



PATIENT

Flex Samant

SPECIES

Feline

BREED

Maine Coon

SEX

Neutered Male

AGE

17 Years

WEIGHT

4.09 kg

INTERPRETED BY

Dr Brittany Sinclair,
BVSc(hons), DACVECC

IMAGING PERFORMED BY

Meghan Morse LVT,
CVT

HOSPITAL NAME

Bond Vet Edgewater

REFERRING VET

Dr. Ordonez

INVOICE

13058

DATE

01/09/2026

PRESENTING CLINICAL SIGNS

Hx of changes of appetite since 12/28/25. O reports episodes of increased urination and constipation

Current meds: Metronidazole, Probiotics

Abnormal PE/Chem/CBC/UA Results: 23 HCT, Increased lipase and ALT

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 right kidney has a smooth capsule and with mild hazing of corticomedullary definition. Pinpoint areas of cortical mineralization. The right kidney measured 3.03 cm in length. The right kidney is significantly smaller than the left kidney.

The left kidney has 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 left kidney measured 3.57 cm in length. Spherical anechoic fluid accumulation consistent with cortical cyst. The cyst measured 0.80 cm x 0.90 cm.

Adrenal Glands

Both adrenal glands were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.30 cm in thickness. The right adrenal gland measured 0.36 cm in thickness.

Spleen

The spleen was normal with a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma and 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 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. No pathological hepatic lymphadenopathy observed.

Gall bladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is slightly tortuous and mildly distended along its length but appears to taper with no masses or luminal choleoliths visualized.

Gastrointestinal



PATIENT

Flex Samant

The stomach contains minimal luminal contents. It measures at a normal thickness with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

SPECIES

Feline

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

BREED

Maine Coon

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.

SEX

Neutered Male

Pancreas

The base and limbs of the pancreas were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour and parenchyma were normal. No overt evidence of active inflammatory or neoplastic disease was noted.

AGE

17 Years

Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

WEIGHT

4.09 kg

ULTRASONOGRAPHIC FINDINGS

INTERPRETED BY

Dr Brittany Sinclair,
BVSc(hons), DACVECC

- Degenerative renal changes with right renal atrophy and left renal cyst.
- Slightly thickened small intestines with slightly prominent muscularis.
- Tortuous common bile duct- likely incidental.

IMAGING PERFORMED BY

Meghan Morse LVT,
CVT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Small intestinal changes are very mild and may be a variation of normal, but together with clinical signs may represent 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 curvilinear 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. A GI panel (PLI/cobalamin/folate) will help determine the severity of SI dysfunction, and need for vitamin supplementation.

HOSPITAL NAME

Bond Vet Edgewater

REFERRING VET

Dr. Ordenez

INVOICE

13058

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.

DATE

01/09/2026



PATIENT

Flex Samant

Renal changes are likely age-related degeneration. Correlate clinical significance with semi-annual blood work/urinalysis findings and clinical signs. The smaller size of the right kidney is likely representative of decreased right renal nephron mass/atrophy.

