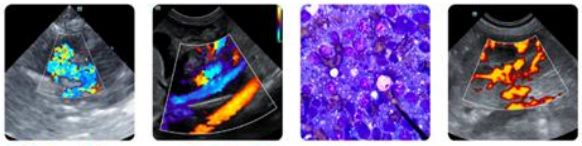


PATIENT

Marshall Kopel

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

12yr

WEIGHT

14.3lb

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Aaron Lucas DVM

HOSPITAL NAME

Taylorsville Veterinary Clinic

REFERRING VET

Aaron Lucas DVM

INVOICE

23125

DATE

12/5/2025

PRESENTING CLINICAL SIGNS

Hyperthyroid, treated with radioactive iodine therapy in February 2024 Rhinoscopy for chronic nasal stertor 9/6/25 Biopsy inconclusive - Internist provided course of veraflox Vestibular syndrome on 10/10/25 2 month history of persistent small bowel diarrhea (started 10/11/25) CBC - normal 10/11/25 Chem - Mild elevated total calcium (11.8) 10/11/25 Total T4 -2.4 10/11/25 Mild weight loss (0.5 lbs since 10/11/25) Acute vomiting starting 12/3/25 Decreased appetite starting 11/28/25

Abnormal PE/Chem/CBC/UA Results: Weight loss since 10/11/25 Middle cranial abdominal pain and marked murphy sign present upon abdominal ultrasound in cranial abdomen CBC/Chem/UA/spec fPL pending

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 have a smooth capsule and with mild hazing of corticomedullary definition. No evidence of pelvic dilation was present. Hyperechoic, shadowing foci present in renal parenchyma and calyces consistent with nephrocalcinosis. The right kidney measured 4.4 cm. The left kidney measured 3.8 cm.

Adrenal Glands

The left adrenal gland was visualized and recognized as having normal shape, size, position and echogenicity. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland was not visualized. The left adrenal gland measured 0.53 cm in width.

Spleen

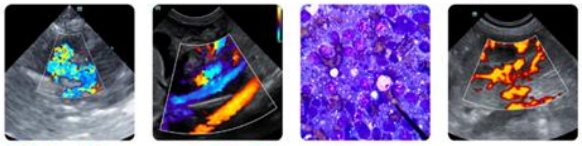
The spleen was normal with a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma and smooth capsule, with normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

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. The gallbladder is moderately distended with normal wall thickness and anechoic contents. The gallbladder is bilobed which is a normal variant in cats. Common bile duct is non-distended and tapers normally.

Gastrointestinal

The stomach contains a small volume of fluid. 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 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.



PATIENT

Marshall Kopel

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

12yr

WEIGHT

14.3lb

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Aaron Lucas DVM

HOSPITAL NAME

Taylorsville Veterinary Clinic

REFERRING VET

Aaron Lucas DVM

INVOICE

23125

DATE

12/5/2025

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 base and limbs of the pancreas were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour and parenchyma were normal. No overt evidence of active inflammatory or neoplastic disease was noted.

Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

Free Abdomen

No masses or free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Normal GI tract
- Very mild aging renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no ultrasonographically evident cause of reported GI signs in this abdominal study. Pancreas and GI tract are within normal limits. Consideration for dietary indiscretion, food sensitivity/allergy or mild inflammatory bowel disease is reasonable. While not sonographically evident, pancreatitis cannot be completely ruled out. Empiric treatment for GI signs including anti-nausea, appetite stimulant and fluid support as clinically indicated is warranted. A diet trial with hydrolyzed protein or select protein diet could be considered if food sensitivity is suspected clinically. If signs are persistent or recurrent, additional diagnostics to be considered include GI panel (TLI/PLI/cobalamin/folate), fecal pathogen panel, thyroid testing, bile acid profile, and thoracic radiographs to rule out occult neoplasia, cardiac disease and esophageal disease as potential causes. Ultimately GI biopsy may be required for more definitive diagnosis if the patient is not responsive to medical treatment.

