



PATIENT

Leia Vink

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

1 Year

WEIGHT

9.7 lbs

INTERPRETED BY

Dr Brittany Sinclair,
 BVSc(hons),
 DACVECC

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Dog & Cat Clinic of
 Niagara

REFERRING VET

Dr. Haidy

INVOICE

72853

DATE

12/29/25

PRESENTING CLINICAL SIGNS

Leia, a 1.5-year-old female cat, presented for significant weight loss, inappetence, and lethargy. Historical Conditions: - The patient congenitally has only one kidney; however, previous blood work and a urinalysis performed approximately 10 days ago were reportedly normal. Mentation: Lethargic and quiet. MM: Icteric, moist. CRT < 2sec. Hydration: Mildly dehydrated. Current Medications Mirtaz Ursodiol 75mg Denamarin 90mg Famotidine 10mg/ml

Abnormal PE/Chem/CBC/UA Results: Labs and rads attached

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 right kidney presents 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. Right kidney measures 4.18 cm in length.

The left kidney is not visualized, consistent with reported left renal agenesis.

Adrenal Glands

Adrenal glands are visualized and measured on still images only. Resolution is inadequate to assess glandular detail or confirm measurement. Left measures 0.23 cm. Right measures 0.33 cm.

Spleen

The spleen appears to be curled cranially, which creates a rounded mass effect. Parenchyma is normal, and visualized blood flow appears normal.

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.



PATIENT

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.

Leia Vink

Pancreas

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The area of the pancreas was isoechoic to surrounding tissue with no overt inflammation. Pancreatic tissue was not distinctly visualized which is common.

Feline

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Lymph Nodes

DSH

No clinically significant lymphadenopathy or abnormalities noted.

SEX

Free Abdomen

Spayed Female

No masses or free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

AGE

- Curled spleen, otherwise normal abdomen.

1 Year

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

The abnormal appearance of the spleen may be a variation of normal and may be incidental to the patient's current clinical signs. It can be a normal anatomic variant. It can also represent acute or chronic inflammation of the spleen, leading to adhesions, and can also cause a mass-like appearance on palpation and abdominal radiographs. Given patient's vague clinical signs and lack of other significant findings on ultrasound, splenic FNA should be considered to rule out round cell infiltration as a cause of inflammation.

9.7 lbs

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The liver appears sonographically normal, and the gall bladder and common bile duct are normal in this patient, and in light of lack of anemia and no evidence of hemolytic disease, the bilirubin elevation must be owing to hepatic parenchymal disease. Liver FNA is indicated.

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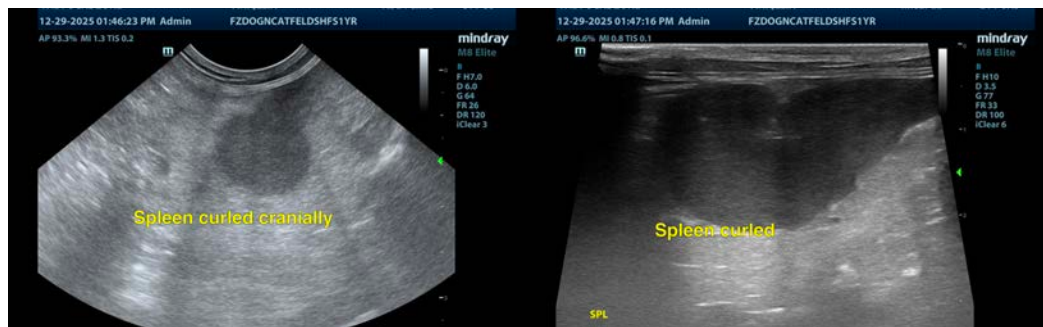
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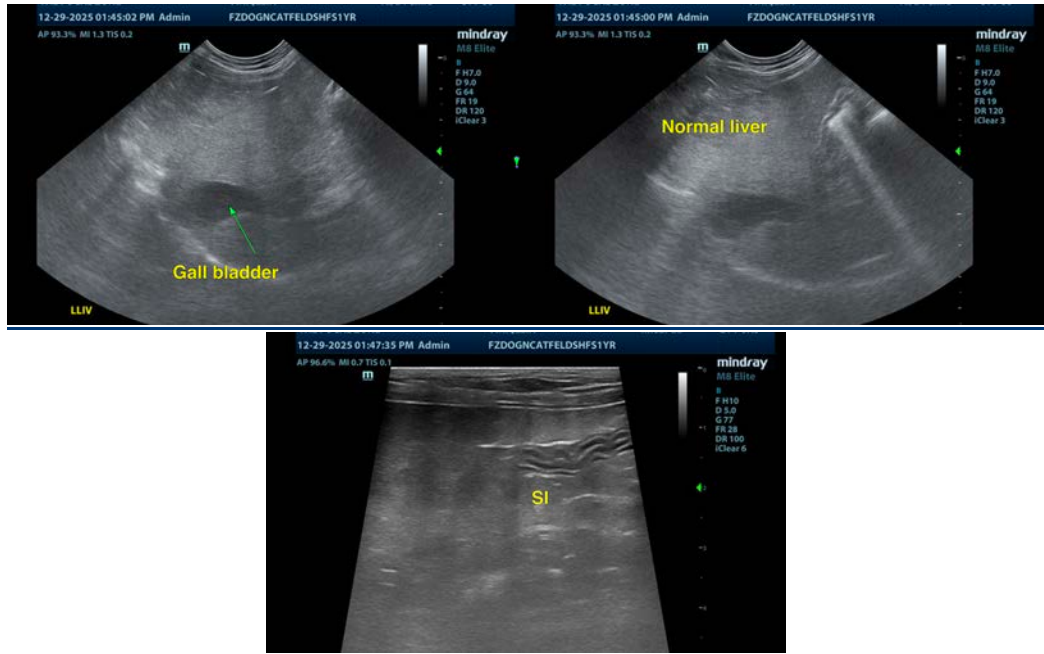
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC

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