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|---|---|
| <b>PATIENT</b>                                  | <b>PRESENTING CLINICAL SIGNS</b>  |
| Lunar Baayoun                                   | Hemorrhagic gastroenteritis with hematochezia- did not respond to hypoallergenic diet (though used for a short time), some improvement with Sulcrate and Prednisolone but not fully resolved. Weaned off of the medications prior to ultrasound Current Medications Gabapentin, PVP   |
| <b>SPECIES</b>                                  |   |
| Feline  | Abnormal PE/Chem/CBC/UA Results: Full senior blood panel (02/2025)- CBC: Mild monocytosis, all normal otherwise, including TT4 and Pro-BNP Primary Question to Be Answered in This Exam GI- IBD/ lymphoma, other?   |
| <b>BREED</b>                                    |   |
| DLH   | <b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>  |
| <b>SEX</b>                                      | <b>Urinary System</b>   |
| Spayed Female                                   | 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   |
| <b>AGE</b>                                      |   |
| 10 Years  | The kidneys had normal 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. The left kidney was significantly larger than the right kidney, measuring slightly above the high end of normal. The right kidney measured lower than the lower normal reference range for feline renal size. Left kidney measures 4.47 cm. Right kidney measures 2.84 cm. |
| <b>WEIGHT</b>                                   |   |
| 4.4 kg  | <b>Adrenal Glands</b>   |
| <b>INTERPRETED BY</b>                           |   |
| Dr Brittany Sinclair,<br>BVSc(hons),<br>DACVECC | 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 0.42 cm in thickness. Right measures 0.49 cm in thickness.   |
| <b>IMAGING PERFORMED BY</b>                     | <b>Spleen</b>   |
| Amanda Stewart                                  | 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>HOSPITAL NAME</b>                            | <b>Liver</b>  |
| Preston Animal Clinic                           | 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>REFERRING VET</b>                            |   |
| Dr. Rosenfeld                                   | Gall bladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally.   |
| <b>INVOICE</b>                                  | <b>Gastrointestinal</b>   |
| 72285   | 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>DATE</b>                                     |   |
| 12/3/25   | The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension with some gas and ingesta throughout. Wall thickness is normal and wall layering is  |



**PATIENT**

Lunar Baayoun

**SPECIES**

Feline

**BREED**

DLH

**SEX**

Spayed Female

**AGE**

10 Years

**WEIGHT**

4.4 kg

**INTERPRETED BY**

Dr Brittany Sinclair,  
 BVSc(hons),  
 DACVECC

**IMAGING PERFORMED BY**

Amanda Stewart

**HOSPITAL NAME**

Preston Animal Clinic

**REFERRING VET**

Dr. Rosenfeld

**INVOICE**

72285

**DATE**

12/3/25

distinct with a somewhat prominent muscularis layer. 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**

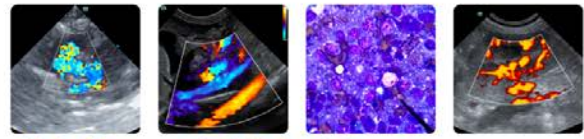
- Prominent muscularis layer throughout small intestines.
- Mild left renomegaly with slight small right kidney.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Small intestinal changes are most consistent with infiltrative disease of the small intestine with inflammatory bowel disease or GI lymphoma being the top differentials. No overt neoplastic criteria present in the bowel given that curvilinear layering is still intact. Ultrasound cannot differentiate between small cell lymphoma and inflammatory bowel disease and GI biopsies are recommended for definitive diagnosis, especially if there is a poor response to empirical efforts or recurrence of clinical signs after initial control. Endoscopic biopsy is less invasive but may miss lesions due to inability to obtain samples from all sections of the GI tract, especially the jejunum which is the most common site of development of disease. Surgical biopsies are more likely to be diagnostic but are more invasive. A GI panel (PLI/cobalamin/folate) will help determine the severity of SI dysfunction, and need for vitamin supplementation.

Empiric treatment for IBD includes diet trial with either hydrolyzed or select protein diet, vitamin b-12 supplementation, GI support as needed (anti-nausea, appetite stimulant). Treatment with steroids (budesonide vs prednisolone) is often required – biopsies should be acquired prior to treatment with steroids. Steroids may ultimately be tapered to the lowest effective dose or discontinued in some cases.

