



**PATIENT PRESENTING CLINICAL SIGNS**

Fern Arnold Presented for reduced appetite for 4 days and anorexia yesterday. No vomiting or diarrhea. Jaundice.

**SPECIES** Abnormal PE/Chem/CBC/UA Results: Neutrophils 11.84, lymphocytes 0.78, platelets 112 (platelet aggregates detected), glucose 2.56 (has since come up to 5.7 after dextrose), ALT 516, ALP 275, GGT 8, bilirubin 187, pancreatic lipase 10.4.  
 Feline

**BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**DSH Urinary System**

**SEX** 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.  
 FS

**AGE** 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.  
 12 years

**WEIGHT** Left kidney measures 3.46 cm in length. Right kidney measures 4.01 cm in length.

4.9 kg **Adrenal Glands**

Adrenal glands are visualized and measured on still images only. Resolution is inadequate to assess glandular detail or confirm measurement.

Left adrenal measures 0.36 cm in thickness, and the right adrenal measures 0.45 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 mildly enlarged with slightly rounded lobes. The parenchyma is otherwise normal with no specific nodules or masses visualized.

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.

**DATE** 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.  
 4/16/2026

**INTERPRETED BY**

Dr Brittany Sinclair,  
 BVSc(hons),  
 DACVECC

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Vetwell Rockcliff Vet  
 Hospital

**REFERRING VET**

Dr. Guatto

**INVOICE**

11719



**PATIENT**

Fern Arnold

**SPECIES**

Feline

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DSH

**SEX**

FS

**AGE**

12 years

**WEIGHT**

4.9 kg

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**

Mesenteric lymph nodes are enlarged, hypoechoic and somewhat irregular.

**ULTRASONOGRAPHIC FINDINGS**

- Significant mesenteric lymphadenopathy.
- Mild hepatomegaly.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Liver changes are mild and non-specific. They may represent infectious, inflammatory, acute toxic insult, or round cell or other neoplasia infiltration. Given the elevated liver values and concurrent abdominal lymphadenopathy, a liver FNA is recommended to further define.

Mesenteric lymphadenopathy may represent reactive/inflammatory lymphadenitis. FNA is recommended to rule out round cell neoplasia.

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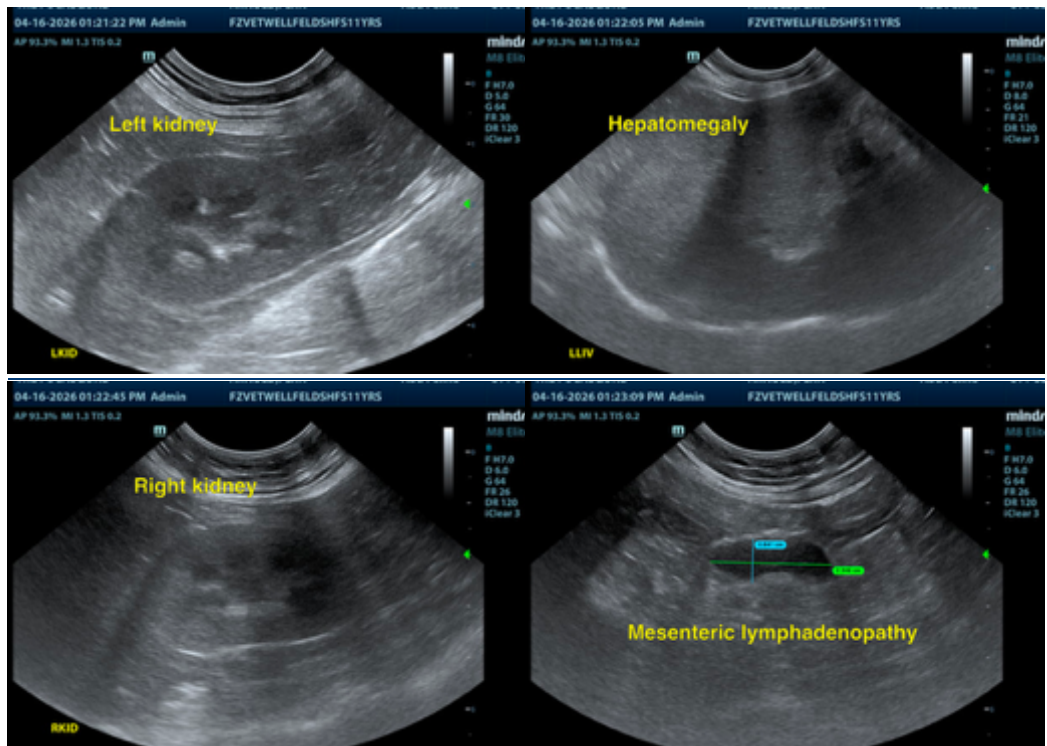
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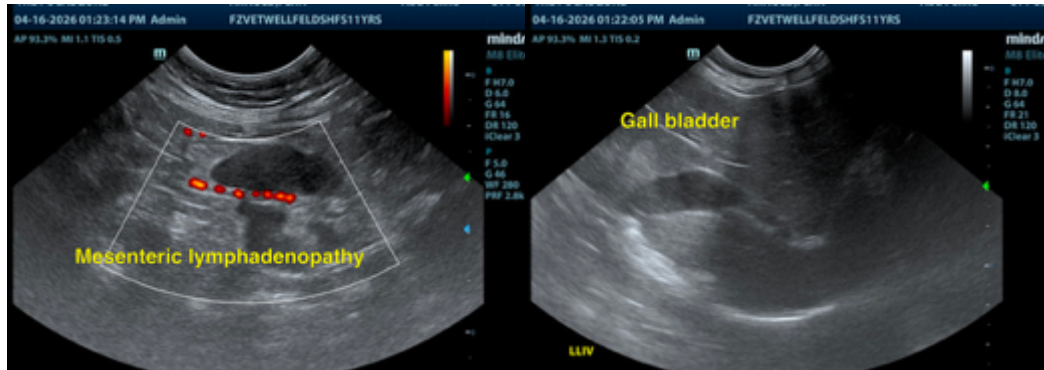
FS

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4.9 kg



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.

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