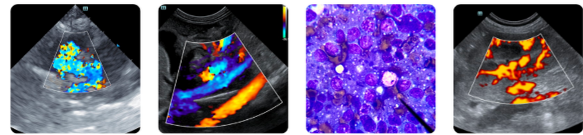

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™
www.thefocalzone.com
info@thefocalzone.com
289.808.2608

PATIENT

Bangles Henne

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

17 years

WEIGHT

2.1 kg

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Burlington Lakeshore VH

REFERRING VET

Dr. Ghobrial

INVOICE

11472

DATE

3/13/2026

PRESENTING CLINICAL SIGNS

- Patient has been losing weight and not eating. suspected liver issues.
- Current Medications: Denamarin 90 mg small Dogs/Cats Up-to 12 Lb.

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 are bilaterally small in size, and have a smooth capsule and with mild hazing of corticomedullary definition. No evidence of pelvic dilation was present.

Left kidney measures 2.97 cm in length, and the right kidney measures 3.34 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 0.23 cm in thickness, and the right adrenal measures 0.32 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 enlarged with a diffusely hyperechoic, heterogenous and coarse parenchyma. There is a hypoechoic nodule noted in the caudate liver lobe. The nodule measures 0.47 cm x 0.70 cm.

Gall bladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally.

Gastrointestinal

The stomach is significantly distended with a moderate to large volume of anechoic fluid. There are no specific masses visualized.

Small intestinal loops are mildly fluid distended with hazy wall layering. They are not overtly thickened.

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.

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ULTRASONOGRAPHIC FINDINGS

- Gastroenteritis/ileus.
- Hepatomegaly with diffuse parenchymal changes, and solitary liver nodule.
- Degenerative renal changes.

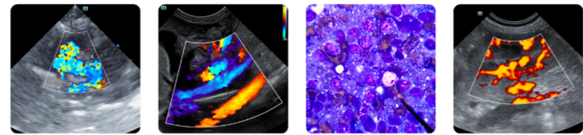
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Liver changes may represent reactive, regenerative or inflammatory changes, or infiltrative disease (lymphoma, MCT, other). They are likely at least partially chronic in nature but may represent an acute on chronic hepatopathy. Evaluation of a bile acid profile is recommended to further define the degree of liver dysfunction. Liver FNA is recommended to further characterize parenchymal changes. Ultimately liver biopsy is often required for more definitive diagnosis. Empiric treatments (SAM-E, milk thistle, Vitamin E, ursodiol) could be tried and liver enzymes re-evaluated, especially if liver FNA does not show significant pathology before more invasive liver sampling is pursued. Empiric antibiotic therapy is not unreasonable given severity of liver changes. 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.

A definitive cause of GI changes is not apparent on abdominal ultrasound.

There is no overt mechanic obstruction visualized. In the face of chronic GI signs, a chronic underlying condition such as inflammatory bowel disease, GI lymphoma, or gastroenteritis secondary to hepatitis remain possibilities. While the pancreas appears sonographically normal, pancreatitis cannot be definitively ruled out. Treatment is supportive and involves fluid support, GI support (anti-nausea, appetite stimulant), analgesia and enteral nutrition as needed. Antibiotics are generally not warranted. Serial imaging is indicated if clinical signs are not resolving. Current chem/lytes/CBC, GI panel (TLI/PLI/cobalamin/folate), fecal pathogen PCR, and empiric broad spectrum deworming and treatment with probiotics should be considered as clinically warranted. Ultimately GI biopsy may be required for more definitive diagnosis.

Empiric treatment for gastroenteritis includes maintenance of hydration with fluid support and GI support as needed (anti-nausea, appetite stimulant, analgesics if indicated). If initial treatments are unsuccessful, treatment for IBD could be considered which includes diet trial with either hydrolyzed or select protein diet, vitamin b-12 supplementation, and continued GI support as needed. Treatment with steroids (budesonide vs prednisolone) may be required – biopsies should be acquired prior to treatment with steroids.



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Left pancreas

Spleen

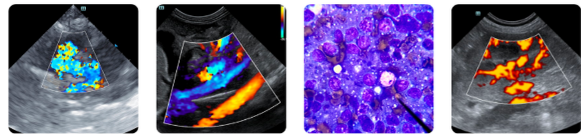
Coarse liver

Gall bladder

Fluid distended stomach

Liver nodule

Fluid distended bowel loops



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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