



PATIENT

Patricia Martinez

SPECIES

Feline

BREED

Calico

SEX

Spayed Female

AGE

4 years

WEIGHT

11.5 lbs

INTERPRETED BY

Dr Brittany Sinclair,
BVSc(hons),
DACVECC

IMAGING PERFORMED BY

Dr. Gabriel Ferrer

HOSPITAL NAME

Pulse Pet Ultrasound
Services

REFERRING VET

Dr. Giselle Bonnet

INVOICE

11263

DATE

2/6/2026

PRESENTING CLINICAL SIGNS

- Px presented as a referral for and abdominal ultrasound due to slight icterus, anorexia, and lethargy for 5 days duration.
- rDVM wanted to rule out obstruction of the bile duct due to biliary stones.
- Px has a Hx of elevated liver enzymes since at least 2024.
- Most recent blood work is not available at this time, but the one performed March 2024, attached below has similar values by O.

Abnormal PE/Chem/CBC/UA Results: Radiographs and previous bloodwork attached below for your reference.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder lumen volume is small and walls are diffusely thickened most consistent with pseudohypertrophy. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal focal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

The kidneys were both normal size and structure, with normal corticomedullary definition and ratio, and irregular capsules. Medullary structure differed distinctly from that of the cortex. No evidence of pelvic dilation was present.

Left kidney measures 4.46 cm in length, and the right kidney measures 4.32 cm in length.

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.

Right adrenal measures 0.39 cm in thickness. Left adrenal measures 0.41 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 significantly distended with unorganized non-shadowing echogenic debris. The cystic and common bile ducts are dilated and torturous to the level of the duodenal papillae. The walls of the common bile duct are thickened. There are no visible luminal choleliths, and no visible masses.

Gastrointestinal



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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.

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The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is diffusely mildly increased, and wall layering is distinct with a prominent muscularis layer. There were no focal lesions consistent with obstruction or a mass effect observed.

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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.

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Pancreas

The visible pancreas was observed to be largely isoechoic to surrounding omental fat.

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ULTRASONOGRAPHIC FINDINGS

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- Distended gallbladder, and cystic/common bile ducts to the level of duodenum papillae. No visible obstruction.
- Thickened small intestines with prominent muscularis.
- Irregular renal capsules.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Gallbladder changes together with cystic and common bile duct distension and wall thickening with concurrent ELE is most consistent with cholangiohepatitis. Given the small intestinal changes, a version of feline triaditis is likely in this patient. There is no overt mechanical obstruction at the level of the duodenal papillae however, the bloodwork indicates at least partial biliary obstruction. Ultimately, surgical explore should be considered to further evaluate the area, flush the papillae, and possibly place a stent. Biliary rerouting may be required. The surgery is not without risk and biliary surgery in general carries high perioperative morbidity and mortality rates. Medical treatment includes maintenance of hydrational fluid support, and GI support as needed. Antibiotic coverage is recommended. Treatment for IBD including diet change, and steroids may be required.

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The clinical significance of irregular renal capsules is uncertain in the absence of azotemia. Continued semiannual bloodwork and urinalysis is recommended to monitor.

