



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
 Amber Carbone

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

12 years

WEIGHT

5.25 kg

- 1- Congestive heart failure (exacerbated)
- 2- Acute respiratory distress (improving with treatment)
- 3- Hyperthyroidism (improving with diet)
- 4- Pericardial effusion
- 5- Abdominal effusion
- 6- Mild dehydration
- 7- Head twitches (chronic)
- 8- Electrolyte imbalance (hypokalemia, hypochloremia) (likely due to diuretics)
- Current Medications: Apoquel 3.6 mg: 0.5 tab every other day (for allergies) - Clopidogrel 75mg: 0.25 tab once daily - Furosemide 20 mg: 2 tablets daily (1 AM, 0.5 midday, 0.5 PM), increased to 3 tablets daily (1 AM, 1 midday, 1 PM; total 60 mg/day) since yesterday due to breathing difficulties, per cardiologist's recommendation. - Pimobendan 1.25 mg: Twice daily - Benazepril 5 mg: 0.25 tab twice daily (total 0.5 tab/day)

Abnormal PE/Chem/CBC/UA Results: A- Bloodwork - CBC: Reticulocytes 73.8 3.0 - 50.0 K/ μ L H Eosinophils 0.05 0.17 - 1.57 $\times 10^9$ /L L - Chemistry: Creatinine 63 71 - 212 μ mol/L L Urea (BUN) 16.0 5.7 - 12.9 mmol/L H Potassium 3.1 3.5 - 5.8 mmol/L L Na: K Ratio 49 Chloride 110 112 - 129 mmol/L L - Thyroid: tT4 49 (down from 101 two weeks prior after starting thyroid diet). Coag. Panel: Citrated Prothrombin Time (PT) 14.0 15.0 - 22.0 seconds L Citrated Partial Thromboplastin Time (PTT) 81.0 65.0 - 119.0 seconds B- TFAST: Pleural effusion noted on both thoracic hemispheres, no B-lines AFAST: Free abd. fluid noted in DH and scant fluid in HR site.

INTERPRETED BY

Dr Brittany Sinclair,
 BVSc(hons),
 DACVECC

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Hamilton Region
 Veterinary Emergency
 Clinic

REFERRING VET

Dr. Yaseen

INVOICE

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DATE

1/29/2026

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.

The right kidney measured 3.7 cm in length. The left kidney measured 3.8 cm in length.

Adrenal Glands

The adrenal glands are not distinctly visualized in these images.

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



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regenerative pathology is evident. There are small hyperechoic, shadowing foci visible within the hepatic parenchyma, most consistent with intrahepatic biliary mineralization.

Gall bladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is slightly tortuous and mildly distended proximally but tapers normally with no masses or luminal choleliths visualized.

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 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.

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 pancreas was not distinctly visualized.

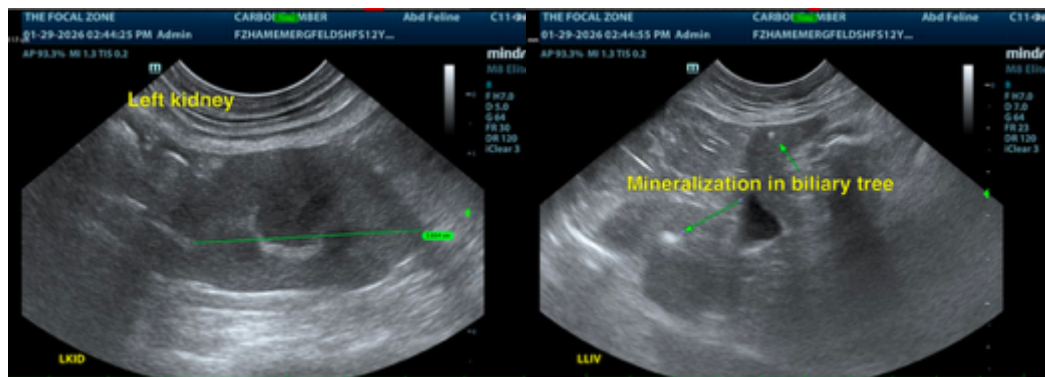
ULTRASONOGRAPHIC FINDINGS

- Intrahepatic biliary mineralization.
- Proximally tortuous common bile duct.
- Aging renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Intrahepatic biliary mineralization and tortuous common bile duct in the absence of current inflammation is likely an incidental chronic change, likely caused by previous episodes of cholangitis.

Renal changes are likely age-related degeneration.





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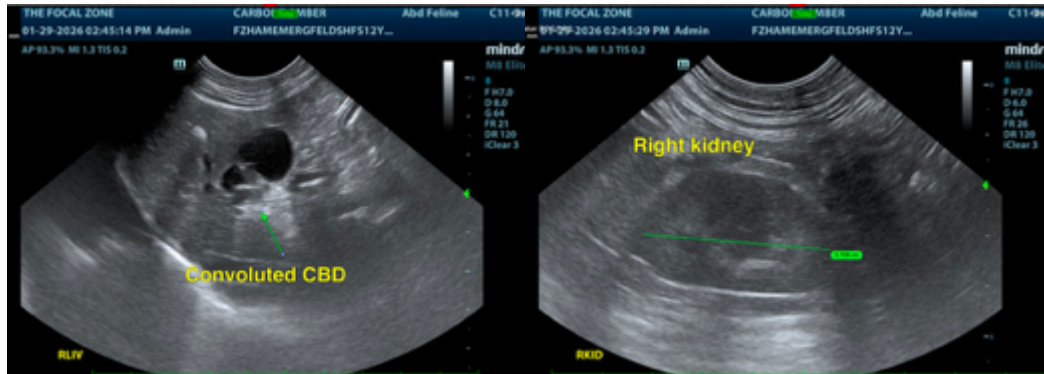
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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