The clinical significance of discordant renal sizes is uncertain, as this generally indicates a decrease in function and partial atrophy of the smaller kidney. The right renal structure appears ultrasonographically normal. This may be a normal variant for this patient.



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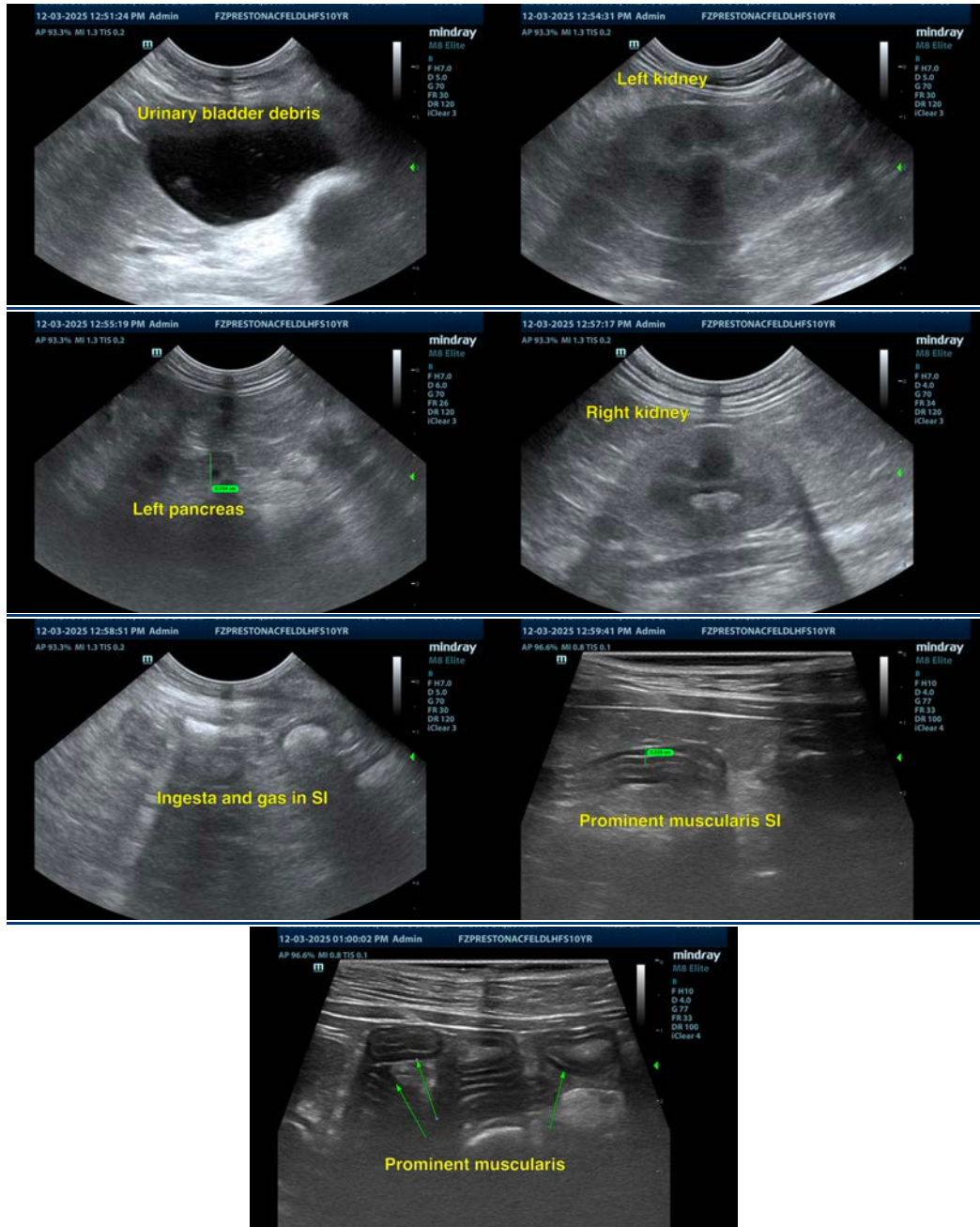
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 info@SonoPath.com