

**PATIENT**

Milicent Norvell

**SPECIES**

Feline

**BREED**

Domestic Longhair

**SEX**

Spayed Female

**AGE**

12 years

**WEIGHT**

13.3 Pounds

**INTERPRETED BY**Eric Lindquist, DMV  
DABVP, Cert. IVUSS**IMAGING PERFORMED BY**

Amy Mayhew LVT

**HOSPITAL NAME**

SVS Imaging Michigan

**REFERRING VET**Cat Care of Rochester  
Hills**INVOICE**

30520

**DATE**

5/19/22

**PRESENTING CLINICAL SIGNS**

History: Presented for inappetence of a few days; hyporexia of unknown length Exam findings and abnormal lab values: Weight loss of 2# in 6 months; icteric; uncomfortable in cranial abd.

**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 was 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 and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 3.89 cm. The right kidney measured 3.87 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 left adrenal gland measured 0.36 cm.

**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 was noted.

**Liver**

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder wall was thickened, echogenic and mildly over distended. A slight amount of free fluid was noted between the liver lobes. The cystic duct was tortuous. Lobar biliary duct dilation was noted in this patient with ill-defined tissue in the region of the common bile duct. The irregular tissue is likely deriving from the common bile duct itself or right pancreatic limb. It is undifferentiated and appears to be obstructing the common bile duct. The tissue comprises a mass of approximately 3.5 cm.

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**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 left **pancreatic limb** was hypoechoic, irregular and nodular. The left limb measured 1.2 cm.

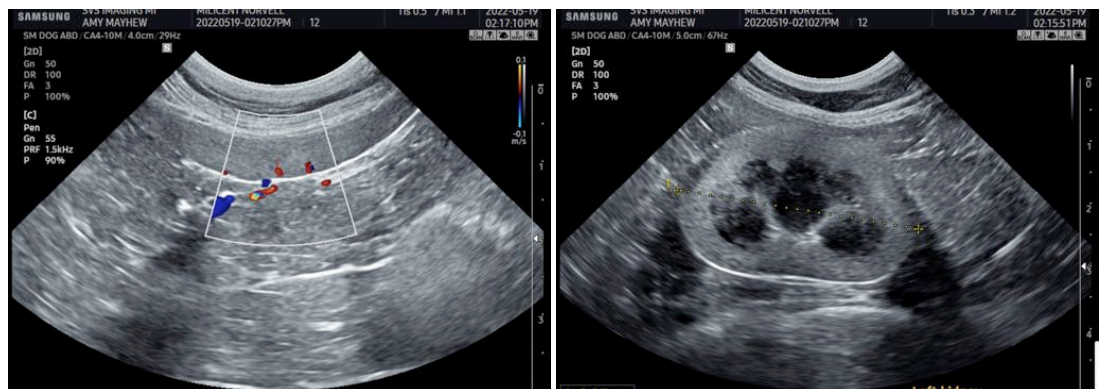
**ULTRASONOGRAPHIC FINDINGS**

Common bile duct or right pancreatic mass, obstructive.

Post hepatic obstruction of the common bile duct and gallbladder. Surrounding free fluid.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Surgical exploratory is warranted for further definition; however, this does not appear overtly resectable. Ultrasound-guided FNA of the region could be considered. The prognosis is guarded to poor. The pathology in the common bile duct/right pancreatic region is ill-defined and poorly margined.





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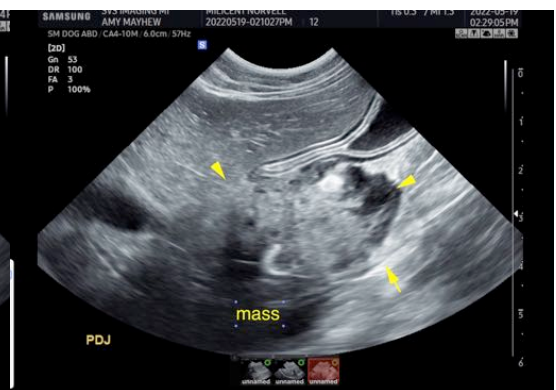
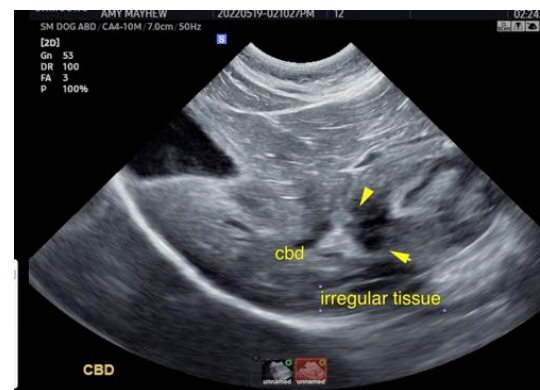
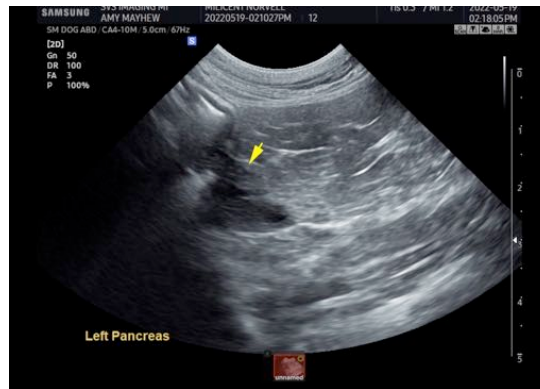
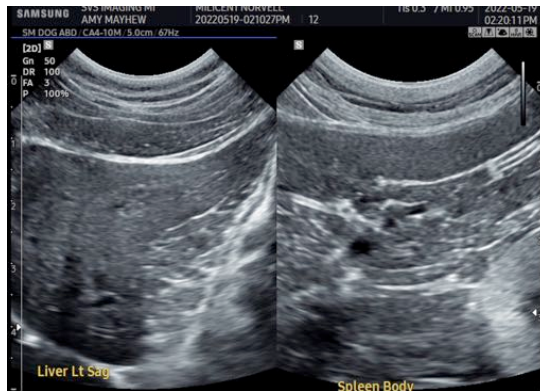
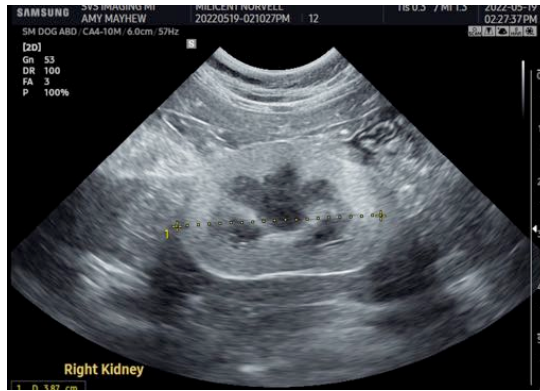
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SVS Mobile Imaging MI 734-637-7711  
svsimagingmi@gmail.com



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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, Cert. IVUSS, CEO of SonoPath.com  
Eric.Lindquist@SonoPath.com