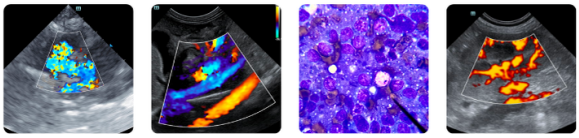

SonoPath FOSTERING THE ART OF VETERINARY MEDICINE™ www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Ilya Ambridge

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

8 years

WEIGHT

3.67 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Hamilton Region Emergency Clinic

REFERRING VET

Dr. Yaseem

INVOICE

11275

DATE

2/11/2026

PRESENTING CLINICAL SIGNS

- Anorexia, lethargy, weight loss (1 kg over the year.) PE - dental disease, painful and distended abdomen on palpation. BW at RDVM showed mild non regenerative anemia, pancreatitis, hypoalbuminemia. Tachycardia HR 196. Decreased output of Urine and BMs. Has been on IVF, Buprenorphine and Clavaseptin

Abnormal PE/Chem/CBC/UA Results: BW inhouse Feb 11 2026 RBC 5.74 6.54 - 12.20 x10^12/L L Hematocrit 0.279 0.303 - 0.523 L/L L Hemoglobin 91 98 - 162 g/L L WBC 22.30 2.87 - 17.02 x10^9/L H Neutrophils 20.11 2.30 - 10.29 x10^9/L H Albumin 22 23 - 39 g/L L Globulin 52 28 - 51 g/L H Amylase 1,571 500 - 1,500 U/L H Catalyst Pancreatic Lipase a 9.8 0.0 - 4.4 U/L H FeLV Antigen Negative (ELISA) FIV Antibody Negative (ELISA) Heartworm Negative Cardio Pro-BNP Abnormal.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The right kidney is normal is size (3.7 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

The left kidney is normal is size (3.5 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

The right adrenal gland is normal in size (0.37 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.35 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

The spleen is unable to be well visualized in these images. However, in some images labeled “left abdomen” there is a subtle, iso- to hypoechoic oblong density that measures approximately 0.4 cm thick and has blood flow that appears most consistent with a mildly reactive lymph node, but it could represent a small hypovolemic spleen.

Liver

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

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The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction or foreign material noted. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction or foreign material noted.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. The lumen is diffusely subjectively moderately overdistended with firm hard shadowing stool.

Pancreas

Pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and has a mildly irregular undulating contour. Parenchyma is coarse with mixed echogenic remodeling noted. No pancreatic duct dilation is noted.

Free Abdomen

There is no visible free peritoneal effusion noted in these images.

There is no apparent pathologic lymphadenopathy noted in these images.

Examine is partially limited by a very full gastrointestinal tract, especially shadowing from a full colon.

ULTRASONOGRAPHIC FINDINGS

- Possible mildly reactive mesenteric lymph nodes versus a hypovolemic spleen as described above – Infiltrative neoplastic disease cannot be ruled out but is considered less likely.
- Chronic low grade smoldering pancreatitis can't be ruled out.
- Constipation can't be ruled out and should be suspected if confirmed clinically and/or radiographically, although ultrasound is not the most specific test for diagnosing constipation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A T4 +/- Free T4 is recommended if not recently evaluated.

A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

If not recently evaluated, urinalysis and, if indicated based on urinalysis results, urine culture is recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

Pending results of that evaluation, further evaluation for possible pain (dental, orthopedic, other), upper respiratory disease or oropharyngeal disease, cardiac disease and/or neurologic disease vs other as possible causes for decreased appetite and/or unintentional weight loss is also recommended.

