



PATIENT PRESENTING CLINICAL SIGNS

Borris Krach Ongoing weight loss while still eating very well. Rads concerning due to lack of fat, gas distended stomach and gas in small intestine, calcification seen in cranial/ventral abdomen.

SPECIES Abnormal PE/Chem/CBC/UA Results: Please see attached rads and lab results. USG 1.018

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

DSH 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.

SEX

Neutered Male

The kidneys have a smooth capsule and with hazing of corticomedullary definition to the point of inability to determine cortical/medullary ratio. Hyperechoic, shadowing foci present in renal parenchyma and calyces consistent with nephrocalcinosis. No evidence of pelvic dilation was present. Right kidney measures 3.44 cm in length, and the left kidney measures 3.56 cm in length.

AGE

17 years

WEIGHT

2.36 kg

Adrenal Glands

The left adrenal gland was visualized and recognized as having normal shape, size, position and echogenicity for this breed and age. The visible phrenic vasculature was unremarkable. Left adrenal measures 0.41 cm in thickness.

INTERPRETED BY

Dr Brittany Sinclair,
 BVSc(hons),
 DACVECC

The right adrenal gland was not distinctly visualized.

Spleen

The spleen was normal in size with a mottled parenchyma and smooth capsule. Normal splenic vasculature with no signs of congestion or thrombosis.

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Crystal Hill

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. No pathological hepatic lymphadenopathy observed.

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 Hospital

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Gall bladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally.

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Gastrointestinal

The stomach is significantly distended with echogenic material most consistent with a very large amount of ingesta with some gas shadowing. There are hyperechoic linear structures within the ingesta, which are likely to represent the mineralized foci seen on radiographs.

DATE

11/7/2025

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with ingesta throughout. The presence of ingesta throughout the small intestine inhibits accuracy of assessing wall thickness. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3



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

Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

Free Abdomen

No masses or free fluid were noted.

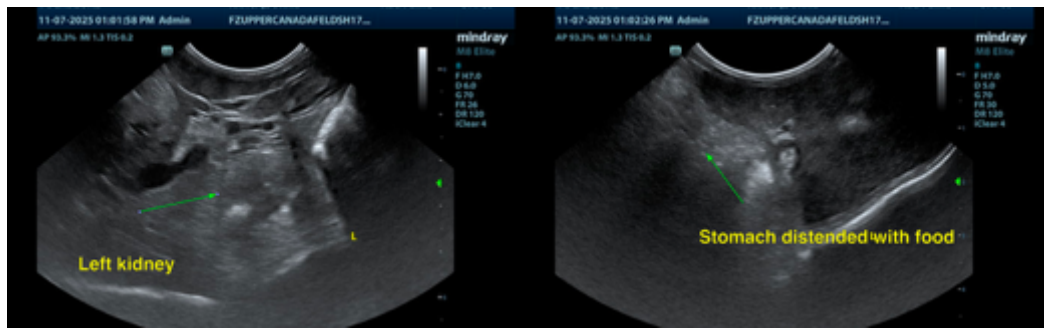
ULTRASONOGRAPHIC FINDINGS

- Significant gastric distension with apparent ingesta and ingesta throughout GI tract.
- Mottled spleen.
- Degenerative renal changes with mild nephrocalcinosis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Splenic parenchymal changes may be age related remodeling, however, given the ongoing weight loss despite normal appetite, splenic aspirate is recommended to further define.

There's no other cause of weight loss identified on abdominal ultrasound. There's a very large amount of ingesta throughout the GI tract which may mask some lesions. The significant gastric distension may indicate decreased small intestinal motility. Correlate with knowledge of fasting prior to ultrasound.





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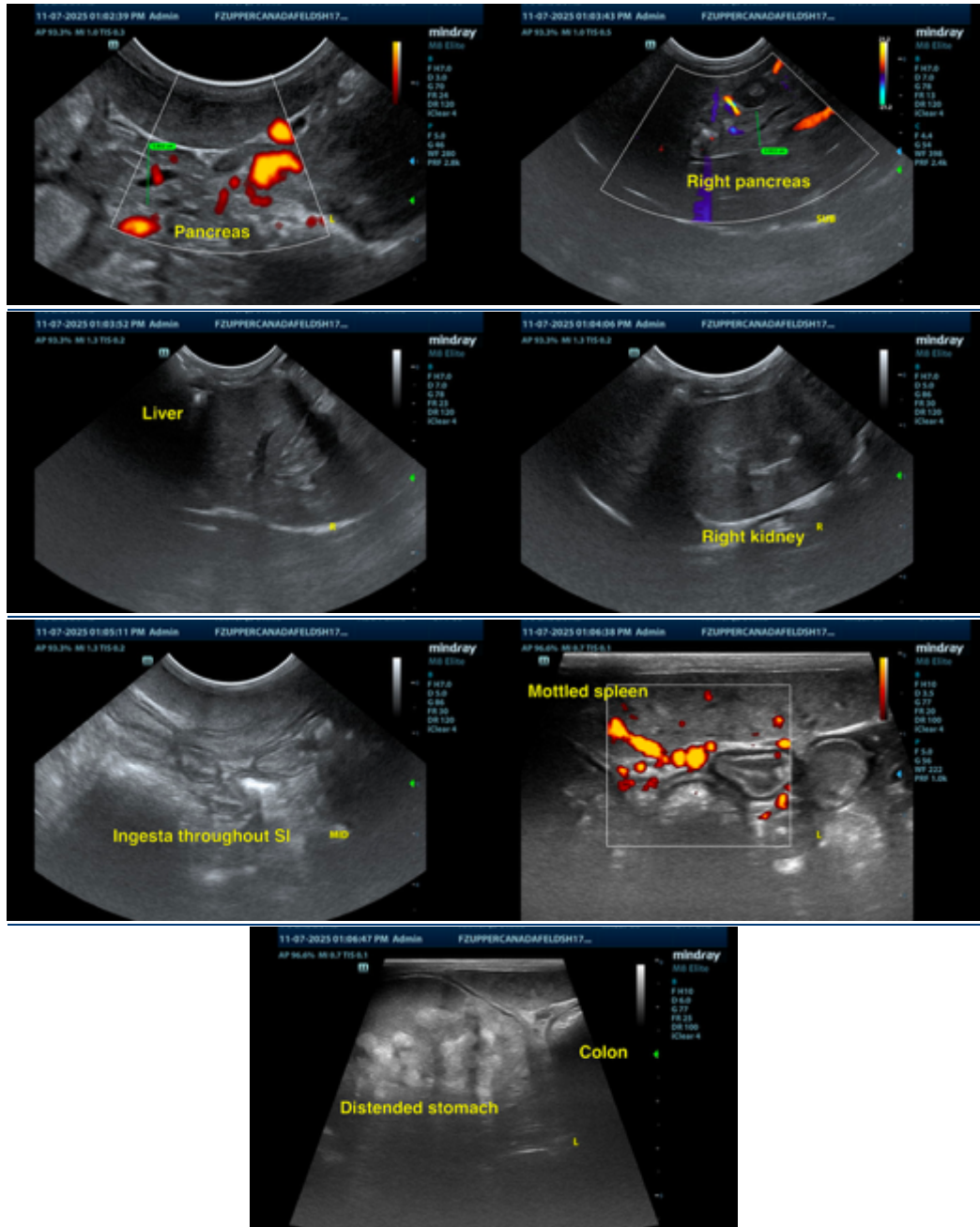
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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