



PATIENT

Minnie Neufeld

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

9 Years

WEIGHT

5 kg

INTERPRETED BY

Dr Brittany Sinclair,
BVSc(hons),
DACVECC

IMAGING PERFORMED BY

Dr. Goeres

HOSPITAL NAME

Kelowna Veterinary
Hospital

REFERRING VET

Dr. Robinson

INVOICE

14317

DATE

03/13/26

PRESENTING CLINICAL SIGNS

- Indoor/outdoor cat, 4 days ago presented to pDVM for wound on RF shoulder and swollen RF limb, possibly from being caught in a fence.
- Wound management with debridement, drain placement, convenia, dispensed buprenorphine, meloxicam, gabapentin, maropitant, mirtazapine. Pre-sedation BW had several abnormalities.
- Very drooly and not eating since, pDVM rec ultrasound to r/o neoplasia.
- Pt also has hx of stage 2 renal dz

Abnormal PE/Chem/CBC/UA Results: Swollen RF limb (rads previously r/o fracture) Wound on R shoulder with penrose drain in place Severe hypersalivation abdomen mildly painful HCT 25% (non vs pre-regenerative) WBC 2.85 L (3.5-20.7) Lymph 0.22 L (0.83-9.1) Neut 2.47 (Normal: 1.63-13.37) T4 10 (19-62) - euthyroid sick ALP <5 TBILI 27 H (2-10) Glc 10.5 (3.9-8.3) - stress hyperglycemia Na 137 L (142-164) K normal @ 4.0 Cl not reported

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 normal size and 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. The left kidney measured 3.69 cm in length. The right kidney measured 3.87 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. The left adrenal gland measured 0.36 cm in thickness. The right adrenal gland measured 0.36 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.



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Gastrointestinal

The stomach contains gas shadowing with no overt distention. 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 normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis: mucosa layer ratio. 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.

Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

Free Abdomen

No masses or free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

- Unremarkable abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No cause of inappetence and hypersalivation was identified on abdominal ultrasound. No significant abnormalities were present on images provided. Given the patient's leukopenia, anemia, reported wounds, and persistent inappetence, blood work changes, hyperbilirubinemia, I suspect the patient may be developing hepatic lipidosis or sepsis secondary to wounds.

Hospitalization with supportive care, broad-spectrum antibiotic therapy, recheck lab work, and serial monitoring of cardiovascular status should be considered if deemed clinically appropriate. Liver aspirate should be considered pending coagulation assessment to further investigate hyperbilirubinemia.



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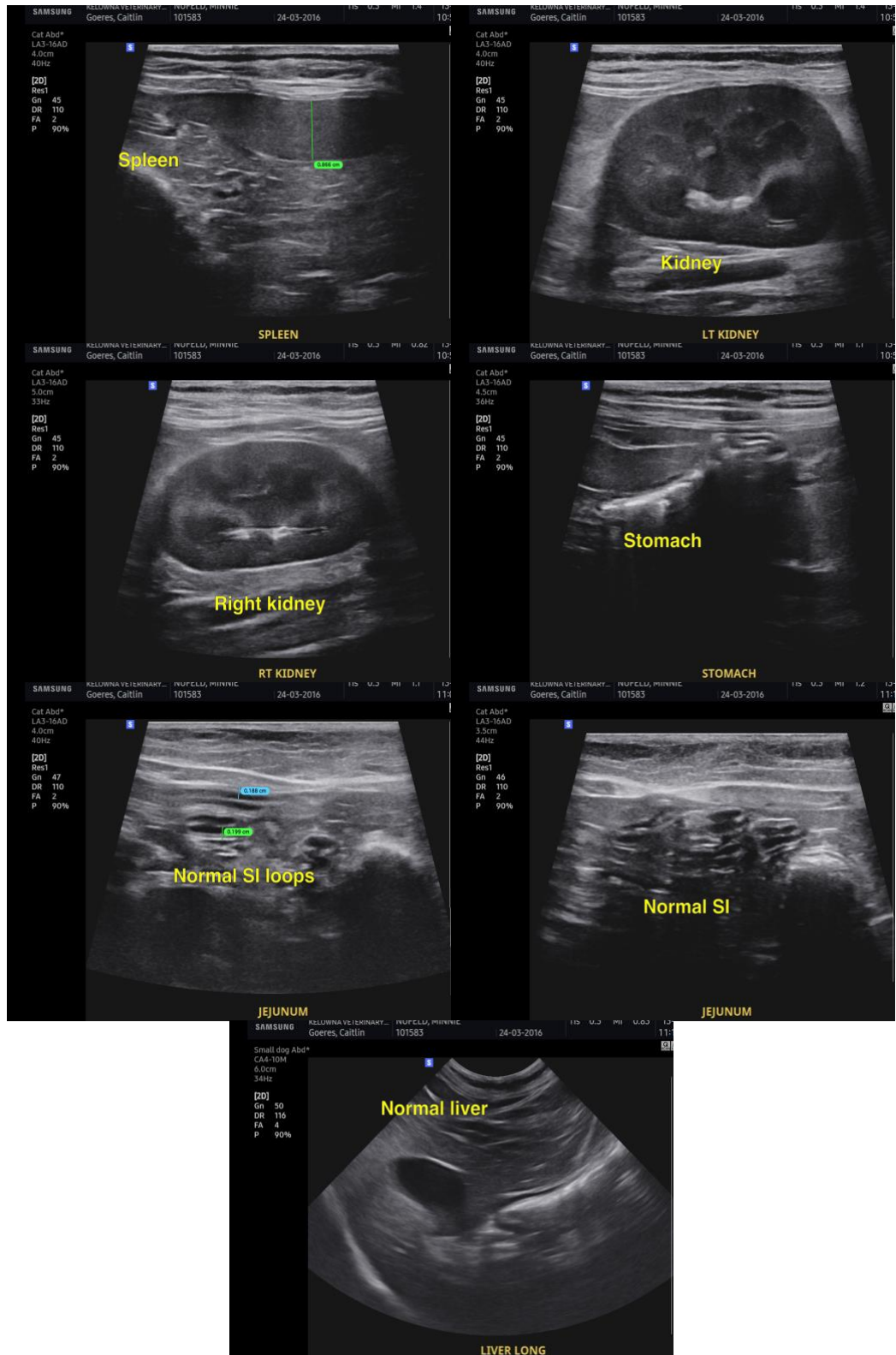
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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