



PATIENT

Alley Michalak

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

13 Years

WEIGHT

4.25 kg

INTERPRETED BY

Dr Brittany Sinclair,
 BVSc(hons),
 DACVECC

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Tansley Woods
 Veterinary Hospital

REFERRING VET

Dr. Petrowski

INVOICE

72909

DATE

2/12/26

PRESENTING CLINICAL SIGNS

Weight loss, new Bengal kitten in home who is stressing the other cats in home. Episode in Nov where she wasn't eating or drinking while Mrs was away. Was given SQ fluids at that time and seemed ok since. Seems to be pickier at eating, eats Whiskas wet, Orijen and Acana kibble, takes treats well. Alley is most submissive in the home and lets other cats steal her food. U/BM normal as far as owner can tell in multi cat household. Occasional vomit of hairball, normal activity level, one robotic litter box in home.

No meds.

Abnormal PE/Chem/CBC/UA Results: SDMA 16 Creatinine 236 ALT 437 ALP 191

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. Left kidney measures 3.69 cm. Right kidney measures 3.7 cm. The right kidney is visualized and measured at a slightly oblique angle, which may underestimate true length.

Adrenal Glands

Adrenal glands are visualized and measured on still images only. Resolution is inadequate to assess glandular detail or confirm measurement. Left measures 0.36 cm in thickness. Right measures 0.45 cm in thickness.

Spleen

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.

Liver

The liver is subjectively normal in size with normal contours and structure. The parenchyma is heterogenous with a coarse appearance. No specific nodules are visualized. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

Gall bladder is moderately distended with a diffusely thickened and hyperechoic wall. Cystic duct and proximal common bile duct are somewhat distended, and the common bile duct is slightly tortuous along its visible length. There are no visible luminal choleliths or masses.

Gastrointestinal

The stomach contains gas and ingesta shadowing, partially obstructing visualization. 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.



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The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with gas throughout with no overt distention. 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.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. 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 area of the pancreas was isoechoic to surrounding tissue with no overt inflammation. Pancreatic tissue was not distinctly visualized which is common.

Free Abdomen

Perigastric lymph nodes are rounded, hypoechoic and mildly enlarged. No free fluid noted.

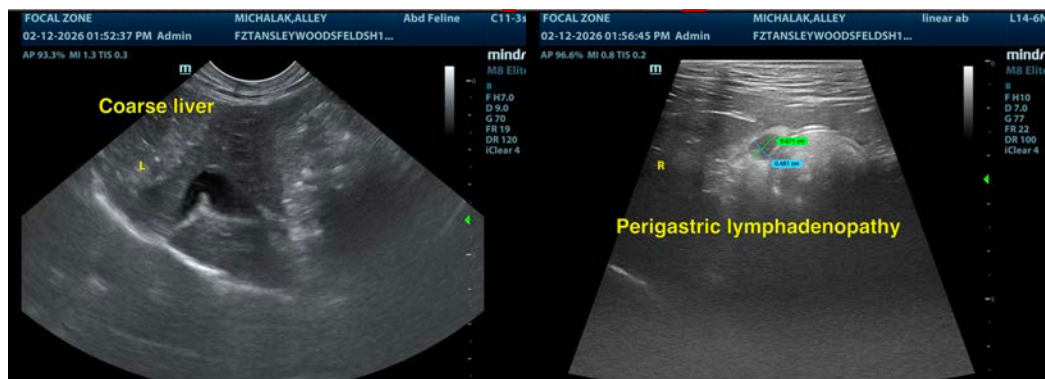
ULTRASONOGRAPHIC FINDINGS

- Cholangiohepatitis.
- Aging renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Liver parenchymal changes along with gall bladder wall thickening and concurrent ELE is most consistent with cholangiohepatitis. Acute toxic insult, infectious or inflammatory hepatitis (leptospirosis, other bacterial, viral, auto-immune other), and neoplasia among other things remain possibilities.

Liver FNA to further characterize parenchymal disease is indicated. Cholangiohepatitis may be sterile or infectious. Cholecystocentesis for cytology and culture should be considered. There is a low but present risk of causing bile peritonitis with this procedure. Empiric antibiotic therapy is not unreasonable and antibiotics that are effective against gram-negative, aerobic, enteric bacteria and excreted into the bile are recommended. Amoxicillin, amoxicillin-clavulanic acid, cephalosporins, and fluoroquinolones are suggested first choices. Metronidazole (7.5 mg/kg PO, IV q 12 hrs) may be added for extra anaerobe coverage. Consider treatment with liver supportive medications (SAM-E, milk thistle, Vitamin E, ursodiol) and GI support as needed.





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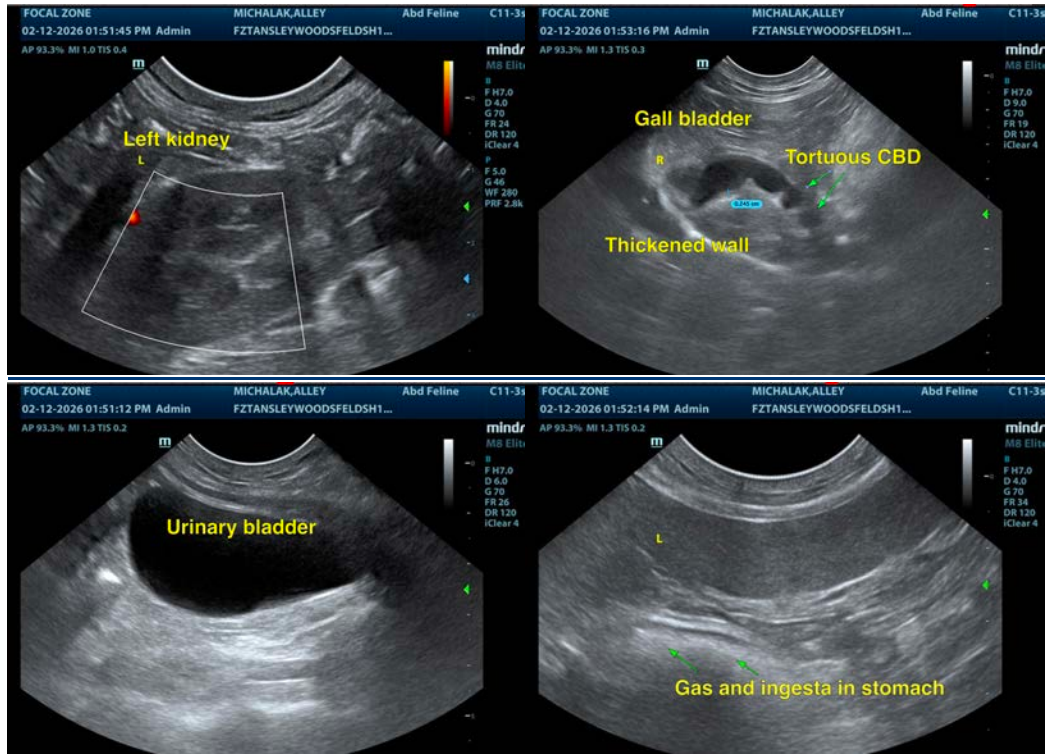
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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