

**PATIENT**

Finnigan Watson

**SPECIES**

Feline

**BREED**

Siamese

**SEX**

Neutered Male

**AGE**

14 Years

**WEIGHT**

4.5 kg

**INTERPRETED BY**

Dr Brittany Sinclair,  
 BVSc(hons), DACVECC

**IMAGING PERFORMED BY**

Amanda Stewart

**HOSPITAL NAME**

Beattie Pet Hospital  
 Stoney Creek

**REFERRING VET**

Dr. Mellish

**INVOICE**

12770

**DATE**

12/19/25

**PRESENTING CLINICAL SIGNS**

Not eating Vomiting occasionally with blood present Weight loss, muscle wasting over spine Hiding Won't eat kibble Soft and no pain on abdominal palpation Current Medications Forti Flora, Buprenorphine, Omeprazole

Abnormal PE/Chem/CBC/UA Results: UTI, GGT 5, K 3.3, PL 19, NEU 11.45 Radiographic Findings None taken Primary Question to Be Answered in This Exam O would like to know what is causing Ps symptoms

**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 were both normal size and structure, with smooth capsule and normal corticomedullary definition and ratio (cortex 1/3 of medulla). Medullary structure differed distinctly from that of the cortex. Hyperechoic, shadowing foci present in renal parenchyma and calyces consistent with nephrocalcinosis bilaterally. The right kidney measured 3.91 cm in length. The left kidney measured 3.73 cm in length.

**Adrenal Glands**

Left adrenal gland was visualized on still image only. It appears to have normal shape, size, position and echogenicity for this breed and age though this could not be confirmed on cine loops. The left adrenal gland measured 0.41 cm in thickness.

The right adrenal gland was not visualized.

**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 gas shadowing partially obstructing visualization of contents. It measures at a normal thickness with some variability due to the presence of rugal folds. The distinction of the gastric



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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 normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis: mucosa layer ratio. Visualized peristalsis appears appropriate. 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 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 and visible body of the pancreas are enlarged and hypoechoic with a somewhat nodular/irregular echotexture.

**Lymph Nodes**

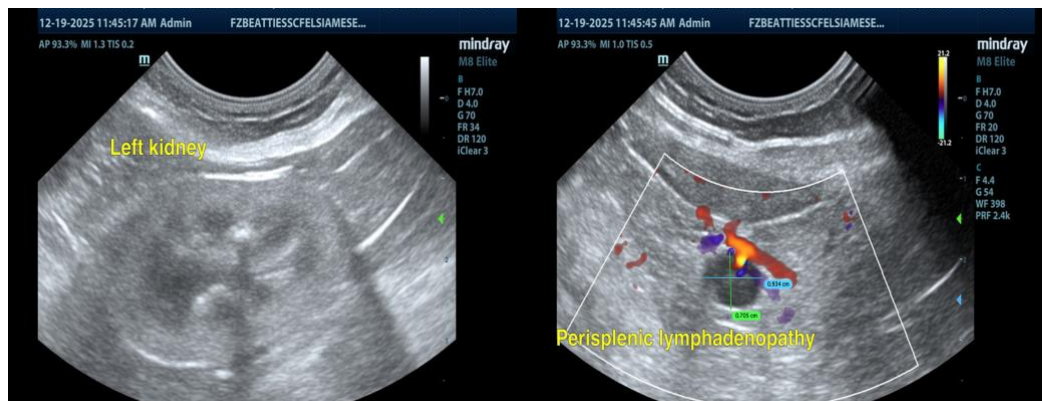
Perigastric, peripancreatic and perisplenic lymph nodes are enlarged, rounded and hypoechoic.

**ULTRASONOGRAPHIC FINDINGS**

- Enlarged and irregular pancreas with surrounding significant lymphadenopathy.
- Bilateral nephrocalcinosis.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The changes to the pancreas are more significant than typically seen with pancreatitis though chronic pancreatic inflammation with an acute flare up is a possibility for visualized changes. The presence of surrounding lymphadenopathy increases my index of concern for infiltrative disease such as neoplasia. Lymph node aspirate could be attempted though may be challenging due to the depth of the lymph nodes and surrounding GI tract and other organs. Ultimately, biopsy may be required for a more definitive diagnosis. Treatment for acute pancreatitis should be considered.





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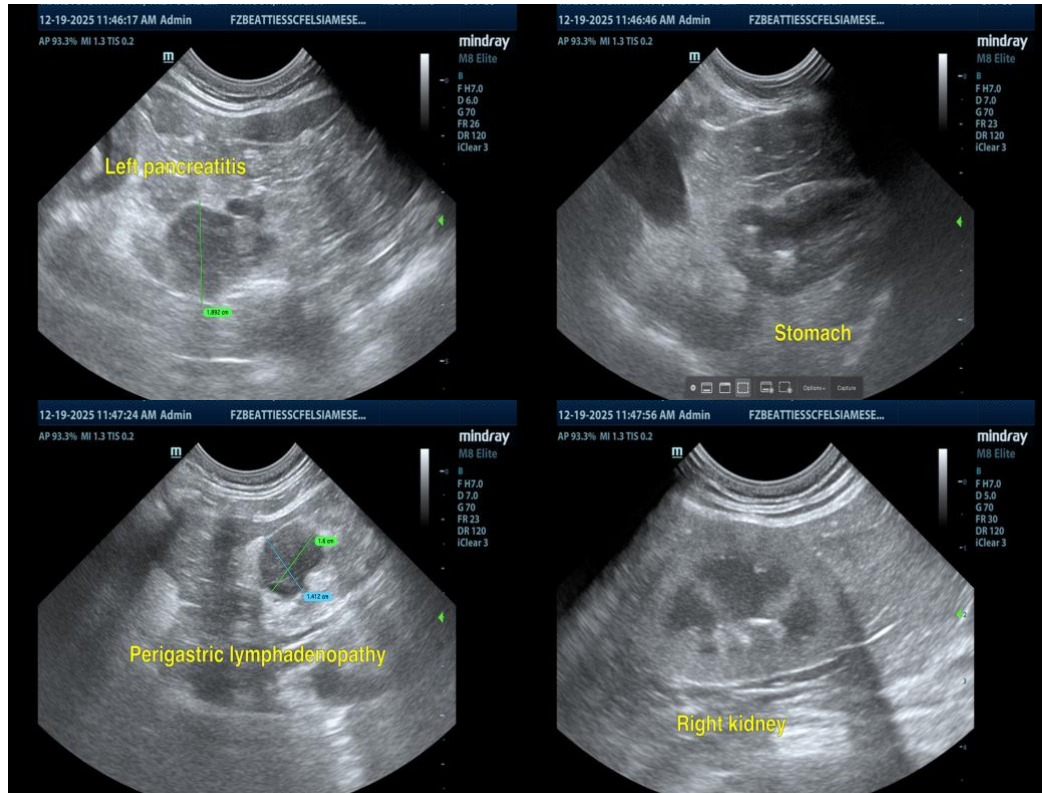
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC

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