

PATIENT

Lyla Levac

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

13 Years 10 Months

WEIGHT

2.07 kg

INTERPRETED BY

Dr Brittany Sinclair,
 BVSc(hons),
 DACVECC

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

West Brant Animal
 Hospital

REFERRING VET

Dr. Balaraju

INVOICE

74078

DATE

3/31/26

PRESENTING CLINICAL SIGNS

O concerned about weight loss (down 0.5kg since July). Picky eater since July 2025, offers large variety of foods to encourage eating. Known stomach cancer diagnosed about 2 years ago. Occasional constipation, vomits a few times per week coinciding with straining to pass BM in box or after a period of not eating. PE -dental disease, small sack like lump on L side of neck, discomfort on extension of hind legs, sometimes wobbly for the first few steps when wakes up. Has been on Leukeran and Prednisolone longer term.

Abnormal PE/Chem/CBC/UA Results: Blood and Urine collected today and sent out - pending July 2025 bw borderline anemia and early stage kidney disease USG 1.032

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 measured at the lower end of normal size, with normal structure, 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 is visualized and measured at an oblique angle, which likely underestimates the true length of the kidney. However, it still appears to be at the lower end of normal size. Left kidney measures 2.62 cm. Right kidney measures 3.23 cm.

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. Left measures 0.31 cm in thickness. Right measures 0.34 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.

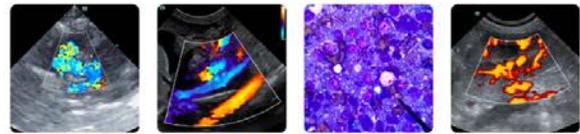
Liver

The liver is subjectively normal in size with normal contours and structure. The parenchyma is heterogenous with a coarse appearance. No specific nodules are visualized. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

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.



PATIENT

Lyla Levac

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

13 Years 10 Months

WEIGHT

2.07 kg

INTERPRETED BY

Dr Brittany Sinclair,
 BVSc(hons),
 DACVECC

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

West Brant Animal
 Hospital

REFERRING VET

Dr. Balaraju

INVOICE

74078

DATE

3/31/26

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.

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 left limb of the pancreas is visualized and is slightly hypoechoic with a somewhat irregular margin, but no overt enlargement and no obvious surrounding signs of inflammation.

Free Abdomen

No clinically significant lymphadenopathy or abnormalities noted. No free fluid noted.

ULTRASONOGRAPHIC FINDINGS

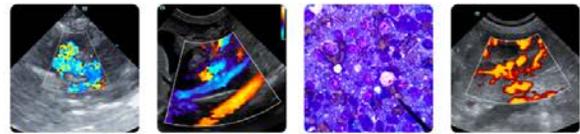
- Slightly prominent pancreas.
- Mildly coarse liver, likely aging change.
- Kidneys on the lower end of normal size, consistent with reported early CKD.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no ultrasonographically evident cause of reported weight loss in this abdominal study. Pancreas changes are likely age related remodeling and possibly reflect chronic episodes of pancreatitis, though chronic active pancreatitis cannot be completely ruled out. The GI tract is within normal limits. A diet trial with hydrolyzed protein or select protein diet could be considered if food sensitivity is suspected clinically. Additional diagnostics to be considered for weight loss include current chem/CBC, GI panel (TLI/PLI/cobalamin/folate), fecal pathogen panel, thyroid testing, bile acid profile, and thoracic radiographs to rule out occult neoplasia, cardiac disease and esophageal disease as potential causes.

Liver changes are a common benign age related change, but infiltrative disease (lymphoma, MCT, other) cannot be definitively ruled out. No significant disruption of architecture noted to suggest significant pathology. Fine needle aspirate could be considered to further characterize parenchymal changes if clinically indicated, especially if any weight loss is noted or for baseline cytological assessment.





PATIENT

Lyla Levac

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

13 Years 10 Months

WEIGHT

2.07 kg

INTERPRETED BY

Dr Brittany Sinclair,
BVSc(hons),
DACVECC

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

West Brant Animal
Hospital

REFERRING VET

Dr. Balaraju

INVOICE

74078

DATE

3/31/26



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