PATIENT

Marshall Kopel

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

12yr

WEIGHT

14.3lb

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Aaron Lucas DVM

HOSPITAL NAME

Taylorsville Veterinary Clinic

REFERRING VET

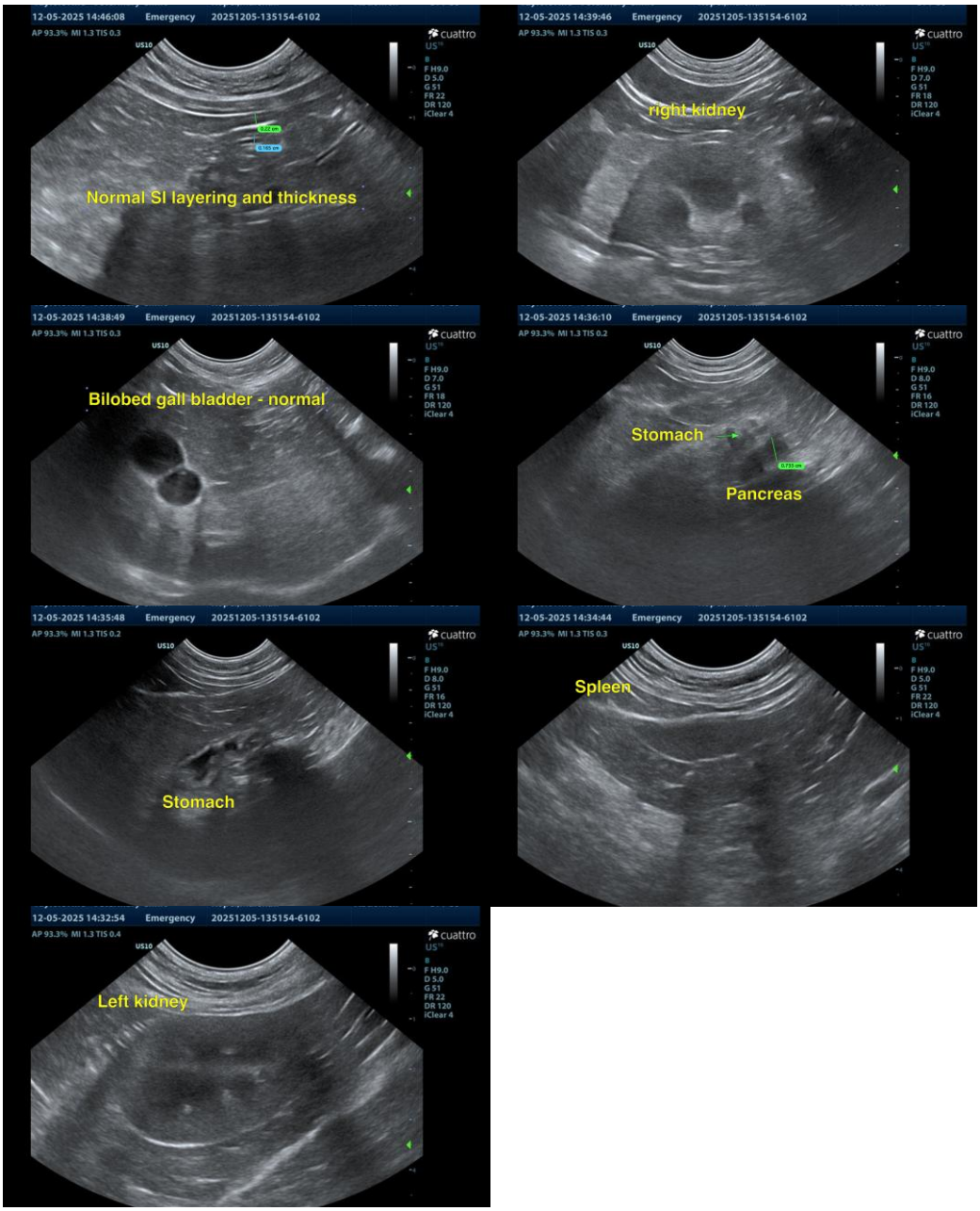
Aaron Lucas DVM

INVOICE

23125

DATE

12/5/2025



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