

PATIENT

Columbo Peacock

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

14 Years

WEIGHT

13.8 lbs

INTERPRETED BY

Dr Brittany Sinclair,
 BVSc(hons),
 DACVECC

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Hillview Vet Clinic

REFERRING VET

Dr. E. Stevenson

INVOICE

73512

DATE

3/10/26

PRESENTING CLINICAL SIGNS

Four weeks ago stopped eating. Would sometimes eat mix of food was gastro and kidney food stopped eating those foods. Only eating about 70 grams. Would eat treats only - then stopped. Lost some weight. Energy - sleepy

Abnormal PE/Chem/CBC/UA Results: Eosinophils 0.14 (0.21 - 1.21 x10⁹/L) IDEXX SDMA 15 (0 - 14 µg/dL) Calcium 2.8 (2.2 - 2.7 mmol/L) Urine Protein: Creatinine Ratio 0.3 (0.0 - 0.2) Specific Gravity 1.032 (1.035 - 1.098) Urine Protein 2+ (1 g/L)

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 right kidney is mildly enlarged in size but normal in 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. Right kidney measures 4.61 cm.

The left kidney is generally normal in shape and corticomedullary definition is normal. The cortex is thin and the kidney is relatively small in size compared to the right kidney. Left kidney measures 3.01 cm.

Adrenal Glands

Adrenal glands are visualized and measured on still images only. Resolution is inadequate to assess glandular detail or confirm measurement. Right measures 0.35 cm in thickness. Left measures 0.35 cm in thickness.

Spleen

The spleen is mildly enlarged and slightly hypoechoic, with no specific nodules or masses seen.

Liver

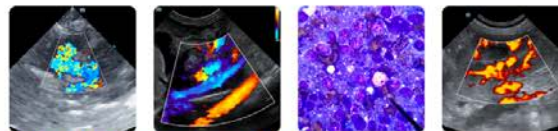
The liver is subjectively normal in size with normal contours and structure. There is age appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion.

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. Wall thickness is diffusely mildly increased, and wall layering is distinct with a slightly prominent muscularis layer. There were no focal lesions consistent with obstruction or a mass effect observed.



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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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Free Abdomen

No clinically significant lymphadenopathy or abnormalities noted. No free fluid noted.

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ULTRASONOGRAPHIC FINDINGS

- Slightly thickened small intestines with slightly prominent muscularis layer.
- Mild left renal atrophy with mild right renal compensatory hypertrophy.
- Mild splenomegaly.

AGE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestinal changes are very mild and may be a variation of normal. However, infiltrative disease of the small intestine such as IBD or small cell lymphoma are differentials. GI biopsy would be necessary to further differentiate. A GI panel may be useful. Empiric treatment for IBD (hydrolyzed or novel protein diet, steroid, appetite stimulants, anti-nauseas as-needed) could be attempted.

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The splenomegaly is mild and may reflect mild systemic inflammation. Infiltrative disease cannot be completely ruled out, and given patient's history, splenic aspirate should be considered to rule out round cell infiltration.

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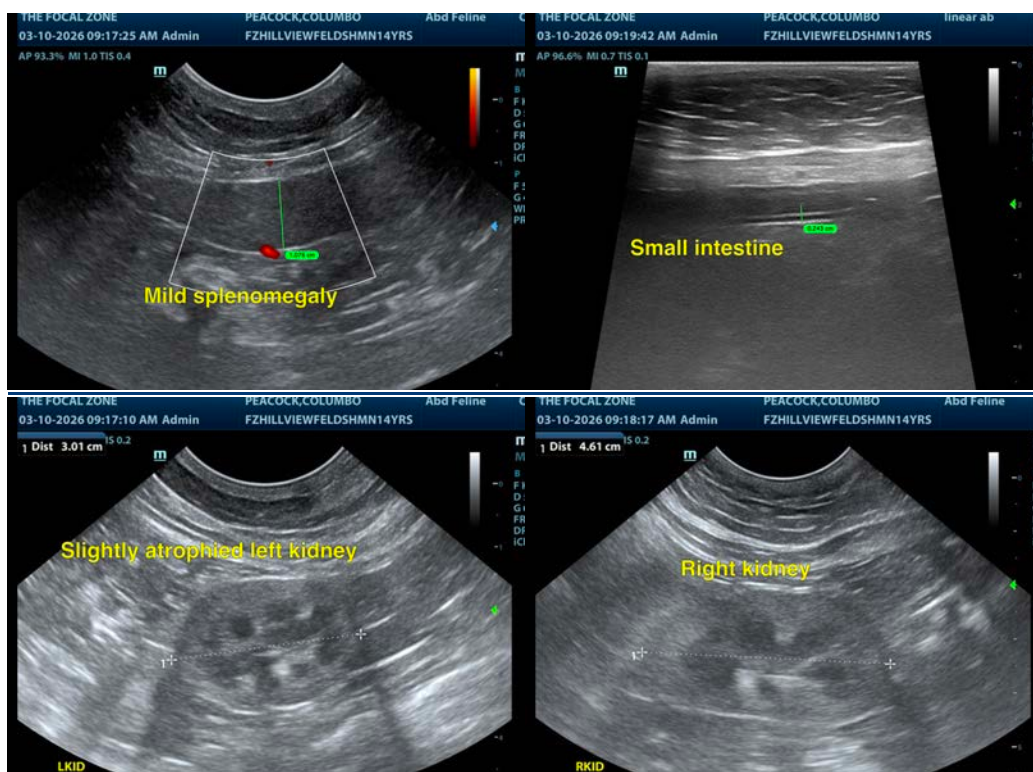
Dr. E. Stevenson

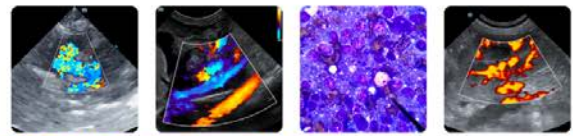
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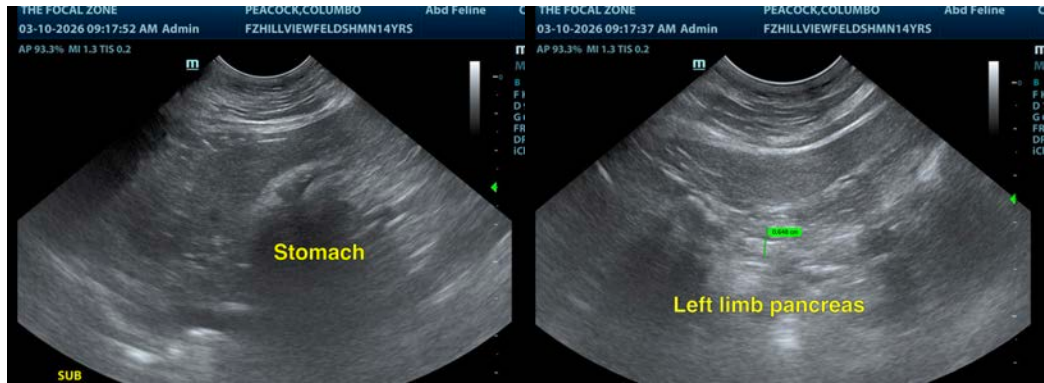
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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