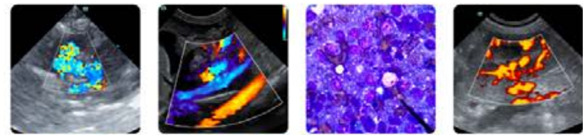


PATIENT
Roger Albuquerque

SPECIES
Feline

BREED
DSH

SEX
Neutered Male

AGE
16 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. Mahboob

INVOICE
75182

DATE
5/15/26

PRESENTING CLINICAL SIGNS

Unable to perform exam at the moment as too fractious.. Will perform once Pt is sedated for US
Current Medications: None. Chronic V+/D+ and weight loss. Has been on prednisolone and probiotics in the past.

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 left kidney is small with significant decrease in corticomedullary distinction, consistent with left renal atrophy. Left kidney measures 2.33 cm.

The right kidney is mildly enlarged with a more normal corticomedullary definition. Right kidney measures 4.61 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 0.36 cm in thickness. Right measures 0.48 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.

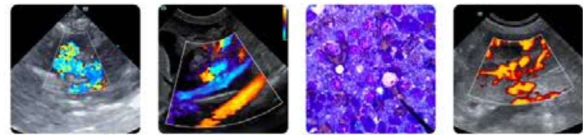
Gall bladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is slightly tortuous and mildly distended proximally but tapers normally with no masses or luminal choleoliths visualized.

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.

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 left limb of the pancreas is prominent and slightly hypoechoic.

Free Abdomen

There are multifocal hypoechoic mesenteric lymph nodes, some with cystic echotexture.

No free fluid noted.

ULTRASONOGRAPHIC FINDINGS

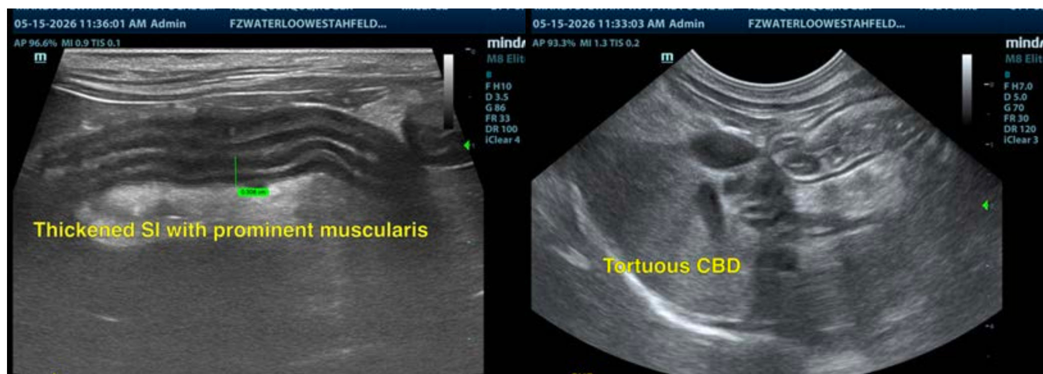
- Diffusely thickened small intestinal walls with prominent muscularis.
- Proximally tortuous common bile duct.
- Slightly prominent pancreas.
- Left renal atrophy with mild contralateral compensatory right renomegaly.

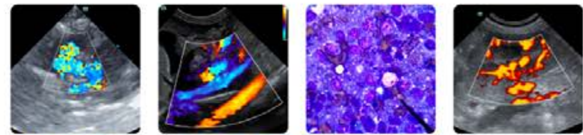
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The presence of pancreatic changes along with the small intestinal and gallbladder changes are most consistent with a version of feline triaditis. Current chem/lytes/CBC, GI panel (TLI/PLI/cobalamin/folate), fecal pathogen PCR, and empiric broad spectrum deworming and treatment with probiotics should be considered as clinically warranted. Ultimately biopsy is required for definitive diagnosis, but empiric treatment is reasonable. Small intestinal biopsy would be required to differentiate small intestinal changes caused by IBD versus lymphoma versus other infiltrative disease.

Empiric treatment includes maintenance of hydration with fluid support and GI support as needed (anti-nausea, appetite stimulant, analgesics if indicated). If initial treatments are unsuccessful, treatment for IBD could be considered which includes diet trial with either hydrolyzed or select protein diet, vitamin b-12 supplementation, and continued GI support as needed. Treatment with steroids (budesonide vs prednisolone) may be required – biopsies should be acquired prior to treatment with steroids.Ursodiol is helpful if cholestasis is present. Antibiotics are generally not required as it is not an infectious process, but may be considered if liver values become significantly elevated and ascending infection of the biliary tree is a concern.

The left renal atrophy with mild right renomegaly is consistent with an earlier renal insult causing left renal atrophy and compensatory enlargement of the right kidney. Correlate clinical significance with bloodwork and urinalysis findings.





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Educational Teleconsultation Services™

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Stomach

Thickened muscuarlis in SI

Duodinal papilla

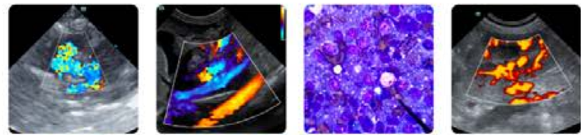
Normal colon

Mesenteric lymph node

Left pancreas

Right renomegaly

Atrophied left kidney



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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