SPECIES

Feline

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

BREED

Maine Coon

SEX

Neutered Male

AGE

17 Years

WEIGHT

4.09 kg

INTERPRETED BY

Dr Brittany Sinclair,
BVSc(hons), DACVECC

IMAGING PERFORMED BY

Meghan Morse LVT,
CVT

HOSPITAL NAME

Bond Vet Edgewater

REFERRING VET

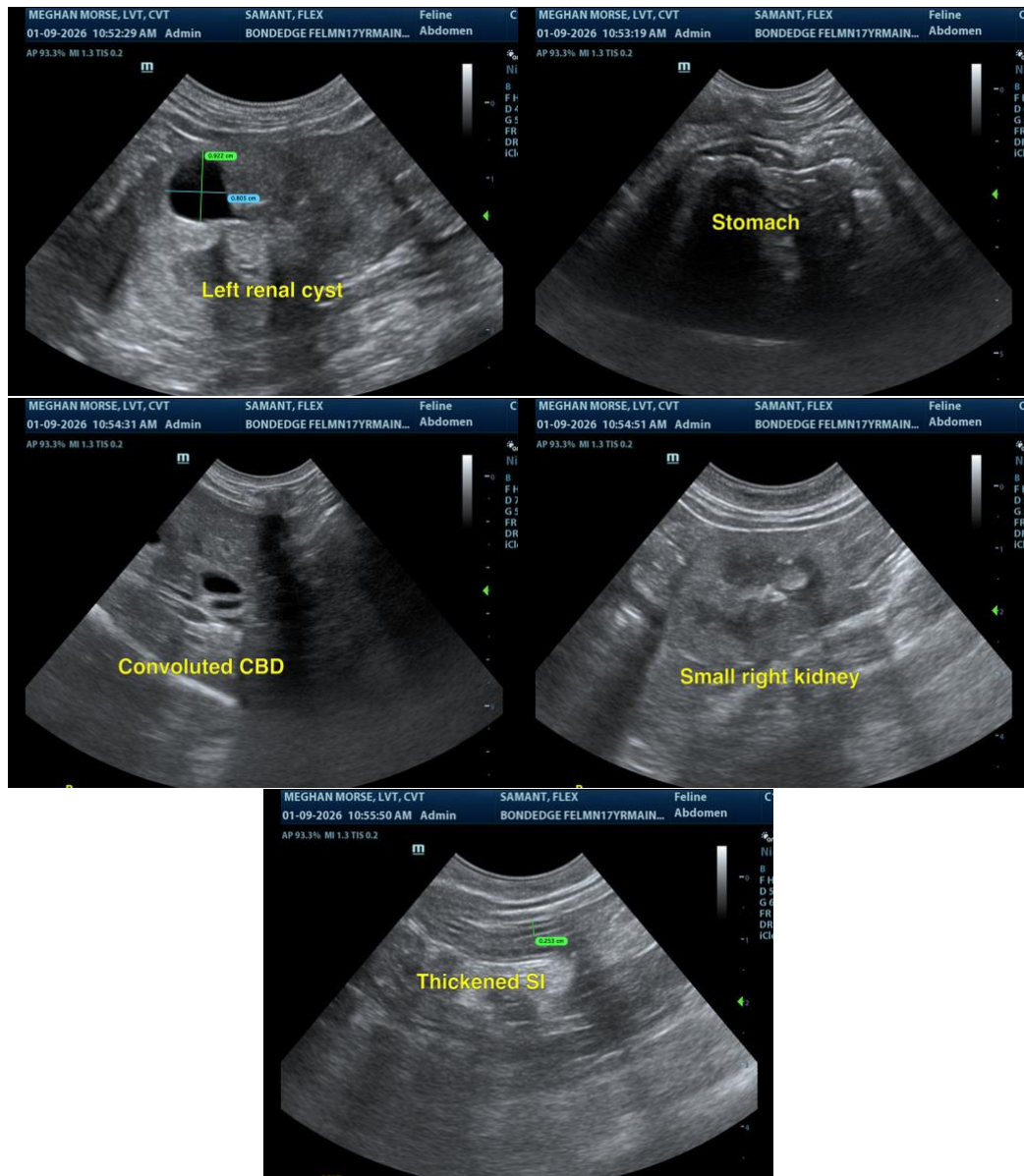
Dr. Ordonez

INVOICE

13058

DATE

01/09/2026



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.



PATIENT

Flex Samant

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.

SPECIES

Feline

Dr Brittany Sinclair, BVSc(hons), DACVECC

info@SonoPath.com

BREED

Maine Coon

SEX

Neutered Male

AGE

17 Years

WEIGHT

4.09 kg

INTERPRETED BY

Dr Brittany Sinclair,
BVSc(hons), DACVECC

**IMAGING
PERFORMED BY**

Meghan Morse LVT,
CVT

HOSPITAL NAME

Bond Vet Edgewater

REFERRING VET

Dr. Ordonez

INVOICE

13058

DATE

01/09/2026