



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Miso Tobin	History of hiding, withdrawn behavior, hyporexia progressing to anorexia. No vomiting
<b>SPECIES</b>	Abnormal PE/Chem/CBC/UA Results: Doughy feel to bowel loops on exam yesterday, progressively more firm/ mass effect in the mid abdomen today. Miso is afebrile, u/d WNL CBC, chemistry T4, fPL all WNL
Feline	
<b>BREED</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
DSH	<b>Urinary System</b>
<b>SEX</b>	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.
Spayed Female	
<b>AGE</b>	The kidneys have a smooth capsule and with hazing of corticomedullary definition to the point of inability to determine cortical/medullary ratio. Hyperechoic striations in renal cortex consistent with mineralization. No evidence of pelvic dilation was present. Left kidney measured 4.14 cm. Right kidney measures 4.23 cm.
8	
<b>WEIGHT</b>	<b>Adrenal Glands</b>
13.2	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 0.48 cm in thickness. Right measures 0.46 cm in thickness.
<b>INTERPRETED BY</b>	<b>Spleen</b>
Dr Brittany Sinclair, BVSc(hons), DACVECC	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.
<b>IMAGING PERFORMED BY</b>	<b>Liver</b>
Dr. Sarah Green	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.
<b>HOSPITAL NAME</b>	<b>Gallbladder</b>
Healing Spirit Animal Wellness	Gall bladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally.
<b>REFERRING VET</b>	<b>Gastrointestinal</b>
Dr. Sarah Green	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.
<b>INVOICE</b>	
72537	
<b>DATE</b>	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.
12/12/25	



**PATIENT**

Miso Tobin

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

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**WEIGHT**

13.2

**INTERPRETED BY**

Dr Brittany Sinclair,  
BVSc(hons),  
DACVECC

**IMAGING PERFORMED BY**

Dr. Sarah Green

**HOSPITAL NAME**

Healing Spirit Animal  
Wellness

**REFERRING VET**

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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 enlarged and hypoechoic with surrounding hyperechoic mesentery. No fluid accumulations visualized. No mass effect consistent with pancreatic neoplasia visualized.

**Lymph Nodes**

No clinically significant lymphadenopathy or abnormalities noted.

**Free Abdomen**

No masses or free fluid were noted.

**ULTRASONOGRAPHIC FINDINGS**

- Pancreatitis.
- Degenerative renal changes with nephrocalcinosis.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Pancreatic changes are consistent with acute pancreatitis. Measurement of PLI is recommended to further support diagnosis. Treatment for pancreatitis is supportive and involves fluid support, GI support (anti-nausea, appetite stimulant), analgesia and enteral nutrition. Antibiotics are generally not warranted for acute pancreatitis as it is generally sterile. Serial imaging is indicated if clinical signs are not resolving to assess for possible progression to pancreatic abscessation or post hepatic bile duct obstruction.

There is no ultrasonographically visible mass on ultrasound. Abnormal palpation may represent full colonic tissue, abnormal feeling to a kidney, etc.





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Miso Tobin

## SPECIES

Feline

## BREED

DSH

## SEX

Spayed Female

## AGE

8

## WEIGHT

13.2

## INTERPRETED BY

Dr Brittany Sinclair,  
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DACVECC

## IMAGING PERFORMED BY

Dr. Sarah Green

## HOSPITAL NAME

Healing Spirit Animal  
Wellness

## REFERRING VET

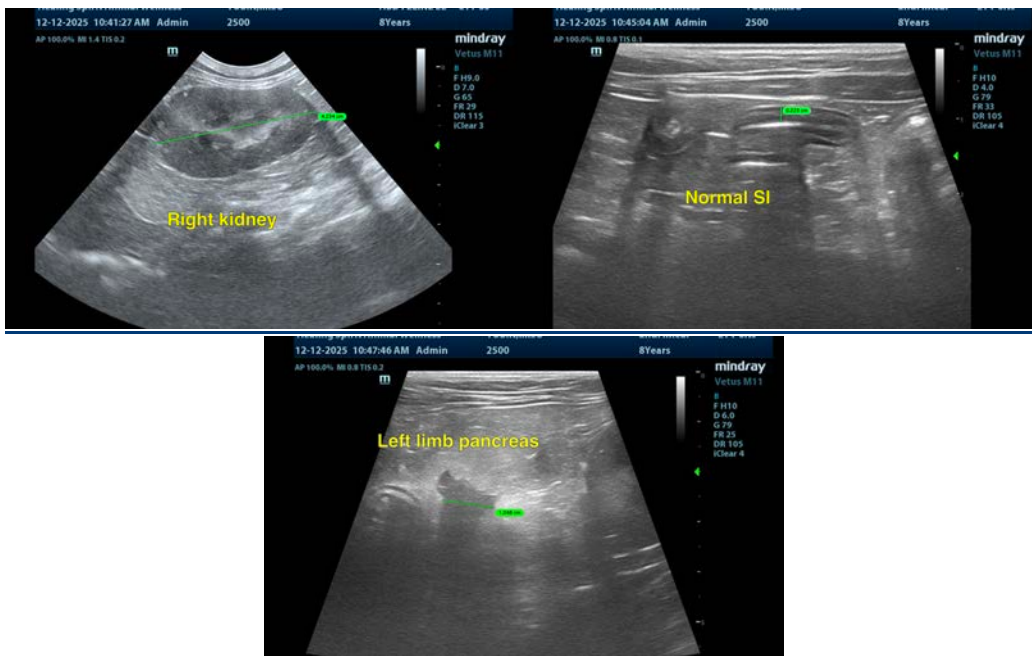
Dr. Sarah Green

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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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