



**PATIENT**

Gypsy Cruz

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered male

**AGE**

10 years

**WEIGHT**

11.8 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Ferrer

**HOSPITAL NAME**

Paseos VC

**REFERRING VET**

Dr. Ferrer

**INVOICE**

31642

**DATE**

7/13/22

**PRESENTING CLINICAL SIGNS**

Presented with history of increased liver enzymes diagnosed at another clinic. Pt was sent home with Denamarin. Pt also has history of chronically vomiting and eating grass. Feeding dry food and vomits, but when feed soft food vomit less. Mass palpated on cranial abdomen. We recommended abd u/s to further evaluate and possible aspirate of the mass. We did cerenia oral and famotidine oral while waiting for the abdominal u/s and O said that during the past 2 weeks on those medications the pt improved and did not vomited.

Abnormal PE/Chem/CBC/UA Results: PE: A palpable mass in the cranial abdomen was present. 6-29-22 CBC: WNL CHEM: ALT: 260 U/L (12-130) ALKP: 230 U/L (14-111) GGT: 19 U/L (0-4) Fecal: No parasite seen ABD rads: soft tissue opacity and mass effect on cranial abdomen. 7-13-22 Chem: Liver enzyme wnl LIPA 3,727 U/L 100 - 1400 BUN:14 ( 16-36)

**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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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. The right kidney measured 4.18 cm with slight pinpoint mineralization noted. Slight pyelectasia was noted in the left kidney as well. The left kidney measured 4.17 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 0.33 cm. The left adrenal gland measured 0.39 cm.

**Spleen**

The **spleen** was mildly enlarged 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** revealed a thickened, edematous gallbladder. The wall thickness measured up to 0.27 cm. The cystic duct was also over distended. Increased portal markings were noted throughout the liver. This is consistent with cholangitis, cholangiohepatitis. Echogenic debris was noted throughout the cystic duct.



<b>PATIENT</b>	A complex, mixed echogenic cystic mass was noted with biliary ectasia noted in the region of the common bile duct. Regional inflammation was also present.
Gypsy Cruz	
<b>SPECIES</b>	<b><i>Gastrointestinal</i></b>
Feline	Variable upper intestinal thickening was noted without loss of mural detail. The wall thickness of the duodenum measured 0.34 cm. The mesenteric lymph nodes were reactive and measured up to 0.4 cm in width. The small intestine and colon were unremarkable. The curvilinear patterns were maintained.
<b>BREED</b>	
Domestic Shorthair	<b><i>Pancreas</i></b>
<b>SEX</b>	The <b>pancreas</b> revealed hyperechoic changes that are consistent with remodeling.
Neutered male	
<b>AGE</b>	<b><i>Free Abdomen</i></b>
10 years	Trace amounts of free fluid were noted.
<b>WEIGHT</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
11.8 lbs	Cystic mass in the common bile duct region.
<b>INTERPRETED BY</b>	Biliary congestion, splenic enlargement.
Eric Lindquist, DMV DABVP, Cert. IVUSS	Mesenteric lymphadenopathy.
	Mild geriatric abdominal changes otherwise.
	Trace amounts of free fluid were noted.
<b>IMAGING PERFORMED BY</b>	<b><u>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</u></b>
Dr. Ferrer	Exploratory surgery with expectation of possible hepatic lobectomy and bile duct reconstruction is likely necessary in this patient. Screening FNA of the liver and spleen could be considered for further definition. Underlying biliary carcinoma may be an issue in this patient. However, the undifferentiated changes involving the cystic duct and common bile duct were difficult to define as the exact termination. An underlying stricture of the duodenal papilla may be the predisposing cause in this patient with severe biliary ectasia elsewhere. Prognosis is guarded.
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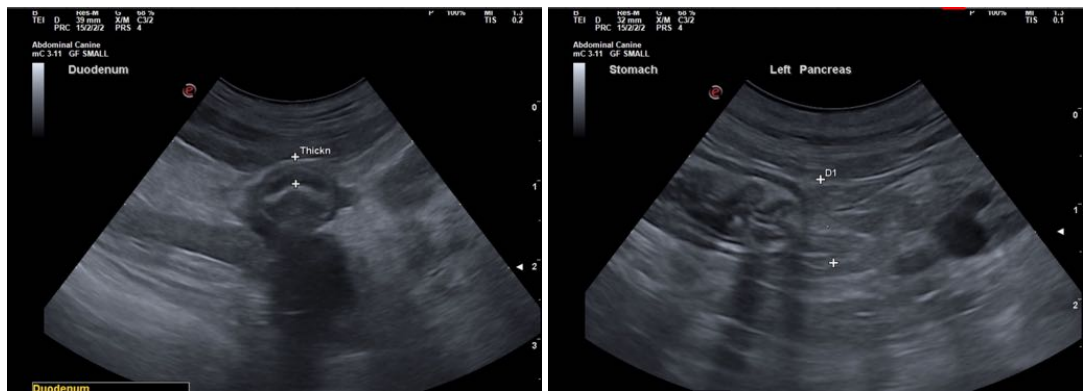
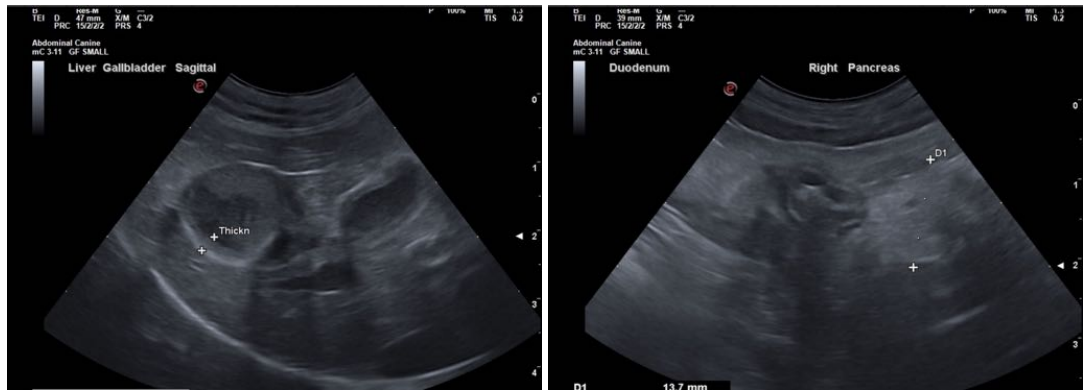
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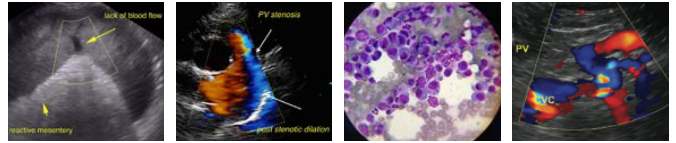
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

**SPECIES**

Feline

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.

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**Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com**  
info@SonoPath.com

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