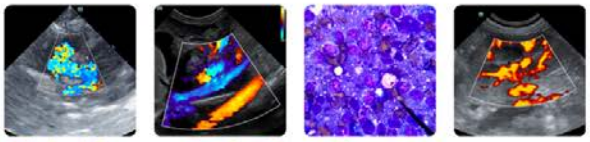


PATIENT

Sophie Fenton

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

14 Years

WEIGHT

7.45

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Heather Platzer

HOSPITAL NAME

Hershire Animal Hospital

REFERRING VET

Lindsay Bohling, DVM

INVOICE

72330

DATE

1/21/26

PRESENTING CLINICAL SIGNS

Patient has a history of allergies - eosinophilic plaque on right lateral side. Client is unable to medicate patient at home -- so patient started DepoMederol injections for skin in September. Client reports-- will notice patient stops urinating and has decreased appetite-- that's when client feels patient is do for a steroid injection - per client patient bounces back within hours of the injection. Recently- patient is getting injection once a month, Patient does have a heart murmur grade I-II/VI. Patient was administered Cerenia and mirataz- with limited improvement. Per client depomederol is the only thing that helps.

Bloodwork results: CBC: WNL, CHEM: Mild hyperglycemia 184, Potassium 3.6, SDMA 14, Creatinine 2.1, BUN 29, Total T4: WNL, 1.3, DepoMedrol injection given 1/16/26

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. The left kidney is visualized and measured at a slightly oblique angle, likely underestimating its true length. Left kidney measures approximately 2.7 cm. Right kidney measures 3.7 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. Left measures 0.36 cm in thickness. Right measures 0.37 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.

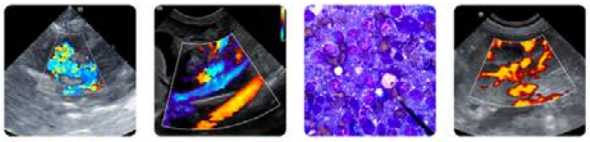
Liver

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.



PATIENT

Sophie Fenton

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

14 Years

WEIGHT

7.45

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Heather Platzer

HOSPITAL NAME

Hershire Animal Hospital

REFERRING VET

Lindsay Bohling, DVM

INVOICE

72330

DATE

1/21/26

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is diffusely increased and wall layering is distinct with a prominent muscularis layer. There were no focal lesions consistent with obstruction or a mass effect observed.

In the descending colon just aborad to the transverse colon there is a focal, not apparently circumferential wall thickening with loss of wall layering measuring 0.66 cm in thickness. The remainder of the visible colonic wall appears unremarkable.

Pancreas

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

Free Abdomen

No clinically significant lymphadenopathy or abnormalities noted. No free fluid noted.

ULTRASONOGRAPHIC FINDINGS

- Focal thickening of the colonic wall, concerning for a colonic mass.
- Thickened small intestines with prominent muscularis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Colonic thickening with loss of wall layering is most concerning for infiltrative disease with adenocarcinoma, lymphoma, gastrointestinal stromal tumor (GIST), leiomyosarcoma, mast cell tumor, extraskeletal osteosarcoma, hemangiosarcoma, and extramedullary plasmacytoma being differentials. Non-neoplastic inflammatory disease or infectious disease (pythiosis) remains a possibility. FNA of the mass could be attempted to further define, though not all colonic masses exfoliate well. The location of this particular mass may prove challenging to FNA, given the overlying spleen in most views. Colonoscopy may be of benefit to further evaluate the colonic wall and obtain biopsy. Ultimately surgical biopsy may be both curative and diagnostic if excision is possible.

Small intestinal changes are most consistent with infiltrative disease of the small intestine with inflammatory bowel disease or GI lymphoma being the top differentials. No overt neoplastic criteria present in the bowel given that curvilnear layering is still intact. Ultrasound cannot differentiate between small cell lymphoma and inflammatory bowel disease and GI biopsies are recommended for definitive diagnosis, especially if there is a poor response to empirical efforts or recurrence of clinical signs after initial control. Endoscopic biopsy is less invasive but may miss lesions due to inability to obtain samples from all sections of the GI tract, especially the jejunum which is the most common site of development of disease. Surgical biopsies are more likely to be diagnostic but are more invasive. If surgery is pursued for the colonic lesion, small intestinal biopsies are recommended at that time, pendig patient stability. A GI panel (TLI/PLI/cobalamin/folate) will help determine the severity of SI dysfunction, and need for vitamin supplementation.

