



PATIENT

Chester Zabinsky

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

14 Years

WEIGHT

3.79 kg

INTERPRETED BY

Dr Brittany Sinclair,
 BVSc(hons),
 DACVECC

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Clarkson Village
 Animal Hospital

REFERRING VET

Dr. Cusmariu

INVOICE

72205

DATE

1/14/26

PRESENTING CLINICAL SIGNS

06/17/25 - Presented for chronic soft stool (1-2 years) with loud vocalization with BM PE: NSF/WNL, O declined BW, Abd US & fecal testing. Os were recommended Hill's GI biome a week prior - significant improvement in stool quality 08/04/25 - Follow up Vomited clear fluid few days prior, still chronic/explosive diarrhea - vocal when explosive. P did not like fiber additive, likes tsp of pumpkin puree - O say it seems to be helping. BM has firmed up with diet, may be hurting P - score 4 & 5 PE: NSF/WNL, BW sent out - results higher but still normal Thyroid & low folate, Mirtazapine given for 7 days 12/29/25 - Thyroid BW sent out - normal, recheck exam for ongoing weight loss, chronic diarrhea + decreased appetite.

Abnormal PE/Chem/CBC/UA Results: Labs attached

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. Left kidney measures 4.0 cm. Right kidney measures 3.77 cm.

Adrenal Glands

Adrenal glands were visualized on still images only. They appear to have normal shape, size, position and echogenicity for this breed and age though this could not be confirmed on cine loops. Left measures 0.31 cm in thickness. Right measures 0.31 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 minimal luminal contents. 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.



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The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

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

Free Abdomen

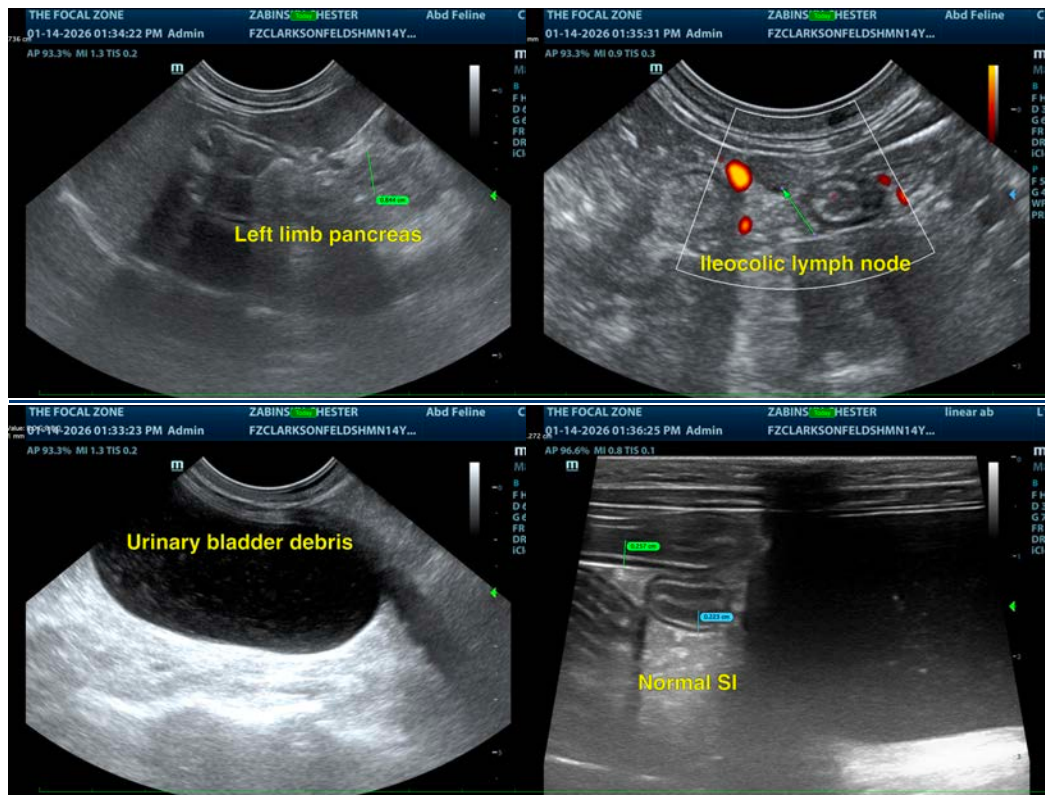
Ileocolic lymph nodes are slightly prominent. No free fluid noted.

ULTRASONOGRAPHIC FINDINGS

- Slightly prominent ileocolic lymph nodes, otherwise normal abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Aside from the slightly prominent ileocolic lymph nodes, there are no significant intraabdominal abnormalities. Given patient's clinical signs and history, IBD or food sensitivity is likely. GI biopsies should be considered to rule out infiltrative disease.





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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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