

PATIENT

Stripe Carson

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

13 Years

WEIGHT

4.7 kg

INTERPRETED BY

Brittany Sinclair DVM,
 DACVECC

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Parkside AH

REFERRING VET

Dr. Zak

INVOICE

36250

DATE

3/16/26

PRESENTING CLINICAL SIGNS

- Stripe presented to previous Vet mid of Jan.2026 for losing weight and weak on back legs
- Blood work done and showed
- TBIL 48HIGH 0-15µmol/L,GGT 14HIGH 0-4U/L, ALT 709HIGH 12-130U/L,ALKP 449HIGH 14-111U/L
- Stripe still E/D well, No V/D//CS and no losing weight on last visit on March 07,2026 (for one month)
- Current Medications: Gabapentin and Felimazole
- Abnormal PE/Chem/CBC/UA Results: Bilirubin (T) 21.5 Hi 0.0-4.5 umol/L Bilirubin (C) 18.6 Hi 0.0-2.0 umol/L ALP 662 Hi 6-122 U/L ALT 804 Hi 6-109 U/L AST 222 Hi 6-70 U/L Cholesterol 8.00 Hi 2.00-7.10 mmol/L Total T4 93.4 Hi 13.0-56.0 nmol/L labs attached.

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 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 3.95 cm in length. The right kidney measured 4.81 cm in length. Hyperechoic, shadowing foci present in right renal parenchyma and calyces consistent with nephrocalcinosis.

Adrenal Glands

Adrenal glands were visualized on still images only. They appear to have normal shape, size, position and echogenicity for this breed and age though this could not be confirmed on cine loops. The left adrenal gland measured 0.36 cm in thickness. The right adrenal gland measured 0.47 cm in thickness.

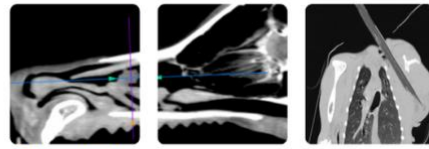
Spleen

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 mildly enlarged with slightly rounded margins. Echotexture is diffusely hypoechoic and course with no specific masses visualized. 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.

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 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.

Pancreas

The area of the pancreas was isoechoic to surrounding tissue with no overt inflammation. Pancreatic tissue was not distinctly visualized which is common.

Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

Free Abdomen

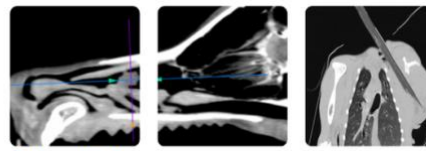
No masses or free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

- Hepatomegaly with hypoechoic coarse echotexture

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Liver changes are a common benign age-related change, but infiltrative disease (lymphoma, MCT, other) cannot be definitively ruled out. In the face of elevated liver enzymes, fine needle aspirate is recommended to further characterize parenchymal changes, and bile acid profile to assess liver function, especially if any weight loss is noted or for baseline cytological assessment. Ultimately liver biopsy is often required for more definitive diagnosis. Empiric treatments (SAM-E, milk thistle, Vitamin E, ursodiol if bilirubin elevated or gallbladder sludge) could be tried and liver enzymes re-evaluated, especially if liver FNA does not show significant pathology before more invasive liver sampling is pursued.



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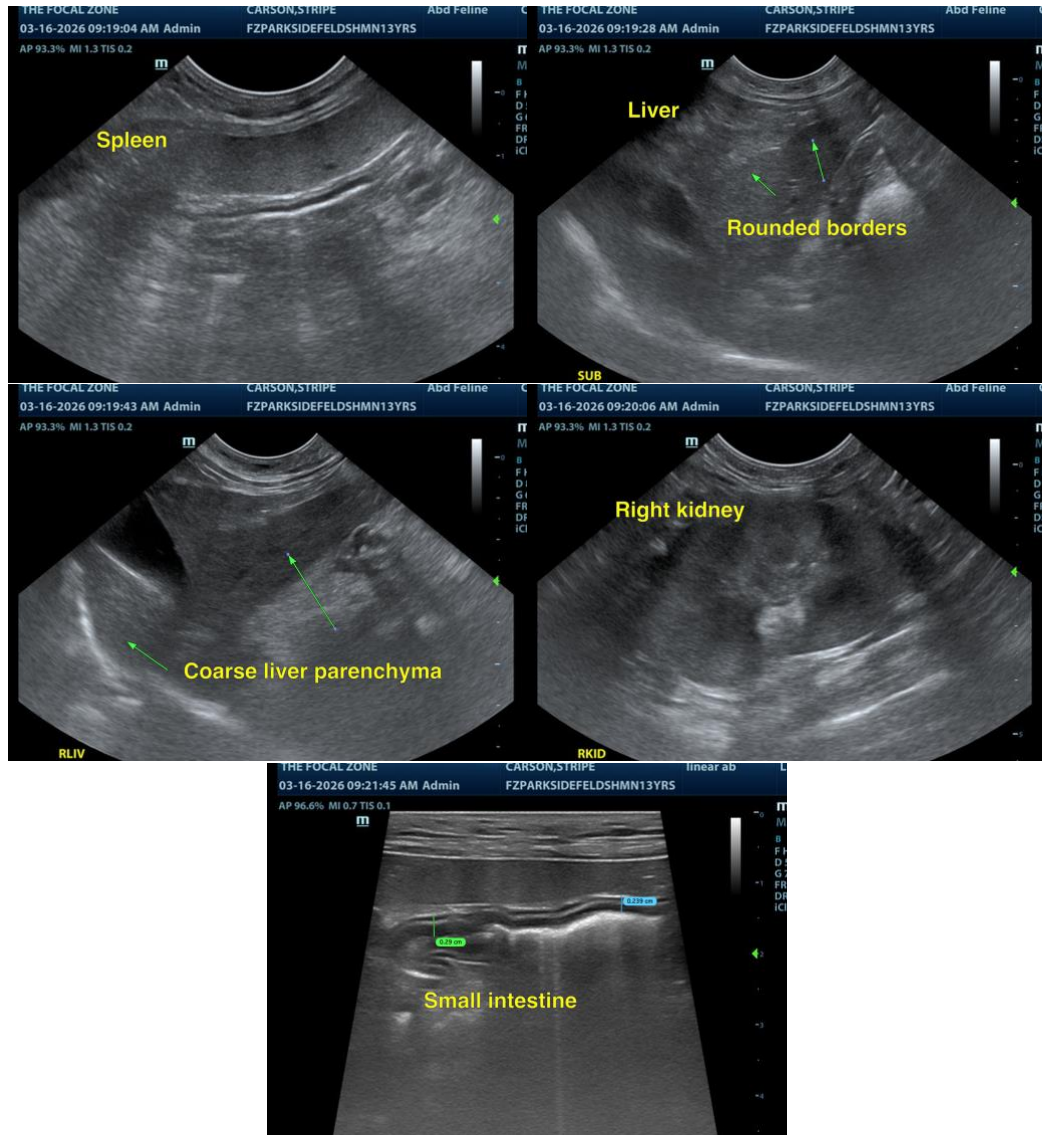
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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