



PATIENT

Sammie Puzzolanti

SPECIES

Feline

BREED

Manx

SEX

Neutered Male

AGE

15 Years

WEIGHT

6.22 kg

INTERPRETED BY

Dr Brittany Sinclair,
BVSc(hons),
DACVECC

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Village Cat Clinic

REFERRING VET

Dr. Maxwell

INVOICE

72164

DATE

1/13/26

PRESENTING CLINICAL SIGNS

Liquid Diarrhea and weight loss Weight: 6.22 kg Temperature: 38.1 °C Pulse: 190 Respiration: Normal rate (50) and effort Attitude: BAR Hydration: euhydrated BCS: 5/9 MCS: 3/3 Current Medications Amlodipine 0.5 tablet once daily.

Abnormal PE/Chem/CBC/UA Results: Blood work on pages 8/9 of the attached document. The rest is just previous records

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

The kidneys were both normal size and structure, with smooth capsule and normal corticomedullary definition and ratio. Medullary structure differed distinctly from that of the cortex. No evidence of pelvic dilation was present. Right measures 4.5 cm. Left measures 4.51 cm.

Adrenal Glands

The left adrenal gland is visualized and recognized as having normal shape, size, position and echogenicity for this breed and age. The visible phrenic vasculature was unremarkable. Left measures 0.37 cm in thickness.

The right adrenal gland is visualized and measured on still images only. Resolution is inadequate to assess glandular detail or confirm measurement. Right measures 0.56 cm in thickness.

Spleen

The spleen was normal with age appropriate homogeneous parenchyma and a smooth capsule with normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

Liver

The liver is subjectively normal in size with normal contours and structure. There is age appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion.

Gall bladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally.

Gastrointestinal

The stomach contains ingesta. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with gas and ingesta throughout. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall



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layering maintaining the typical 1:3 muscularis:mucosa layer ratio. There were no focal lesions consistent with obstruction or a mass effect observed.

Sections of colon are visualized with fluid fecal material consistent with diarrhea. There is no observed focal or generalized colon wall thickening or loss of layering. There is surrounding colonic lymphadenopathy.

Pancreas

The visible pancreas was observed to be largely isoechoic to surrounding omental fat.

Free Abdomen

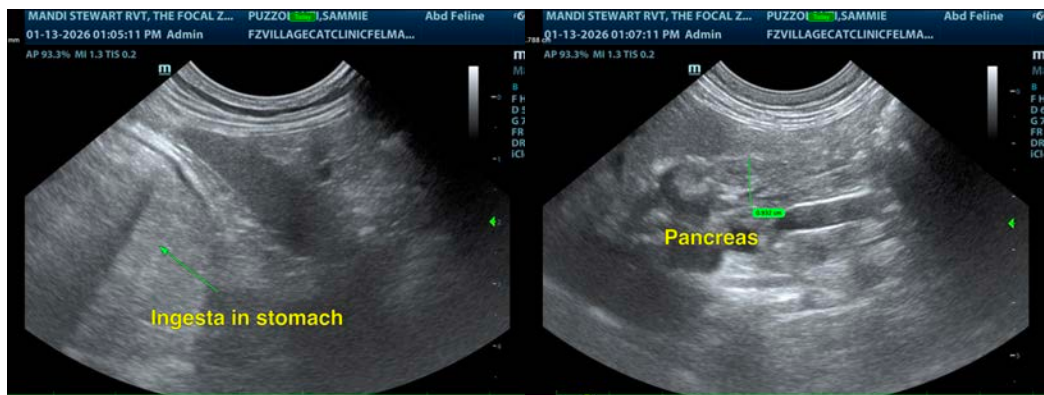
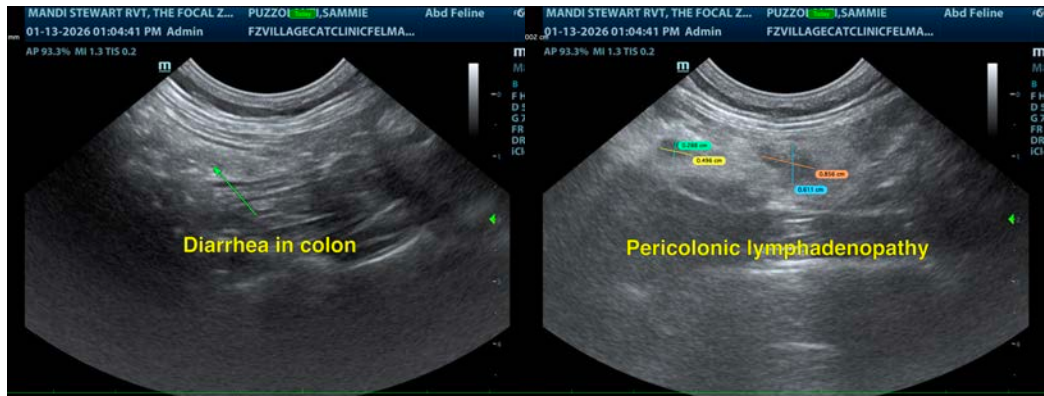
Colonic lymph nodes are prominent and hypoechoic. No free fluid noted.

ULTRASONOGRAPHIC FINDINGS

- Ingesta throughout GI tract and diarrhea in colon.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The colon is ultrasonographically normal with no signs of mural disease. The remainder of the GI tract does not show signs of intestinal thickening or changes in wall layering that would be suggestive of infiltrative disease. However, the lack of ultrasonographic changes does not include IBD as a cause of the clinical signs. Upper and lower endoscopy should be considered to further evaluate. A GI panel (TLI, PLI, cobalamin and folate) is also recommended.





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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.

Dr Brittany Sinclair, BVSc(hons), DACVECC

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