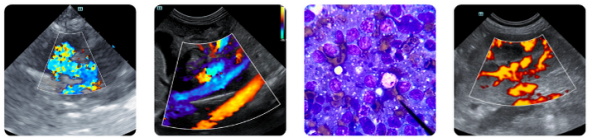


PATIENT

Mota Lopez

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Male Neutered

AGE

13 years

WEIGHT

12 lbs

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Dr. Gabriel Ferrer

HOSPITAL NAME

Pulse Pet Ultrasound Services

REFERRING VET

Dr. Jose Garcia Puebla

INVOICE

11171

DATE

1/21/2026

PRESENTING CLINICAL SIGNS

- Presented for evaluation of anorexia, icterus, elevated liver enzymes, leukocytosis.
- Anorexia for 4-5 days.
- Vomiting

Abnormal PE/Chem/CBC/UA Results: PE: Icterus, fleas FIV/FELV:neg Bloodwork attached as supporting documents. CHEM: ALP 320, ALT 1106, TBIL 15.1, AMY 1124, GLU 157, K+ 3.4 CBC:WBC 23.46, NEU 21.81 Fecal: negative Bloodwork 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 have a smooth capsule and with mild hazing of corticomedullary definition. No evidence of pelvic dilation was present. Left kidney measures 4.35 cm in length, and the right kidney measures 4.6 cm in length.

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 adrenal measures 0.42 cm in thickness. Left adrenal measures 0.4 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.

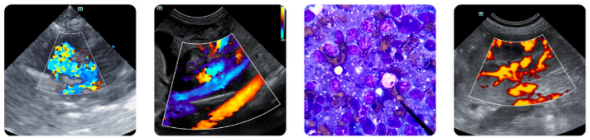
Liver

The liver is subjectively enlarged in size with slight rounding of lobes and homogenous hyperechoic parenchyma with no specific nodules or masses. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

Gall bladder is significantly distended with thickened, hyperechoic walls. The cystic and common bile ducts are distended to the level of the duodenal papillae. There are no visible luminal lesions, no visible choleoliths, and no obvious mass at the duodenal papillae.

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.



PATIENT

Mota Lopez

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Male Neutered

AGE

13 years

WEIGHT

12 lbs

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Dr. Gabriel Ferrer

HOSPITAL NAME

Pulse Pet Ultrasound Services

REFERRING VET

Dr. Jose Garcia Puebla

INVOICE

11171

DATE

1/21/2026

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal and wall layering is distinct with a prominent muscularis layer. 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 is prominent and somewhat heterogenous with surrounding hyperechoic mesentery, especially around the right limb of the pancreas.

ULTRASONOGRAPHIC FINDINGS

- Cholangiohepatitis with post-hepatic biliary duct obstruction.
- Pancreatitis.
- Prominent muscularis layer throughout small intestines.
- Mild aging renal changes.
- Hyperechoic hepatomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Gallbladder and common bile duct changes and distension to the level of the duodenal papillae, together with bloodwork, is most consistent with a post-hepatic biliary duct obstruction. Likely from cholangiohepatitis. Liver parenchymal changes may reflect cholangiohepatitis. There may be concurrent hepatic lipidosis. Liver FNA was appropriate to further investigate.

The concurrent pancreatic and small intestinal changes are suggestive of feline triaditis. While no distinct mass was visualized at the level of the duodenal papillae, neoplasia cannot be completely excluded.

Given the severity of liver value elevations, ultrasonographic, and bloodwork, changes consistent with biliary duct obstruction, abdominal explore with plan for evaluation of the duodenal papillae and biliary duct stenting should be considered.

Biliary surgery is not without significant perioperative morbidity and mortality and consultation with a veterinary surgeon is recommended. 24 hour post-op monitoring is recommended until clinically stable. The risk of postponing surgery includes gall bladder rupture and subsequent bile peritonitis, which is commonly fatal.

Pending patient stability, if surgery is not desired, continuing supportive treatment for inflammatory disease is reasonable using response to treatment, and ideally repeat ultrasound in ~1-2 weeks (or sooner if declining) to gauge response.

Therapy includes fluid therapy as needed, GI support, pain control, antibiotic therapy and liver supportive medications (N-acetylcysteine, SAM-E, milk thistle, Vitamin E). 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

