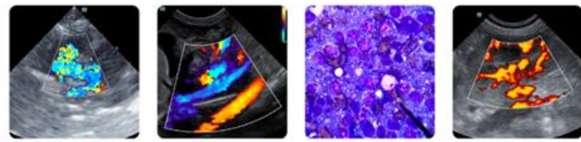


PATIENT
Una Gershkoff

SPECIES
Feline

BREED
DSH

SEX
FS

AGE
13yr

WEIGHT
8.22lb

INTERPRETED BY
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY
Lucas Budden

HOSPITAL NAME
Frontier Veterinary Hospital

REFERRING VET
Lucas Budden

INVOICE
24737

DATE
05/07/2026

PRESENTING CLINICAL SIGNS

Clinical signs: inappetence, fever, lethargy

History: Presented 5/5/26 for inappetence, vomiting, and lethargy. History of recurrent bouts of pancreatitis (no past ultrasound, but pancreatic lipase has been elevated in the past) . Current diet is a rx renal diet. On exam she was dehydrated and uncomfortable on cranial abdominal palpation. Treated with SC fluids and Cerenia. Sent home on buprenorphine and i/d. Returned today as there has been no improvement. Fever today of 104.4F, cranial abdominal pain, lethargy, and still anorexic. Ultrasound to assess for underlying cause of symptoms.

Medications: Buprenorphine - last TM dose given last night

Abnormal PE/Chem/CBC/UA Results: Exam: Fever 104.4F, moderate serous discharge right eye (history chronic herpes), cranial abdominal pain, 6-8% dehydrated Labs: 5/5/26 CBC/chem/UA/T4 ALT high 162 Glucose high 182 PSL high 33 CPK high 572 Lymphocytes low 1100 Thyroid low 0.7 USG 1.035 Protein 1+ Occult blood Remainder of CBC/CHEM/urinalysis normal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild non-dependent particulate sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.5 cm in length. The right kidney measured 3.6 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

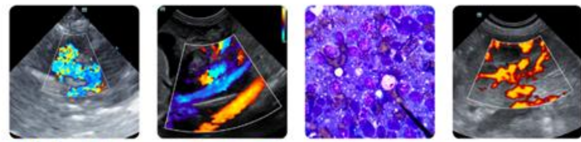
The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/Gallbladder

The liver was subjectively mildly enlarged. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion.



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The gallbladder was distended in size containing non-dependent, mildly congealed yet non-organized, non-mineralized bile debris. Mildly thickened hyperechoic gallbladder wall. Cystic duct and generalized common bile duct exhibited variable dilation containing anechoic bile with suspect concurrent non-mineralized ductal mucous to the approximate level of the duodenal papilla. Surrounding peri common bile duct hyperechoic omentum. The distal common bile duct at the level of the duodenal papilla measured ~ 0.4 cm dilation yet mid common bile duct measured up to 0.5-0.6 cm.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild non-shadowing pyloric ingesta without evidence of obstruction to pyloric outflow.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material. The duodenum wall measured 0.22 cm width. The jejunum wall measured 0.21 cm width. The ileocolic wall measured 0.26 cm width.

Normal visible colon wall layers were present with apparent formed feces in lumen.

At the level of the duodenal papilla, a mass was visualized measuring ~ 1 cm x 0.8 cm.

Pancreas

The pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Hepatopathy
- Distended gallbladder with gallbladder debris, diffuse to variable cystic and common bile duct dilation extending to level of the duodenal papilla with suspect mild mucoduct
- Mass level of the duodenal papilla
- Chronic / chronic active pancreatitis pattern
- Mild retained non-shadowing gastric ingesta
- Mild peripancreatic / peri common bile duct inflammation

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although no reported icterus or significant elevated hepatic enzyme elevations, the degree of common bile duct and gallbladder distension is consistent with post-hepatic obstruction secondary to the mass at the level of the duodenal papilla. Concurrent hepatobiliary inflammation suspected with diffuse hepatobiliary neoplastic criteria thought less likely. Referral for surgical evaluation and intervention indicated likely including resection of the mass at the level of the duodenal papilla, potential common bile duct redirection technique and likely hepatic biopsies and bile C/S.

Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.

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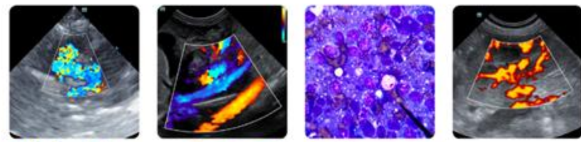

Clinical Sonography & Telecytology

Educational Teleconsultation Services™

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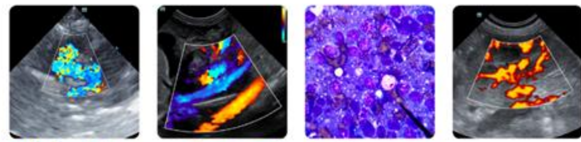

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
info@sonopath.com