

PATIENT

Sheru Skritch

SPECIES

Feline

BREED

Caracat

SEX

Neutered Male

AGE

5 Years

WEIGHT

8.9 kg

INTERPRETED BY

Brittany Sinclair DVM,
 DACVECC

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Beatties PH Stoney
 Creek

REFERRING VET

Dr. Salib

INVOICE

36243

DATE

3/16/26

PRESENTING CLINICAL SIGNS

- History of acute lethargy, weakness and anorexia that began yesterday morning
- Owner reports that he did not wake up for treats like normal and observed shivering and progressively more lethargic, felt like a sack of potatoes when held
- Struggled to jump up onto the bed which took two attempts (very unusual for him) when placed on the floor he stood with his head down and then flopped over, tongue was hanging out and eyes were squinty
- PE rapid abdominal breathing, pale almost white MM, Temp 40.0C
- Started Methadone, Pantoprazole and Ampicillin and Baytril
- Abnormal PE/Chem/CBC/UA Results: Rads cardiac silhouette normal in size and shape, no evidence of regional lymphadenopathy, cranial mediastinum is normal. Moderate reduction in serosal detail throughout entire abdomen and focal opacity with ill defined margins in the right cranial abdomen adjacent to the gas filled pylorus and gastric distention secondary to aerophagia. Retics 76.2K/uL WBCS very low 1.62x10⁹/L Bands suspected Glucose 9.47mmol/L ALT less than 10U/L ALKP less than 10U/L K 3.3mmol/L FELV/FIV negative and BW was normal 10 days ago.

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. Mobile debris present in the urinary bladder. No evidence of inflammatory or neoplastic changes were noted.

The kidneys are bilaterally enlarged. They have a smooth capsule and with hazing of corticomedullary definition to the point of inability to determine cortical/medullary ratio. No evidence of pelvic dilation was present. The left kidney measured 5.04 cm in length. The right kidney measured 4.62 cm in length.

Adrenal Glands

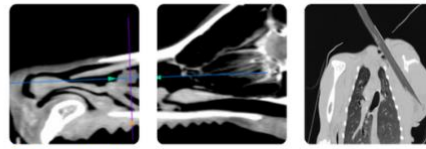
Adrenal glands are visualized and measured on still images only. Resolution is inadequate to assess glandular detail or confirm measurement. The left adrenal gland measured 0.49 cm in thickness. The right adrenal gland measured 0.57 cm in thickness.

Spleen

The spleen is diffusely enlarged with a slightly rounded capsule, but otherwise normal architecture with no specific masses or nodules 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



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regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion.

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

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 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.

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The ileocecal junction was not visualized. 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 left limb of the pancreas is prominent to mildly enlarged with surrounding hyperechoic mesentery. In the area of the body of the pancreas, between the stomach and the liver, there is a poorly defined mass effect, which measures approximately 2.3 cm x 1.1 cm. It is not distinctly pancreatic in origin, but is peripancreatic and does not appear directly associated with the stomach.

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Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

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Free Abdomen

Mesentery in the cranial abdomen around the stomach and pancreas is hyperechoic. No free fluid is visualized.

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ULTRASONOGRAPHIC FINDINGS

- Inflammation around pancreas
- Peripancreatic mass effect
- Peripancreatic inflammation
- Splenomegaly

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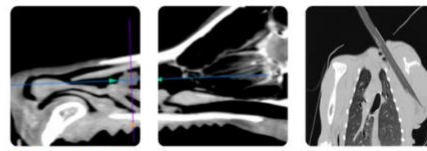
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The changes around the pancreas are concerning for acute pancreatitis. The poorly defined mass effect between the liver and stomach is of uncertain origin. It may represent the inflamed body of the pancreas, may represent a peripancreatic abscess, less likely a mass or focal area of inflammation. A migrating foreign body from the stomach remains a possibility. Ultimately, the severity of the patient's decompensation is concerning for sepsis or other equally severe disease process going on. If patient can be stabilized, abdominal CT to further image or abdominal explore should be strongly considered.



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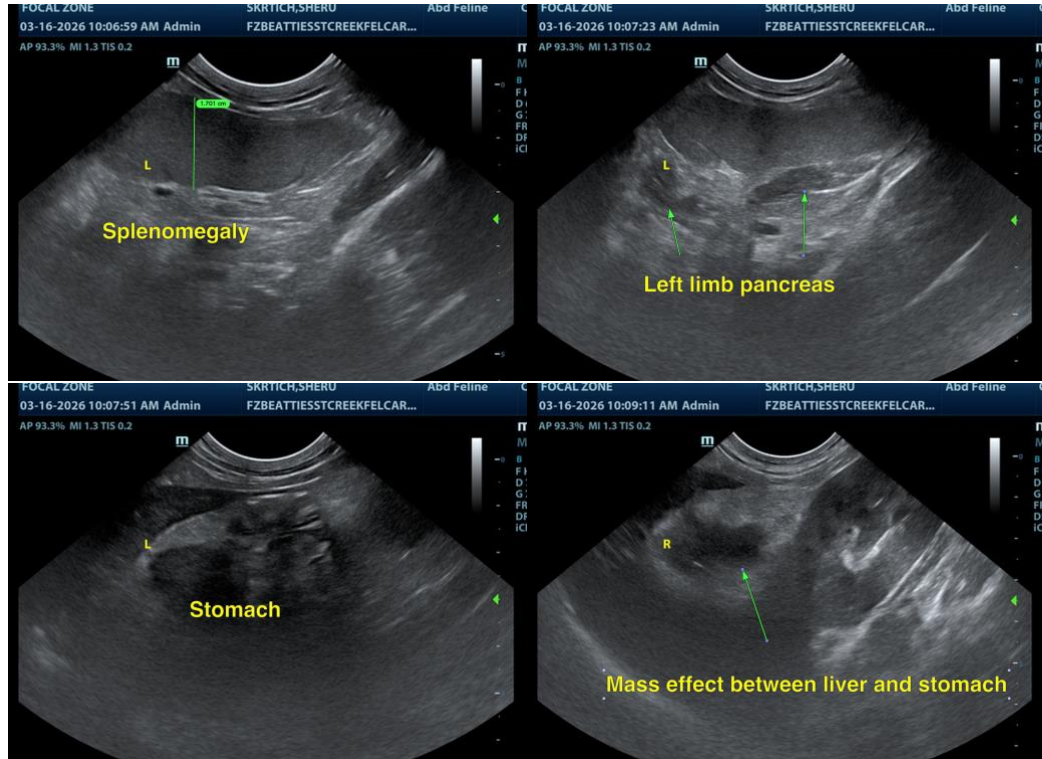
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Splenomegaly is suspected to be reactive, secondary to inflammation. Neoplastic infiltration cannot be completely ruled out. Splenic FNA could be considered.



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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