PATIENT

Mota Lopez

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Male Neutered

AGE

13 years

WEIGHT

12 lbs

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Dr. Gabriel Ferrer

HOSPITAL NAME

Pulse Pet Ultrasound Services

REFERRING VET

Dr. Jose Garcia Puebla

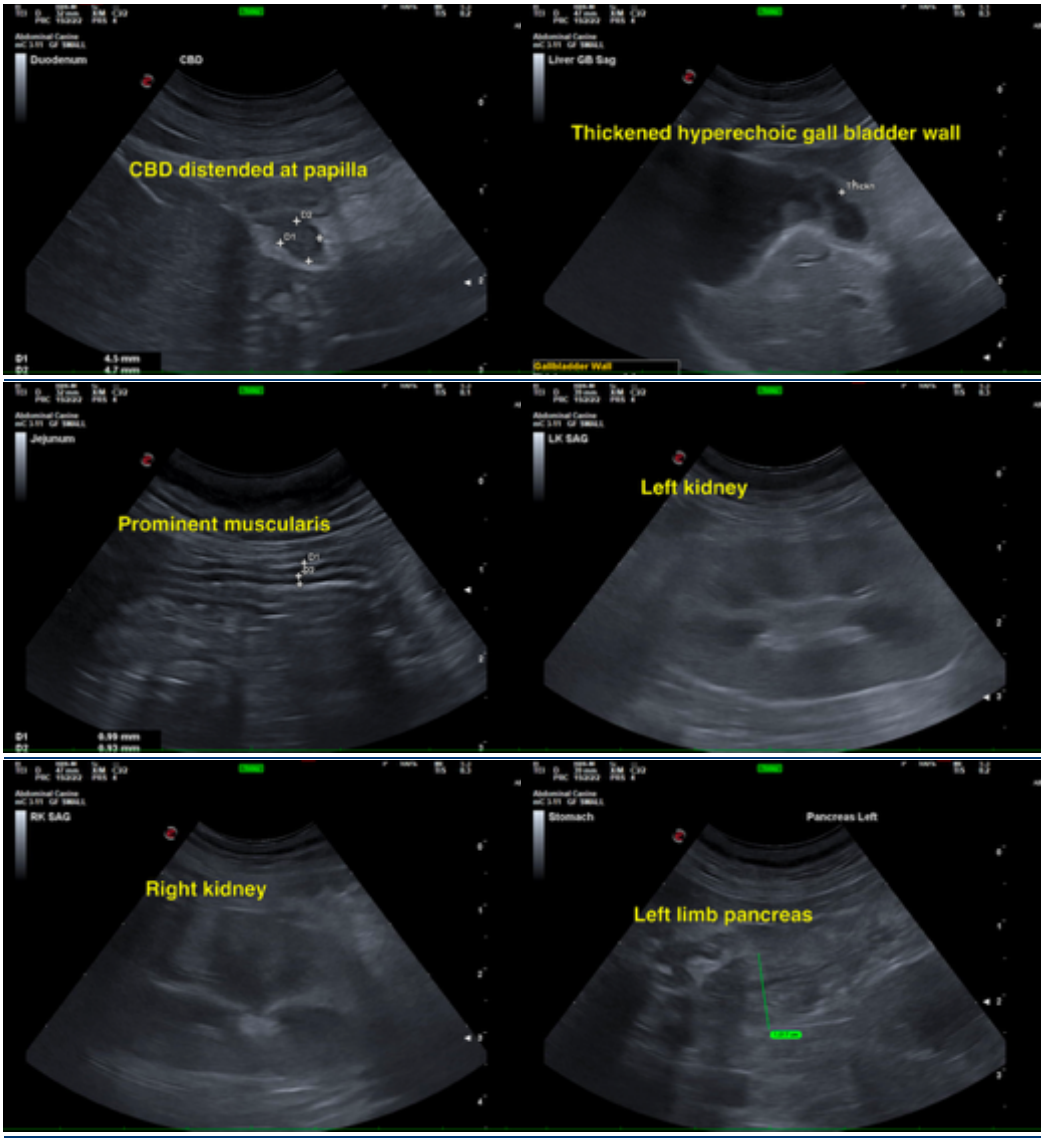
INVOICE

11171

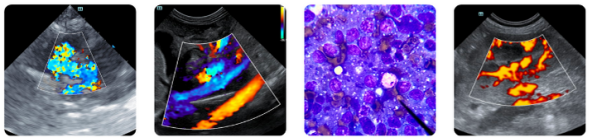
DATE

1/21/2026

for extra anaerobe coverage. Serial monitoring of vital signs, fluid balance, electrolytes and liver values including bilirubin and imaging is recommended.



SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Mota Lopez

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Male Neutered

AGE

13 years

WEIGHT

12 lbs

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Dr. Gabriel Ferrer

HOSPITAL NAME

Pulse Pet Ultrasound Services

REFERRING VET

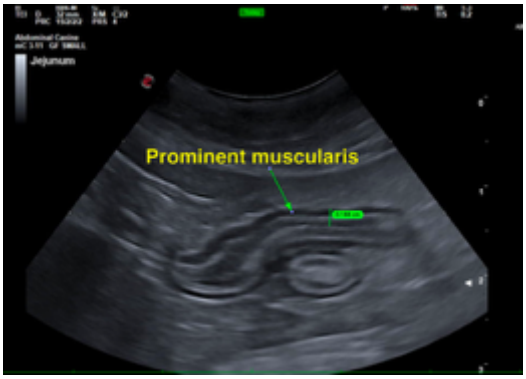
Dr. Jose Garcia Puebla

INVOICE

11171

DATE

1/21/2026



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