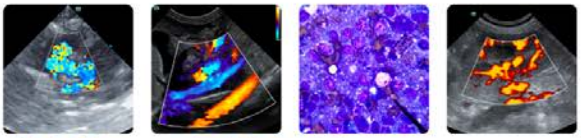

PATIENT

PoohPooh Carriere

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

12 Years

WEIGHT

10 lbs

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Meghan Morse, LVT, CVT

HOSPITAL NAME

Narrowsburg Veterinary

REFERRING VET

Dr. Hess

INVOICE

71766

DATE

11/13/25

PRESENTING CLINICAL SIGNS

Wt loss
Abnormal PE/Chem/CBC/UA Results: Labs WNL

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. Mobile debris present in the urinary bladder. 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. Left kidney measures 3.47 cm. Right kidney measured 3.41 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 0.38 cm in thickness. Right measures 0.47 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.

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.

The ileocecal junction was not visualized. Sections of colon are visualized with gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

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Pancreas

The right limb of the pancreas is prominent and somewhat enlarged and hypoechoic. There is hyperechoic mesentery around the PDJ/body of the pancreas. The left pancreatic limb is hyperechoic to heterogeneous and somewhat irregular.

Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

Free Abdomen

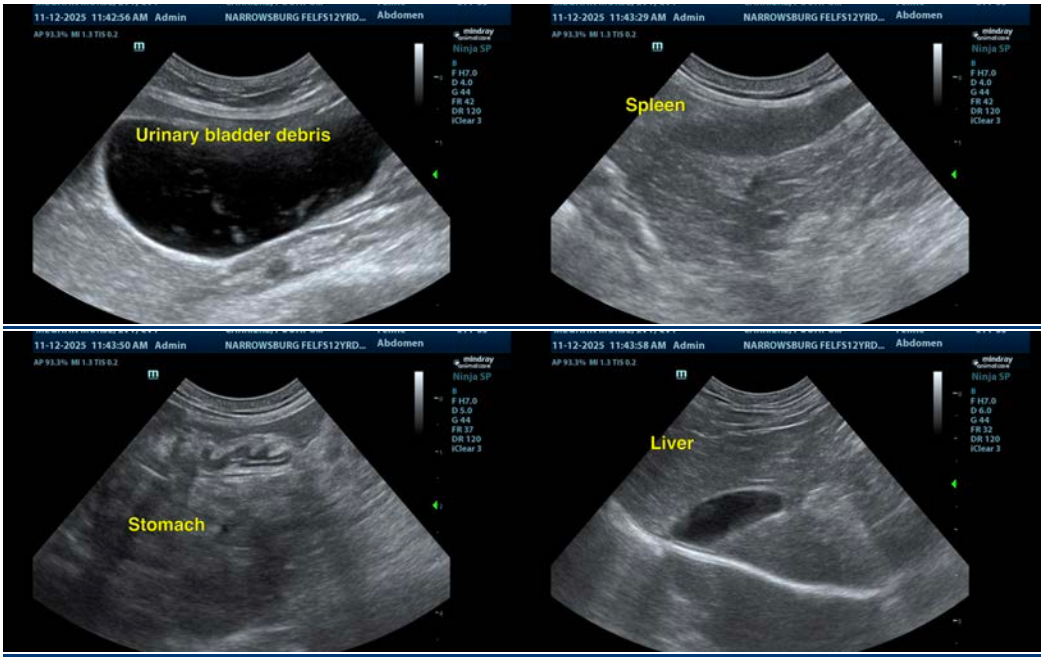
No masses or free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

- Diffuse pancreatic enlargement with areas of hyperechogenicity and heterogenicity.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pancreatic changes may represent acute or acute on chronic pancreatitis. Some of the heterogenicity and irregularity may be remodeling from chronic inflammation. Early pancreatic neoplasia cannot be excluded, though no specific masses or fluid accumulations were visualized. Pancreatic FNA could be considered to further define, though the pancreas does not always exfoliate well. Surgical pancreatic biopsy is more likely to obtain a more definitive diagnosis but is invasive and can cause pancreatitis. Treatment for pancreatitis, which is entirely supported, could be considered with plan for reimaging and sampling if there is no clinical improvement.



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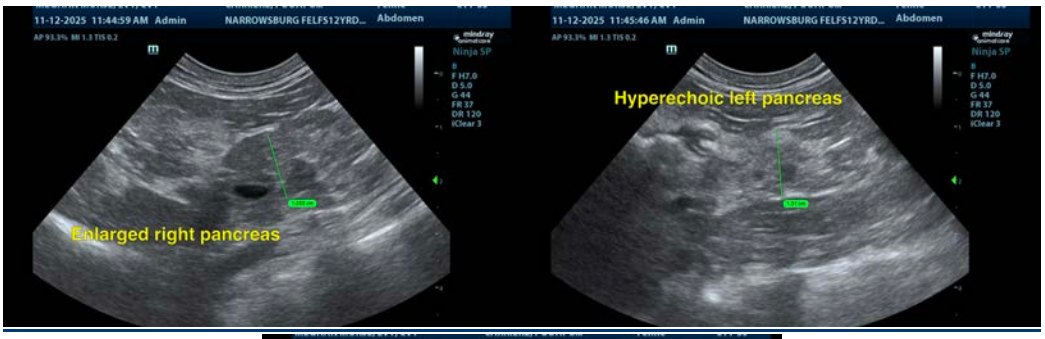

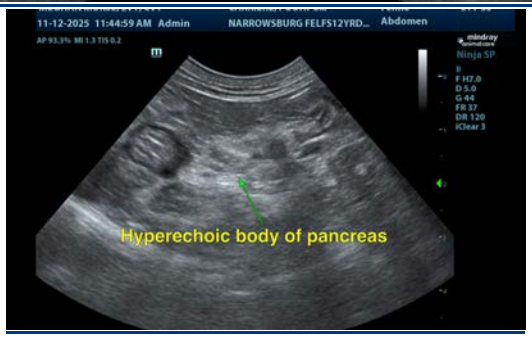

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com