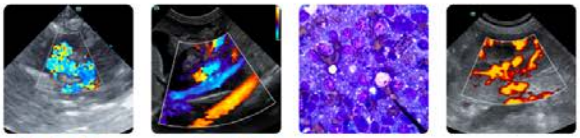

SonoPath www.animalsoundsnw.com info@animalsoundsnw.com 541.357.9423

PATIENT

Artemis Torres

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

5 Years 7 Months

WEIGHT

9.44 lbs

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

VCA Westmoreland Animal Hospital

REFERRING VET

Dr.Bugarovich

INVOICE

74370

DATE

4/10/26

PRESENTING CLINICAL SIGNS

Consistent weight loss since May 2025, 1.5 lbs lost since then rest of PE WNL
ABNORMAL Labwork Values: No labs
Current Medications: None

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 both normal size and structure, with 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 3.47 cm. Right kidney measures 3.89 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 0.42 cm in thickness. Right measures 0.37 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 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 gas and ingesta with no overt distention. 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.

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 visible pancreas was observed to be largely isoechoic to surrounding omental fat.

Free Abdomen

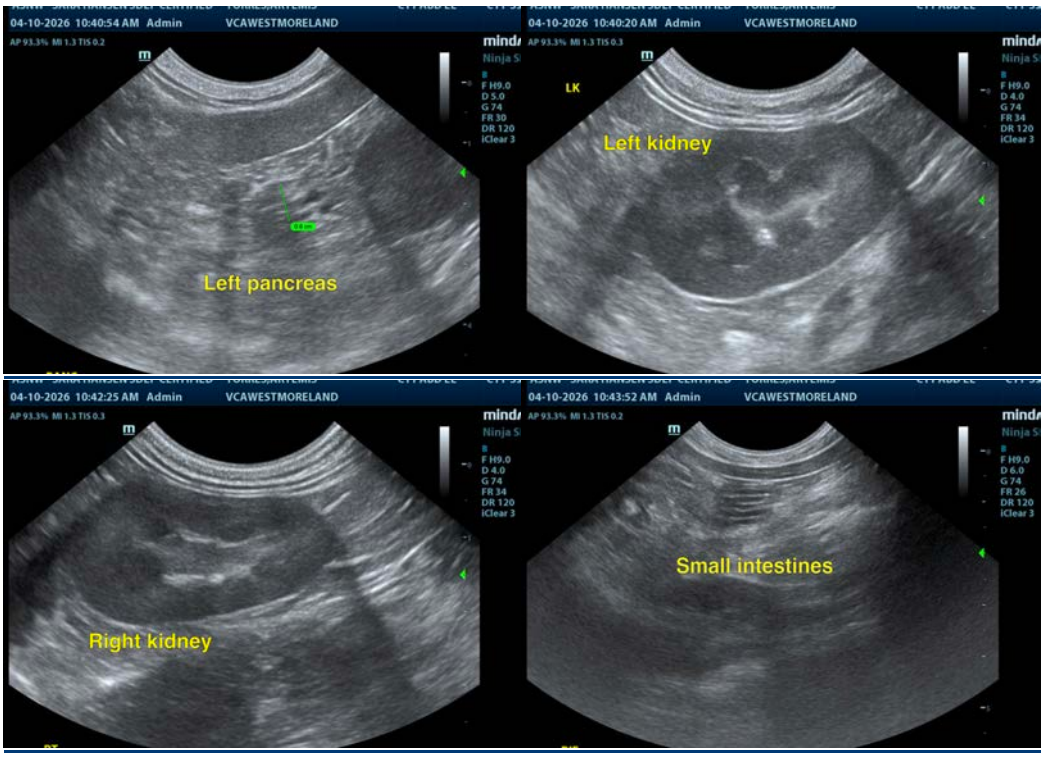
No clinically significant lymphadenopathy or abnormalities noted. No free fluid noted.

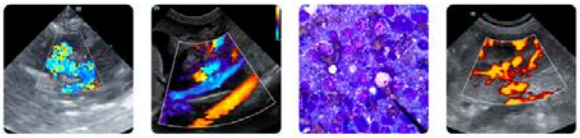
ULTRASONOGRAPHIC FINDINGS

- Unremarkable abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no ultrasonographically evident cause of reported weight loss in this abdominal study. Pancreas and GI tract are within normal limits. Consideration for dietary indiscretion, food sensitivity/allergy or mild inflammatory bowel disease is reasonable, though non-GI causes remain possible. While not sonographically evident, pancreatitis cannot be completely ruled out. 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.





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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