Empiric treatment for IBD includes diet trial with either hydrolyzed or select protein diet, vitamin b-12 supplementation, GI support as needed (anti-nausea, appetite stimulant). Treatment with steroids (budesonide vs prednisolone) is often required – biopsies should be acquired prior to treatment with steroids. Steroids may ultimately be tapered to the lowest effective dose or discontinued in some cases.

PATIENT

Sophie Fenton

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

14 Years

WEIGHT

7.45

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Heather Platzer

HOSPITAL NAME

Hershire Animal Hospital

REFERRING VET

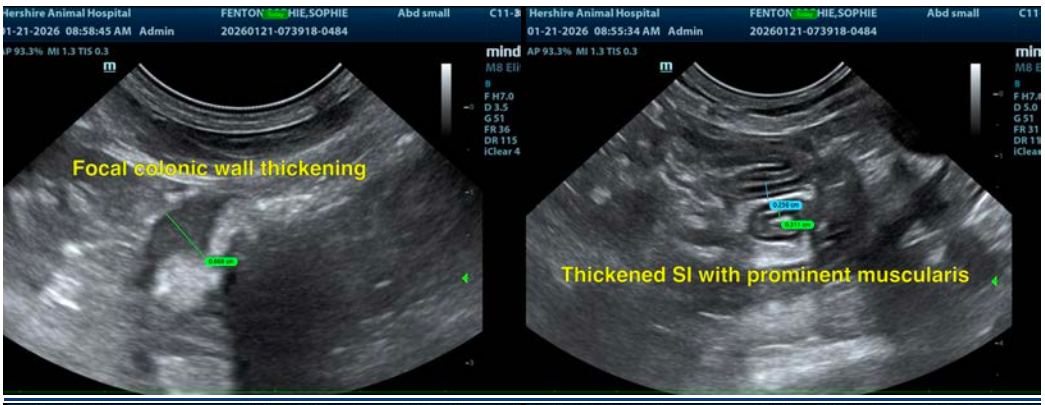
Lindsay Bohling, DVM

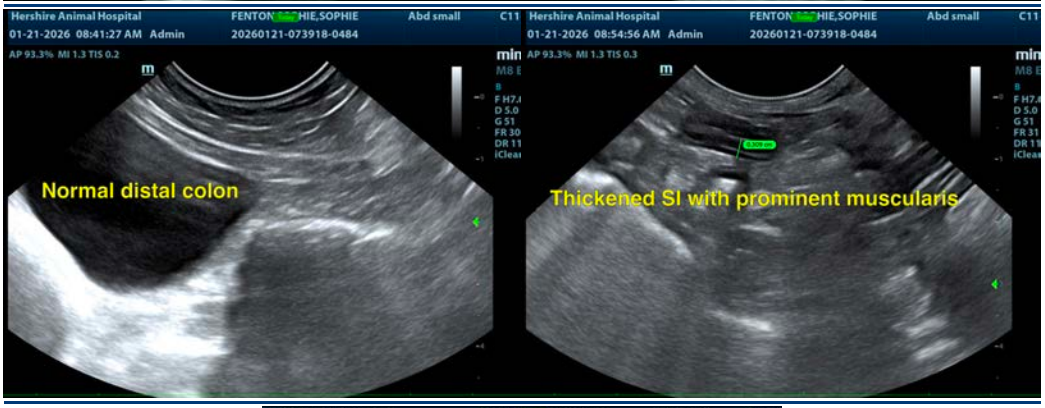
INVOICE

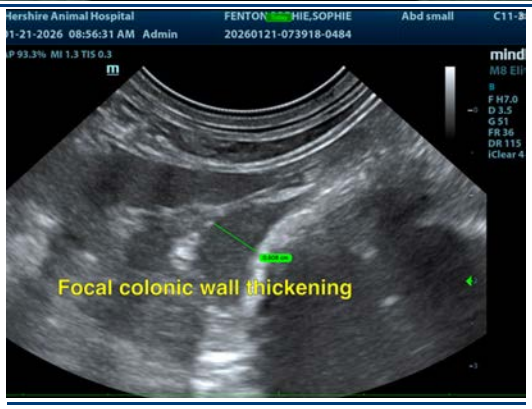
72330

DATE

1/21/26







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