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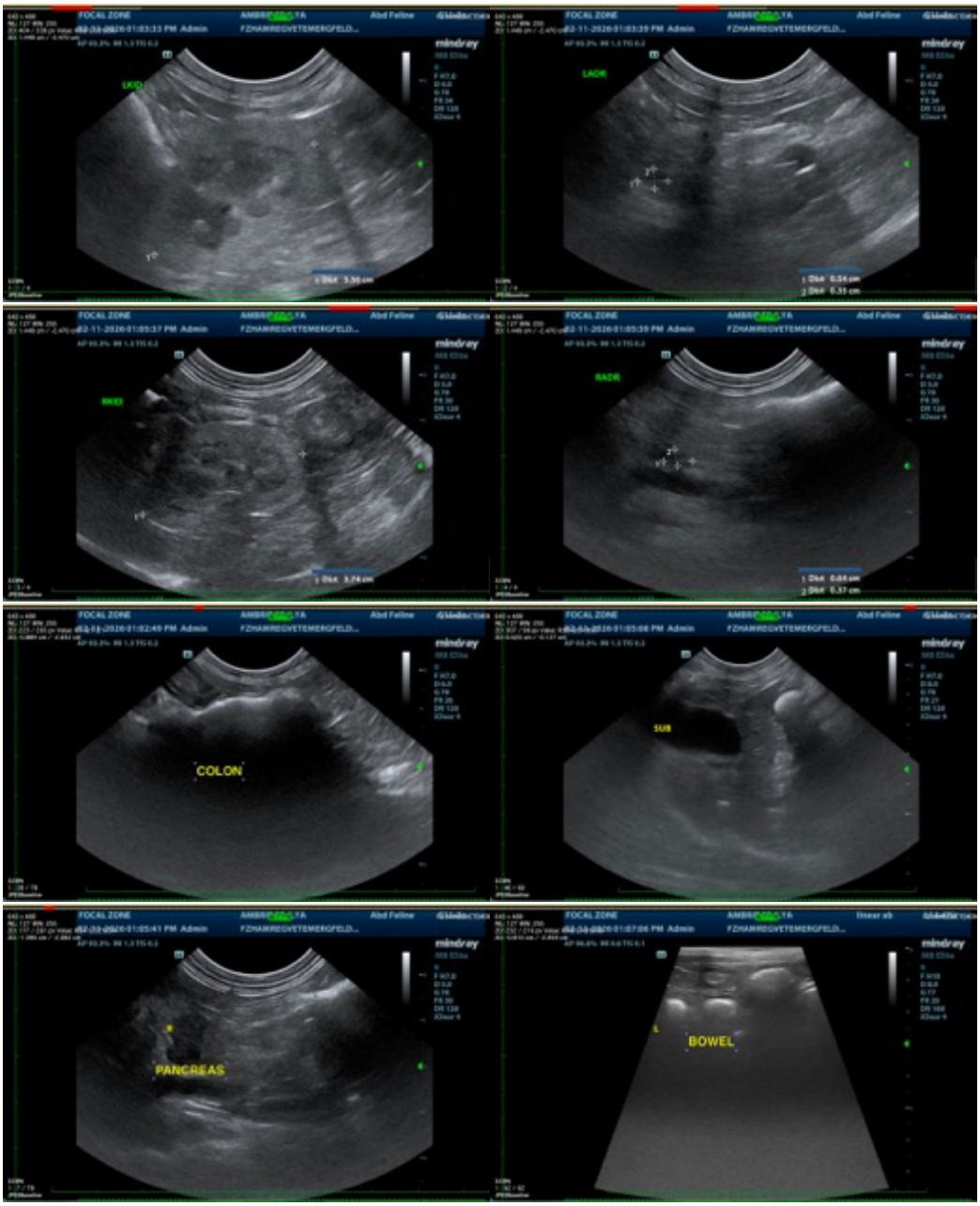
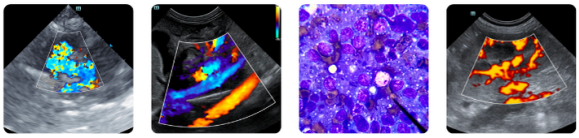
Other than supportive/symptomatic medical management of clinical signs, further treatment recommendations are largely dependent on results of the above.





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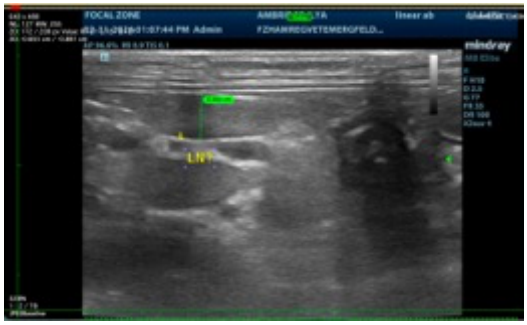

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM, DACVIM
info@sonopath.com