

PATIENT

Riley Willson

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

11 Years

WEIGHT

6 kg

INTERPRETED BY

Brittany Sinclair DVM,
 DACVECC

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Downtown AH

REFERRING VET

Dr. Ahn

INVOICE

36380

DATE

3/27/26

PRESENTING CLINICAL SIGNS

- Stray cat was brought in about 6 years ago, he has bad dental disease but has always had good appetite and would eat kibble and wet food
- He was doing fine Wednesday but yesterday was hiding in basement and not eating his normal amount - he vomited at least twice last night and did not eat anything today
- He is hiding and walking or crouching in a hunched stance as though in pain in the abdomen
- He has very severe dental disease, and his chin has a hard mass that may be encompassing the entire mandible
- He urinated in kennel, and it is very concentrated and strong odor
- Did not attempt to open mouth due to firm mass
- He is indoor only, one other cat in household
- Suspect GI bleed, he has boney mass on mandible, severe abdominal pain - kidneys?
- Abnormal PE/Chem/CBC/UA Results: FIV positive; probnp abnormal snap

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 an irregular capsule and mild hazing of corticomedullary definition. No evidence of pelvic dilation was present. The left kidney measured 4.1 cm in length. The right kidney measured 3.81 cm in length.

Adrenal Glands

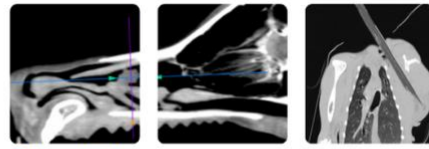
Adrenal glands are visualized and measured on still images only. Resolution is inadequate to assess glandular detail or confirm measurement. The left adrenal gland measured 0.31 cm in thickness. The right adrenal gland measured 0.33 cm in thickness.

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



PATIENT

Riley Willson

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

11 Years

WEIGHT

6 kg

INTERPRETED BY

Brittany Sinclair DVM,
DACVECC

**IMAGING
PERFORMED BY**

Kelly Reschny

HOSPITAL NAME

Downtown AH

REFERRING VET

Dr. Ahn

INVOICE

36380

DATE

3/27/26

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 muscularis layer. 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

There is very scant effusion between the liver lobes.

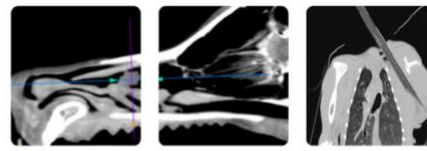
No masses were noted.

ULTRASONOGRAPHIC FINDINGS

- Thickened small intestines with prominent muscularis
- Very scant effusion, likely secondary to mild abdominal inflammation
- Aging renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Small intestinal changes are most consistent with infiltrative disease of the small intestine with inflammatory bowel disease or GI lymphoma being the top differentials. An acute inflammatory flare is a likely cause of clinical signs. Other causes of acute gastroenteritis cannot be completely ruled out (dietary indiscretion, infectious, viral, bacterial, parasitic, toxin, etc.). No overt neoplastic criteria present in the bowel given that curvilinear layering is still intact. Ultrasound cannot differentiate between small cell lymphoma and inflammatory bowel disease, and GI biopsies are recommended for definitive diagnosis, especially if there is a poor response to empirical efforts or recurrence of clinical signs after initial control. Endoscopic biopsy is less invasive but may miss lesions due to inability to obtain samples from all sections of the GI tract, especially the jejunum which is the most common site



PATIENT

Riley Willson

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

11 Years

WEIGHT

6 kg

INTERPRETED BY

Brittany Sinclair DVM,
 DACVECC

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Downtown AH

REFERRING VET

Dr. Ahn

INVOICE

36380

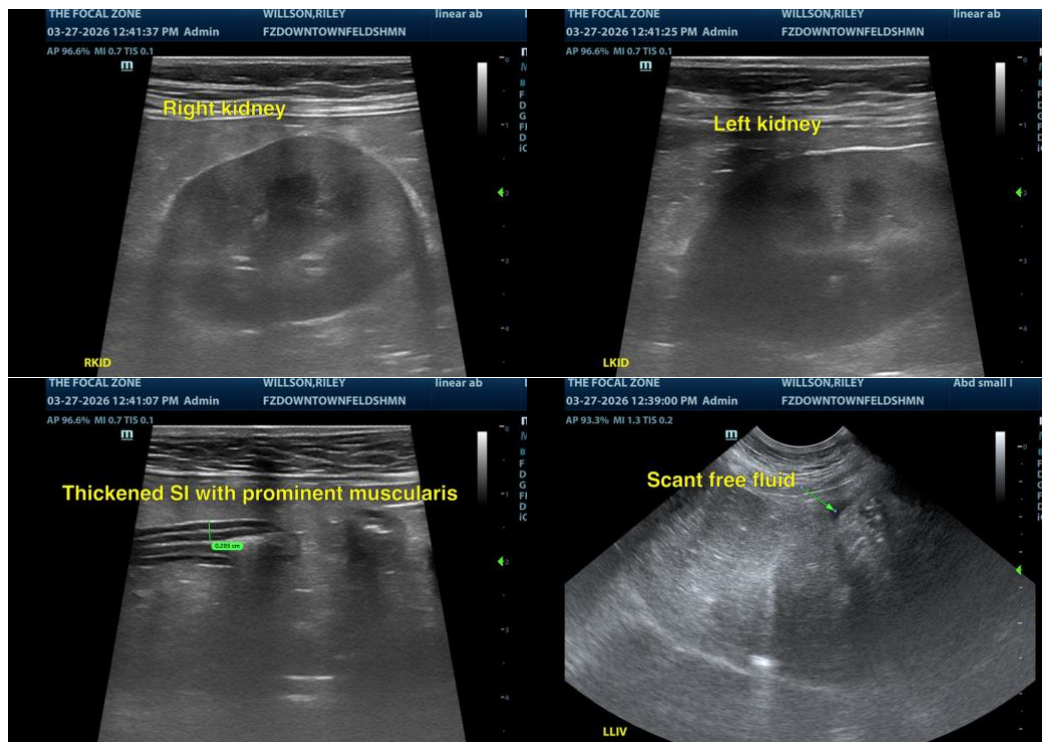
DATE

3/27/26

of development of disease. Surgical biopsies are more likely to be diagnostic but are more invasive. A GI panel (TLI/PLI/cobalamin/folate) will help determine the severity of SI dysfunction, and need for vitamin supplementation.

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.

Renal changes are likely age-related degeneration. Correlate clinical significance with semi-annual blood work/urinalysis findings and clinical signs.



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