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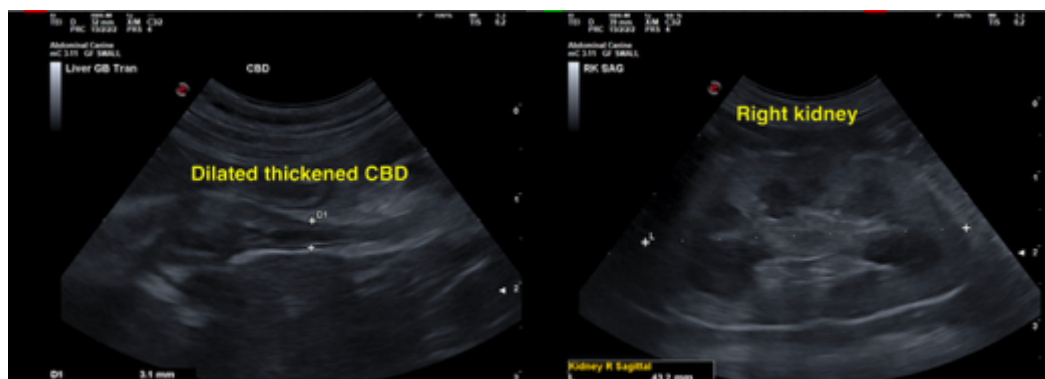
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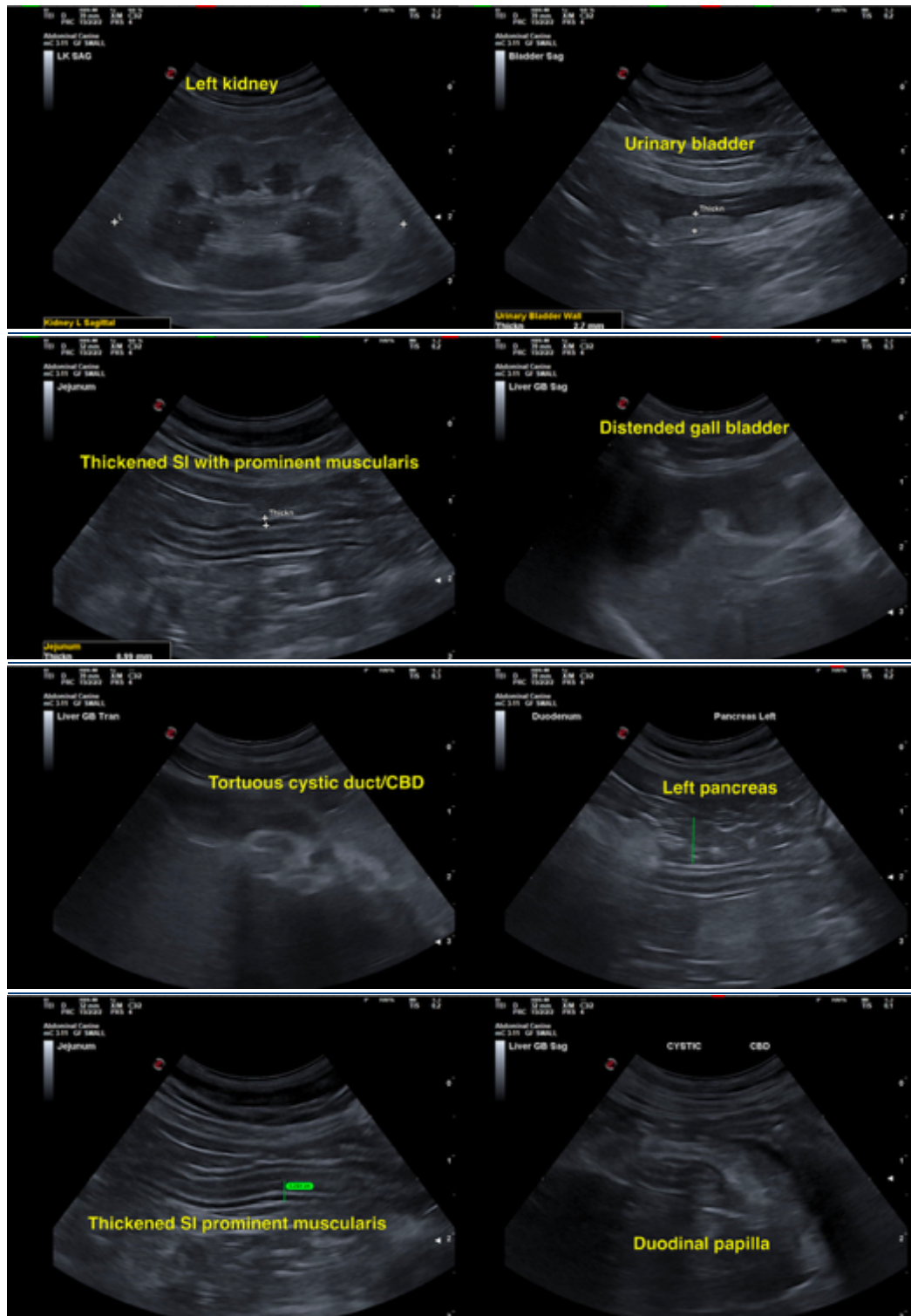
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com