



**PATIENT**

Jewel Ann

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

15 Years

**WEIGHT**

~4 kg

**INTERPRETED BY**

Dr Brittany Sinclair,  
 BVSc(hons),  
 DACVECC

**IMAGING PERFORMED BY**

Amanda Stewart

**HOSPITAL NAME**

Waterloo West Animal  
 Hospital

**REFERRING VET**

Dr. Gajadhar

**INVOICE**

73430

**DATE**

3/5/26

**PRESENTING CLINICAL SIGNS**

PE is unremarkable except for some back pain on palpation of the epaxials. Patient is hyporexic

Current Medications: Clavaseptin 50 mg BID, Prednisolone 2.5 mg BID, Denamarin 90 mg SID

Abnormal PE/Chem/CBC/UA Results: See attached BW ALT is too high for our machines to read  
 Primary Question to Be Answered in This Exam Does there appear to be primary liver pathology?  
 Treatment/ diagnostic recommendations from here?

**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 are bilaterally slightly small in 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. Left kidney measures 3.02 cm. Right kidney measures 3.2 cm.

**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. Left adrenal gland measures 0.28 cm in thickness. Right adrenal gland measures 0.31 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**

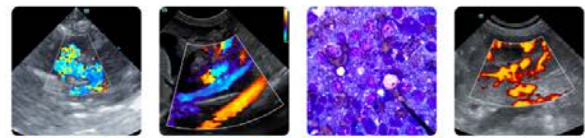
The liver is subjectively normal in size with sharp margins. Parenchyma is diffusely coarse with multifocal generally small but variably sized hypoechoic nodules noted throughout the parenchyma. There is an anechoic cystic structure noted along the diaphragmatic surface.

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 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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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.

**Free Abdomen**

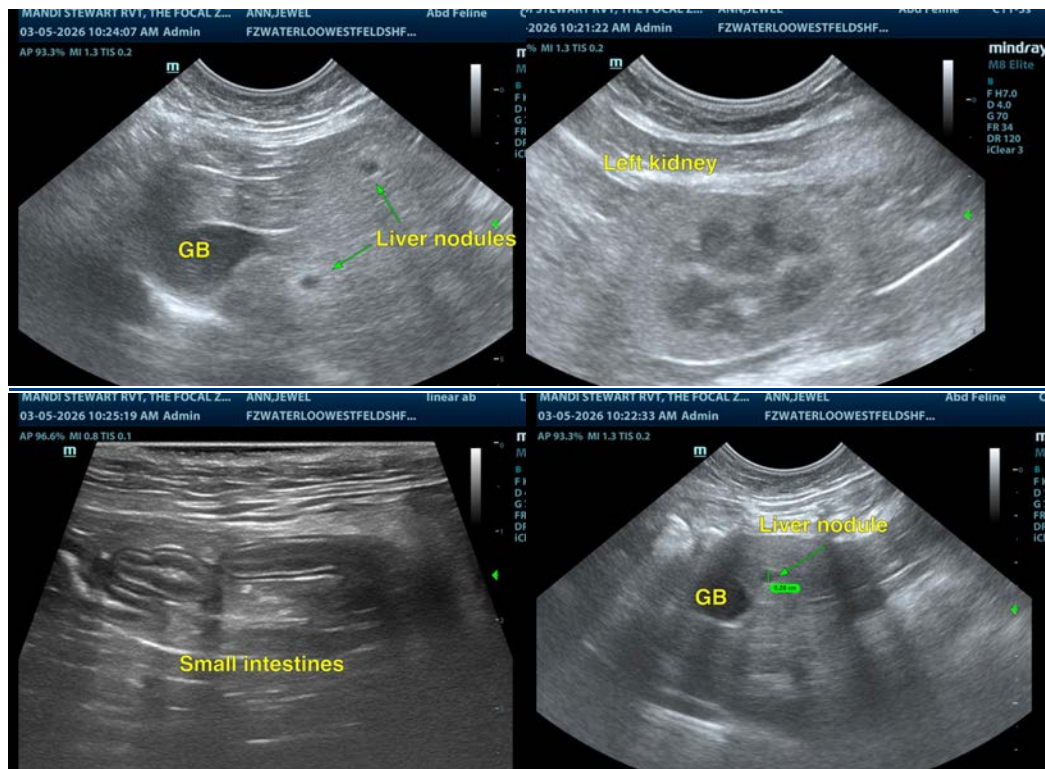
No clinically significant lymphadenopathy or abnormalities noted. No free fluid noted.

**ULTRASONOGRAPHIC FINDINGS**

- Coarse liver with multifocal nodules and liver cyst.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Liver changes are a common benign age related change, but reactive or inflammatory nodules as well as neoplastic change cannot be ruled out based on appearance. 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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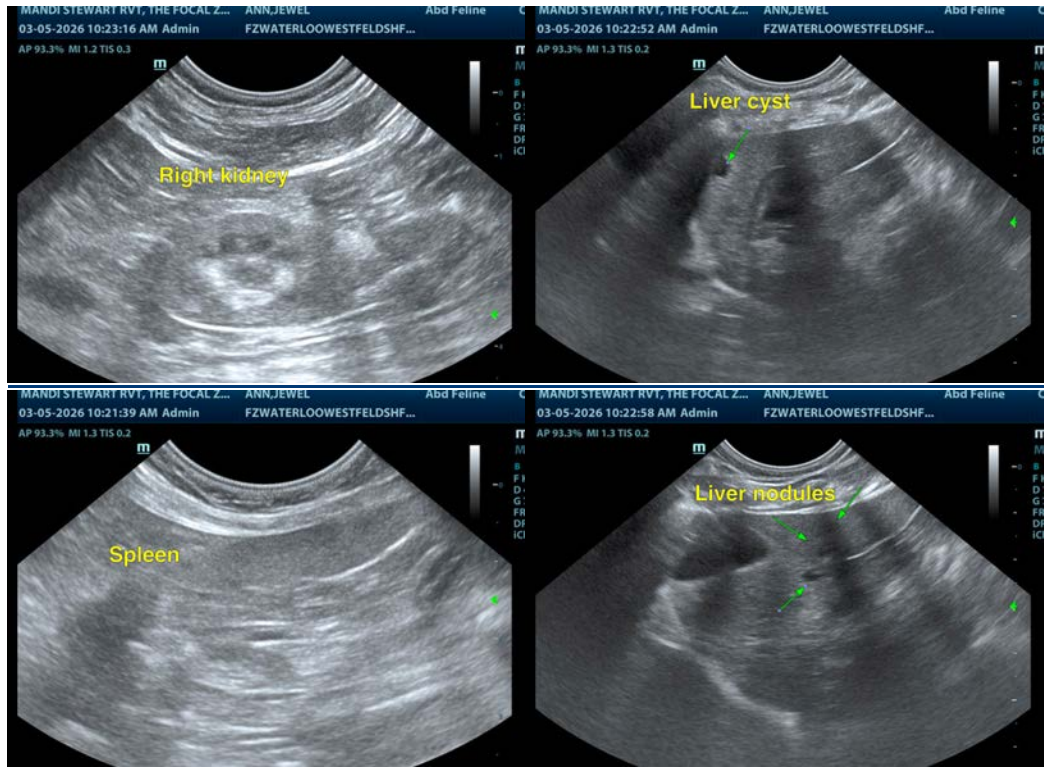
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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