



## PATIENT

Ash Perez

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Intact Female

## AGE

13 Years

## WEIGHT

4.15 lbs

## INTERPRETED BY

Dr Brittany Sinclair,  
BVSc(hons),  
DACVECC

## IMAGING PERFORMED BY

Gabriel Ferrer, DVM

## HOSPITAL NAME

Pulse: Pet Ultrasound

## REFERRING VET

Dr. Ana Colon

## INVOICE

72238

## DATE

1/15/26

## PRESENTING CLINICAL SIGNS

Presented for an abdominal ultrasound to evaluate vomiting, anorexia and severe weight loss. PT used to weight 9# and now we are 4.15#. Pt has been having this clinical signs for few months. PT has been having elevated ALT. Pt has history of hyperthyroid but is medicated and T4 is well controlled.

Abnormal PE/Chem/CBC/UA Results: PE: BCS 4/9 Bloodwork attached. ALT: 392

## 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 have a smooth capsule and with hazing of corticomedullary definition to the point of inability to determine cortical/medullary ratio. No evidence of pelvic dilation was present. Left kidney is irregular and measures 3.76 cm. Right kidney measures 3.3 cm.

### *Adrenal Glands*

Both adrenal glands were visualized and recognized as having normal shape, size, position and echogenicity for this breed and age. The visible phrenic vasculature was unremarkable. Right measures 0.39 cm in thickness. Left measures 0.48 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 a hyperechoic, slightly thickened wall and an irregular mucosal surface. The gallbladder contains some hyperechoic non-shadowing, partially organized debris. The visible common bile duct is significantly distended, measuring 0.48 cm in diameter. It remains dilated to the level of the duodenal papilla. There are no visible luminal lesions or choleliths seen.

### *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.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops generally follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. There are some images in which small portions of muscularis appear to have an increased thickness. However, this is not maintained

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when fanned through on cine loops, indicating this is likely an ultrasound beam angle related artifact rather than true mucosal thickening. There were no focal lesions consistent with obstruction or a mass effect observed.

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The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Surrounding lymph nodes are slightly prominent. 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.

**BREED**

Domestic Shorthair

***Pancreas***

The left limb of the pancreas is prominent to mildly enlarged and hypoechoic.

**SEX**

Intact Female

***Free Abdomen***

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

**AGE**

13 Years

Visible uterine body and horns are mildly distended with anechoic fluid. Luminal surface is irregular.

**WEIGHT**

4.15 lbs

**ULTRASONOGRAPHIC FINDINGS**

- Cholangiohepatitis with common bile duct distention.
- Fluid filled uterus.
- Prominent pancreas.

**INTERPRETED BY**

Dr Brittany Sinclair,  
BVSc(hons),  
DACVECC

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Gall bladder changes with concurrent ELE are most consistent with cholangiohepatitis. Despite normal ultrasonographic appearance, liver FNA is indicated. Acute toxic insult, infectious or inflammatory hepatitis (leptospirosis, other bacterial, viral, auto-immune other), and neoplasia among other things remain possibilities. Cholangiohepatitis may be sterile or infectious. Cholecystocentesis for cytology and culture should be considered. There is a low but present risk of causing bile peritonitis with this procedure. Empiric antibiotic therapy is not unreasonable and antibiotics that are effective against gram-negative, aerobic, enteric bacteria and excreted into the bile are recommended. Amoxicillin, amoxicillin-clavulanic acid, cephalosporins, and fluoroquinolones are suggested first choices. Metronidazole (7.5 mg/kg PO, IV q 12 hrs) may be added for extra anaerobe coverage. Consider treatment with liver supportive medications (SAM-E, milk thistle, Vitamin E, ursodiol) and GI support as needed.

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Fluid in the uterus may represent pyometra, hydrometra, mucometra, etc. This may be incidental but is concerning as a possible source of inflammation potentially leading to or contributing to reported weight loss. Assuming patient's stability, abdominal explore with plan for ovariohysterectomy is recommended. Exploration of the gallbladder and common bile duct to ensure patency is recommended. Stenting of the common bile duct could be considered if needed. At the time of surgery, small intestinal biopsy could be considered despite relatively normal appearance of small intestines on ultrasound. IBD or triaditis is possible.

