



PATIENT

Willow Vitale

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

12 Years

WEIGHT

6.6 pounds

INTERPRETED BY

Dr Brittany Sinclair,
BVSc(hons), DACVECC

IMAGING PERFORMED BY

Meghan Morse LVT,
CVT

HOSPITAL NAME

The Venturing Vet

REFERRING VET

Dr. Herzog

INVOICE

13057

DATE

01/09/2026

PRESENTING CLINICAL SIGNS

Hx of triaditis, recent episode of D+ and V+ intermittently, decreased appetite x5 days, palpable thickening of intestines? Current meds: Prednisolone 3mg SID, Cerenia PRN

Abnormal PE/Chem/CBC/UA Results: ALT 104, Chol 38 PLt 163, Lymph 9027, Mono 1062, Eos 1062 Cobalamin 194, PSL high

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. The right kidney measured 3.79 cm in length. The left kidney measured 3.48 cm in length.

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 0.26 cm in thickness. The right adrenal gland measured 0.26 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. Gallbladder 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 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.

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 slightly



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prominent muscularis layer. There were no focal lesions consistent with obstruction or a mass effect observed. Some small intestines have hazy wall layering.

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 left limb of the pancreas is prominent and enlarged.

Lymph Nodes

Mesenteric lymph nodes are enlarged and hypoechoic with maintenance of length: width ratio and surrounding hypoechoic mesentery consistent with focal inflammation. A gastric lymph node is prominent, rounded and hypoechoic.

ULTRASONOGRAPHIC FINDINGS

- Diffuse small intestinal thickening with prominent muscularis and some loops with hazy wall layering.
- Mesenteric lymphadenopathy with areas of inflammation.
- Pancreatitis.
- Mild aging renal changes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The presence of pancreatic changes together with small intestinal changes is consistent with the diagnosis of feline triaditis. Gallbladder is ultrasonographically normal and may not be involved in this patient or may not be currently inflamed. Ultimately, biopsy is necessary for more definitive diagnosis.

Supportive care is reasonable in this patient. Increasing the steroid dose to twice daily should be considered given the current flare.

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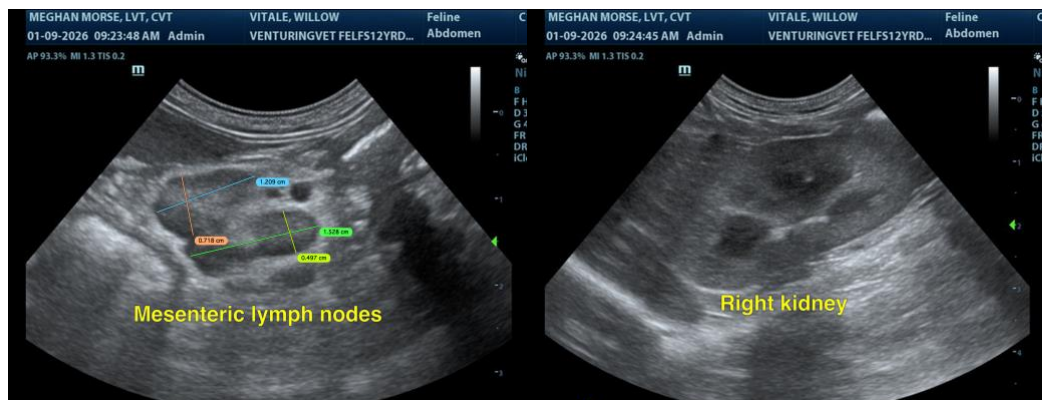
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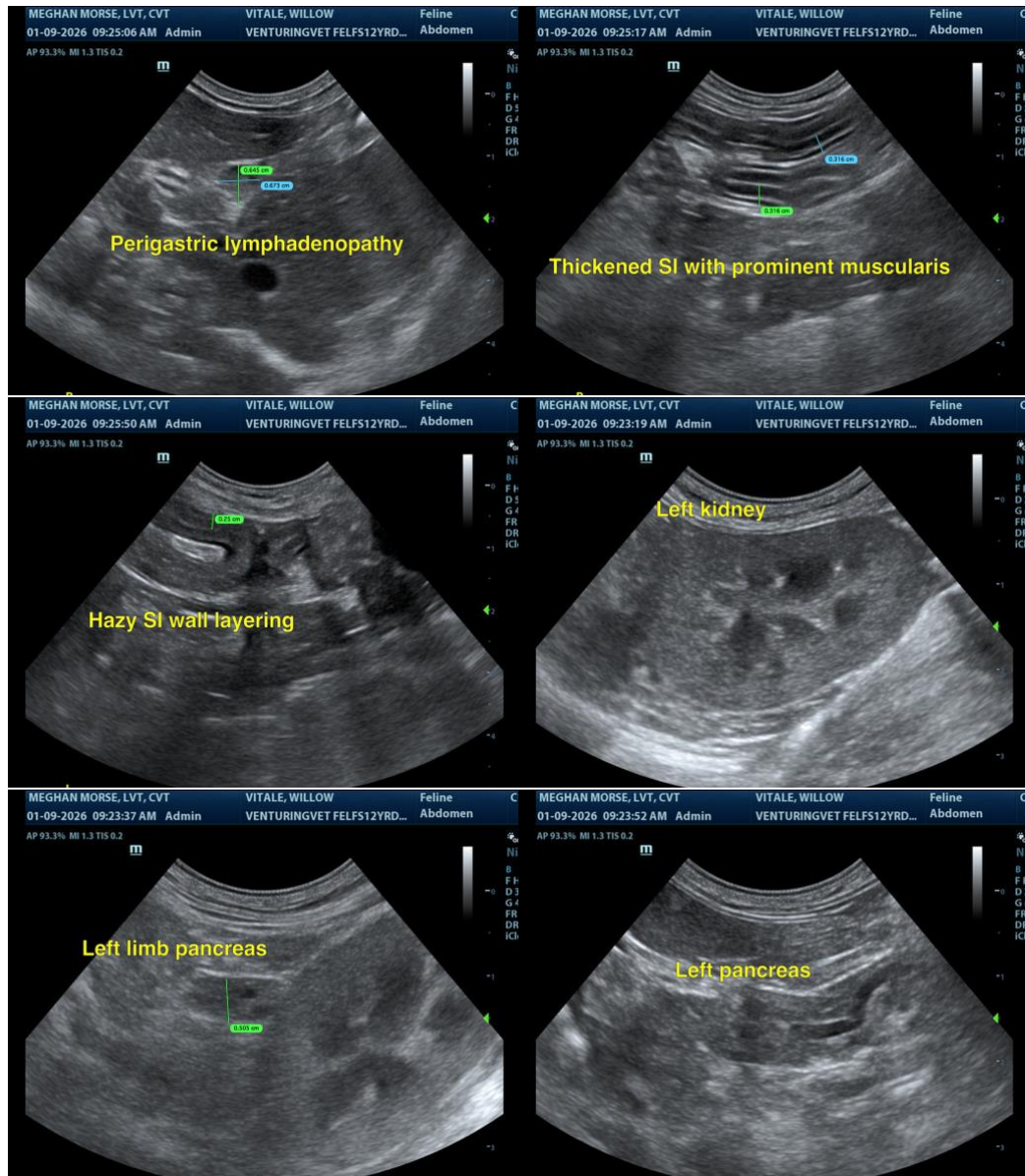
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@SonoPath.com



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