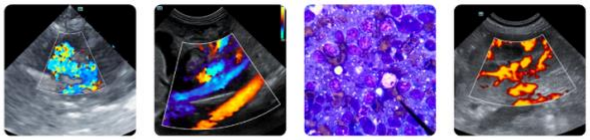


PATIENT

Peaches Singodia

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

17 Years

WEIGHT

5.86 Pounds

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Dr. Rosenburg

HOSPITAL NAME

London Cat Clinic

REFERRING VET

Dr. Sharon Rosenberg

INVOICE

35940

DATE

2/23/26

PRESENTING CLINICAL SIGNS

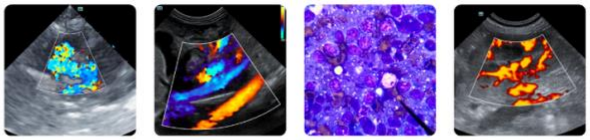
- Progressive weight loss and chronic inappetence insufficiently responsive to mirtazapine, partial response to Cerenia.
- Previous abdominal US (Jul 2024) showed mild GI changes. Goal is to assess for progression of suspected IBD or other abdominal pathology, and to guide decision-making regarding prednisolone trial.
- Chronic hyporexia since owner adopted her (Aug 2023). Consistently eating below target. Typical intake: 100-130 kcal/day. Refuses all dry food since early Jan 2026. Prefers canned, needs rotation between flavors d/t flavor fatigue.
- Vomiting: Rare. Occasional HB, approximately monthly or less. No V reported recently.
- PREVIOUS DIAGNOSTIC TESTS: Abdominal Ultrasound (Jul 08 2024, performed by Dr. Sharon Rosenberg, radiologist interpretation by Timeless):
- 1. Mild multifocal jejunal muscularis thickening, corrugated appearance, some possible loss of layer distinction. IBD prioritized.
- 2. Bilateral small kidneys with moderate loss of corticomedullary distinction.
- 3. Echogenic polypoid structure ventral bladder wall, thought polypoid cystitis > neoplasia given location. Resolved on recheck Sep 2024.
- 4. Pancreatic duct dilation (0.07 cm), pancreatic body measured 1.23 cm with cyst ~0.4 x 0.72 cm (radiologist later clarified this is dilated duct, not cyst; pancreas body closer to 8 mm). L pancreas 0.81 cm, hypoechoic.
- 5. Liver, spleen, stomach, colon, lymph nodes all N.
- Recheck Bladder US (Sep 17 2024): No mass seen. Some dependent sediment that moves. NSF.
- Abnormal PE/Chem/CBC/UA Results: Bloodwork Summary: Mild progression in renal, but minimal change in BW over time. B12 normal, folate mild elevation, rest NSF. Ultrasound exam done today looks unexciting except about 3 areas of gut loops have some decreased wall definition but still has layering present.

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 towards the low end of normal to slightly small in size, with normal structure, 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 right kidney measured 3.31 cm in length. The left kidney measured 3.2 cm in length.



PATIENT

Peaches Singodia

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

17 Years

WEIGHT

5.86 Pounds

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Dr. Rosenburg

HOSPITAL NAME

London Cat Clinic

REFERRING VET

Dr. Sharon Rosenberg

INVOICE

35940

DATE

2/23/26

Adrenal Glands

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. The left adrenal gland measured 0.36 cm in thickness. The right adrenal gland measured 0.27 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. 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. The majority of bowel loops have a slightly prominent muscularis layer but are of normal thickness. There are focal loops of jejunum with a slightly increased wall thickness and somewhat hazy wall layering but maintenance of layers. 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 visible pancreas was observed to be largely isoechoic to surrounding omental fat. Pancreatic duct is persistently mildly dilated, as noted on previous ultrasound.

Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

Free Abdomen

No masses or free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

- Mild multifocal jejunal thickening with hazy but preserved wall layering

PATIENT

Peaches Singodia

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

17 Years

WEIGHT

5.86 Pounds

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Dr. Rosenburg

HOSPITAL NAME

London Cat Clinic

REFERRING VET

Dr. Sharon Rosenberg

INVOICE

35940

DATE

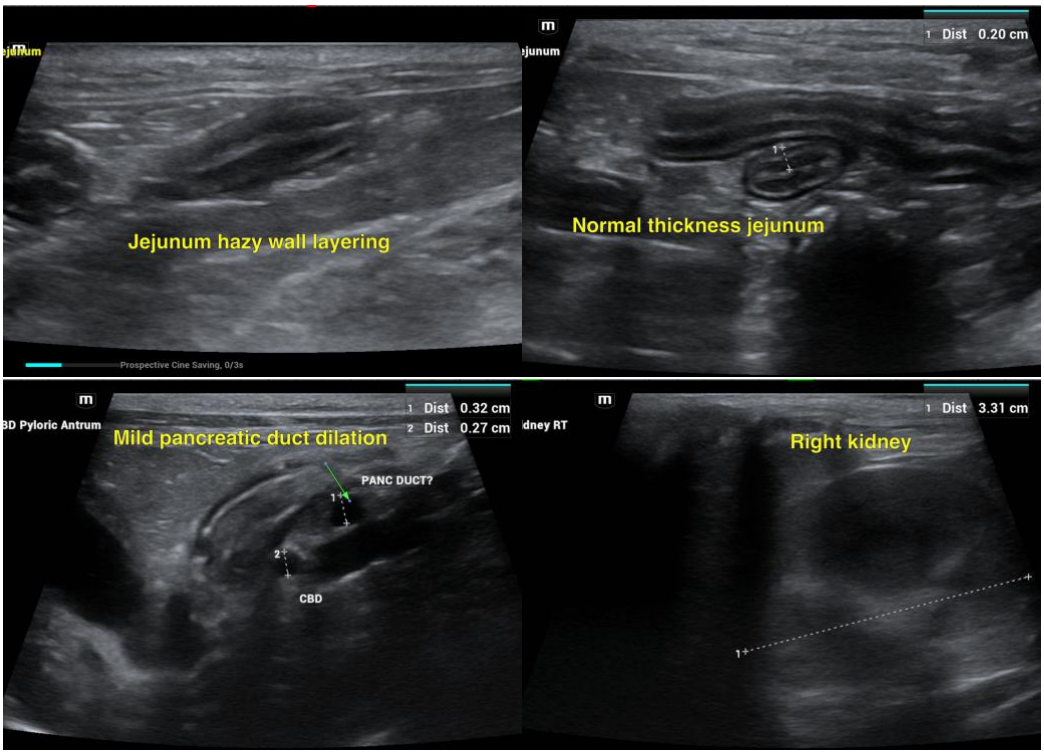
2/23/26

- Diffusely prominent muscularis
- Mild pancreatic duct dilation- slightly improved from previous scan, likely incidental

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 (TLI/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.



PATIENT

Peaches Singodia

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

17 Years

WEIGHT

5.86 Pounds

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Dr. Rosenburg

HOSPITAL NAME

London Cat Clinic

REFERRING VET

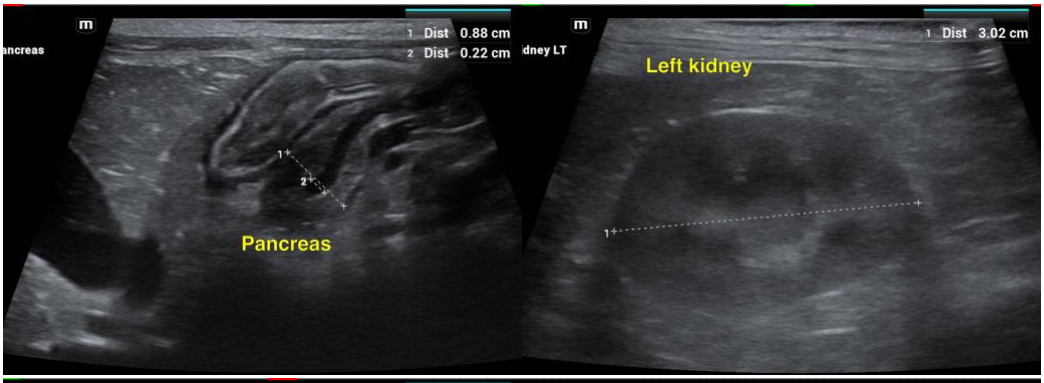
Dr. Sharon Rosenberg

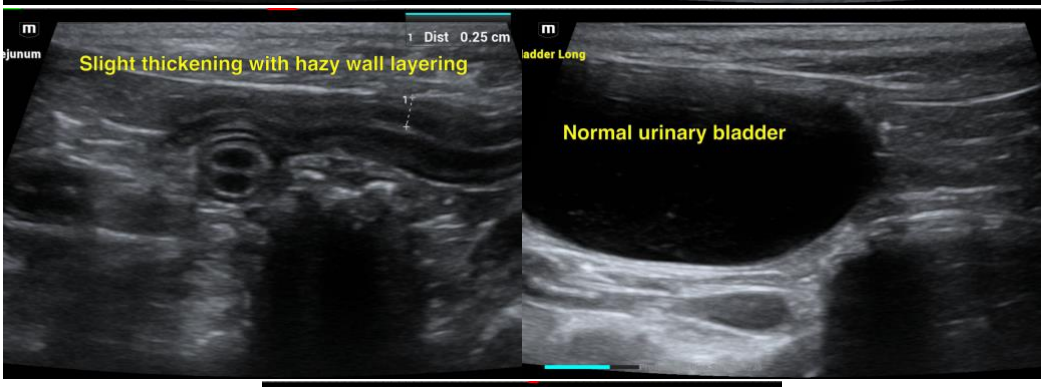
INVOICE

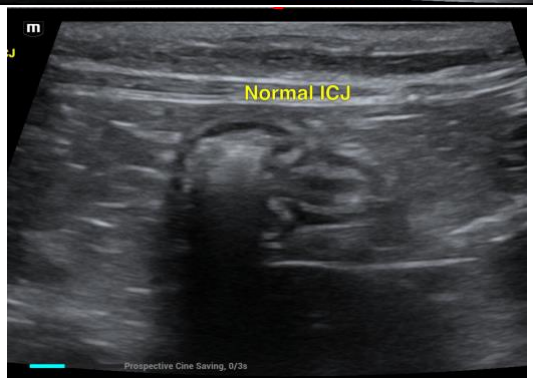
35940

DATE

2/23/26







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