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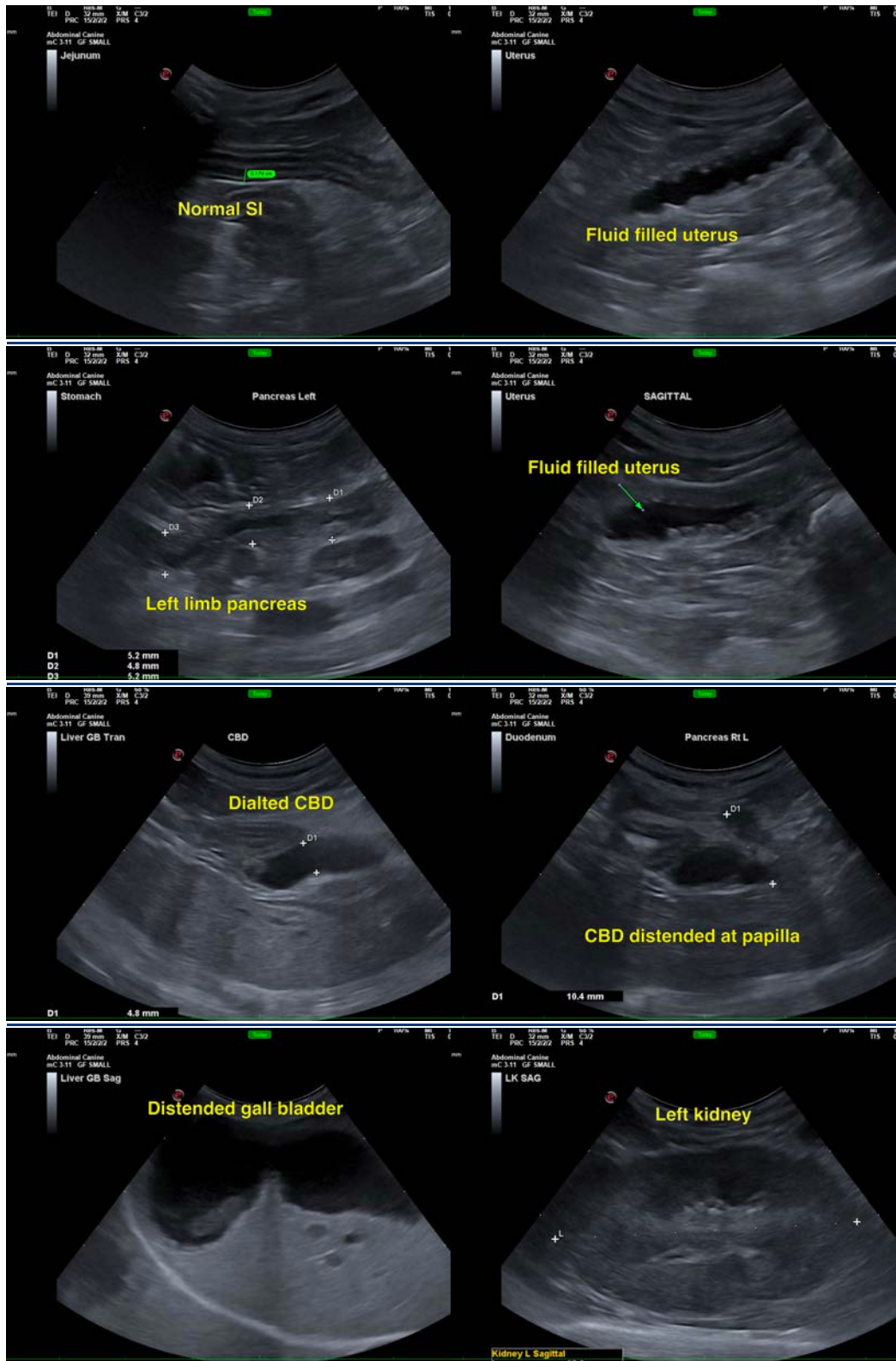
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC

info@SonoPath.com