pattern to the liver is likely in this patient. Exploratory surgery and sampling of the liver parenchyma and inspection of the common bile duct would be ideal for conformation.





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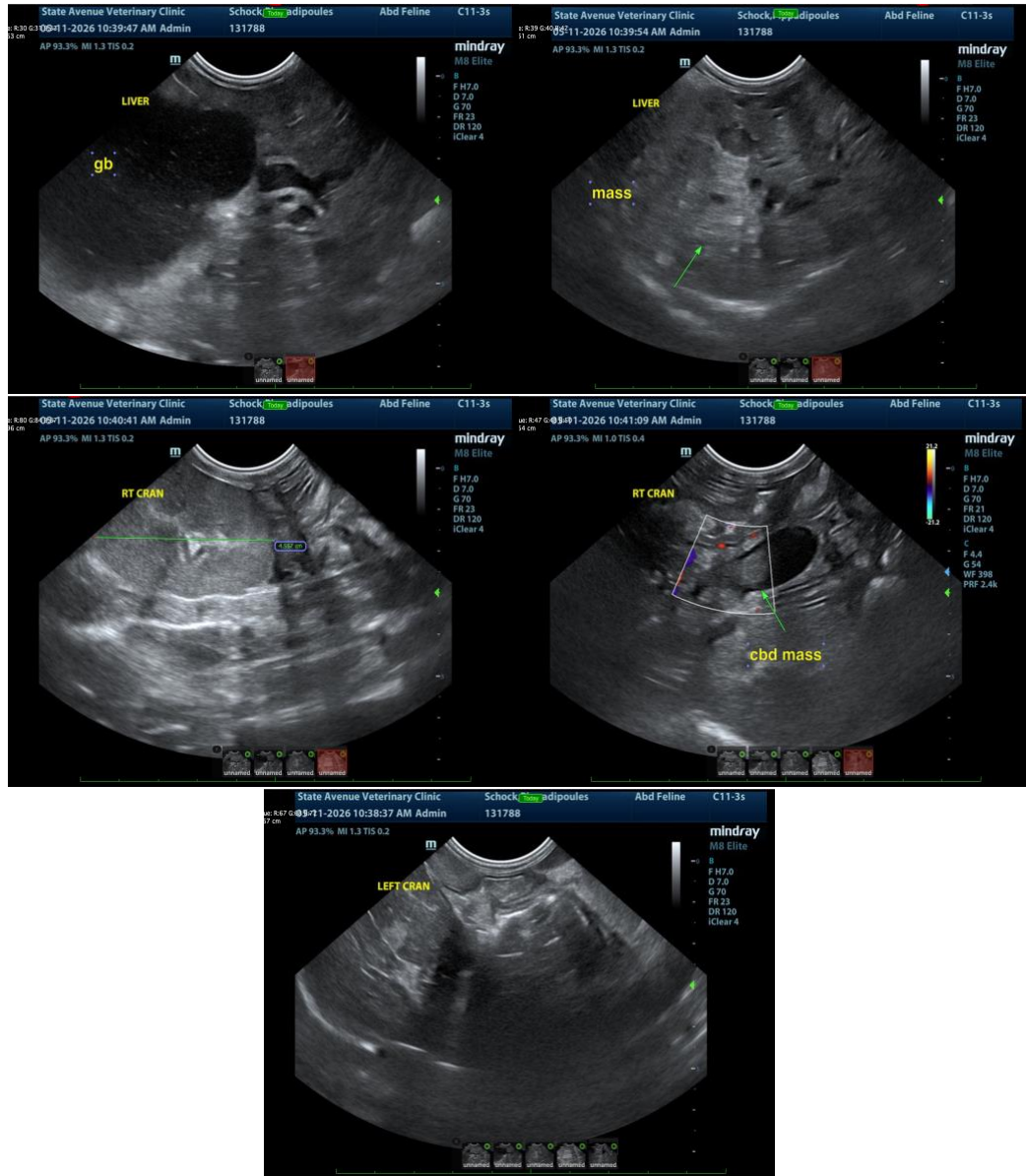
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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