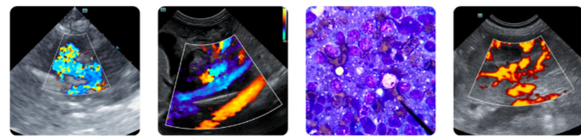


PATIENT

Aries Jackson

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

12 years

WEIGHT

6.1 lbs

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Meghan Morse, LVT, CVT

HOSPITAL NAME

Kingston AH

REFERRING VET

Dr. Rosen

INVOICE

11465

DATE

3/12/2026

PRESENTING CLINICAL SIGNS

- Chronic v+, not keeping food down, underweight
- Ravenous appetite, low energy level
- Current meds: Cerenia

Abnormal PE/Chem/CBC/UA Results: WNL.

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 3.41 cm in length, and the right kidney measures 3.48 cm in length.

Adrenal Glands

Adrenal glands are visualized and measured on still images only. Resolution is inadequate to assess glandular detail or confirm measurement.

Left adrenal measures 0.29 cm in thickness, and the right adrenal measures 0.29 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

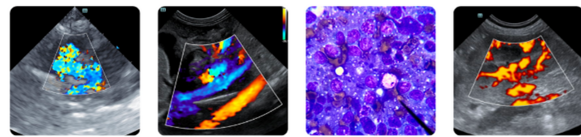
The liver is subjectively normal in size with normal contours and structure. There is age appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion.

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. Wall thickness is diffusely increased, and wall layering is distinct with a prominent



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muscularis layer. One loop of bowel had increased thickness with a prominent muscularis and somewhat hazy wall layering.

Sections of colon are visualized with 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.

Lymph Nodes

Mesenteric lymph nodes are prominent with normal echotexture and normal length to width ratio.

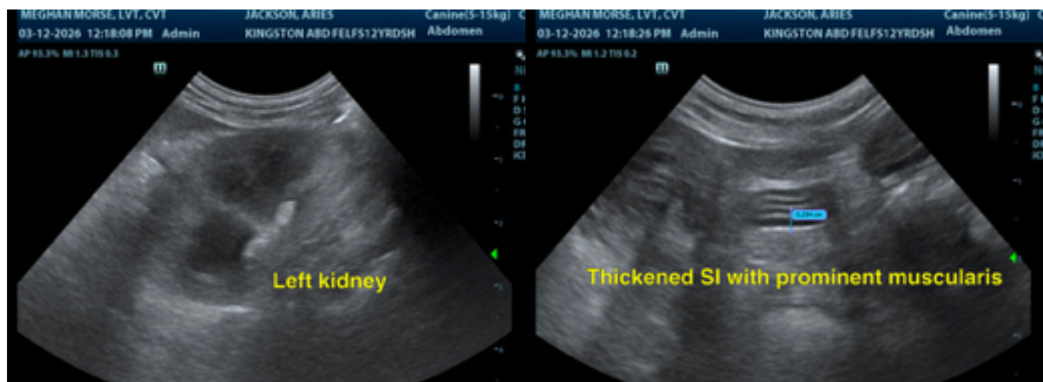
ULTRASONOGRAPHIC FINDINGS

- Diffuse small intestinal thickening with prominent muscularis.
- Focal area of small intestine with increased thickness and hazy wall layering – Concern for developing mass versus focal area of more severe inflammation.
- Prominent mesenteric lymph nodes.
- Mild aging renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestinal changes together with mesenteric lymphadenopathy is most concerning for infiltrative disease of the small intestine. IBD, small cell lymphoma, or other emerging neoplasia are the top differentials. The focal area of increased thickening with hazy wall layering increases my concern for a possible developing mass. Coupled with reported weight loss despite ravenous appetite. Abdominal explore with plan for intestinal biopsy is recommended to further define. If surgery is not desired at this time, empiric treatment for IBD and response to treatment +/- serial imaging is recommended.

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.



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Left limb pancreas

Stomach

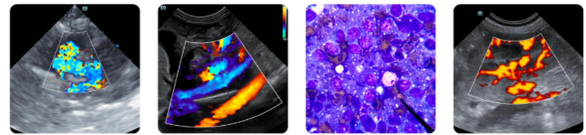
SI with prominent muscularis

Right kidney

Thickened SI prominent muscularis

Mesenteric lymph nodes prominent

Hazy wall layering increased thickness



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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