



**PATIENT**

Miss Smitten Davies

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Siamese x

**AGE**

14 Years

**WEIGHT**

4.15 kg

**INTERPRETED BY**

Dr Brittany Sinclair,  
 BVSc(hons),  
 DACVECC

**IMAGING PERFORMED BY**

Amanda Stewart

**HOSPITAL NAME**

Graham Animal  
 Hospital

**REFERRING VET**

Dr. Nixon

**INVOICE**

74549

**DATE**

4/17/26

**PRESENTING CLINICAL SIGNS**

Chronic diarrhea with acute hematochezia. CKD stage 2. E/D/U normally. UA wnl on April 15th, however marked suspended debris present within bladder lumen on ultrasound. Concerned with appearance of spleen on ultrasound and patient was painful when probe was scanning left side of abdomen. Current Medications: Porus One Kidney Supplement

Abnormal PE/Chem/CBC/UA Results: SDMA 24 Calcium 2.9 low specific gravity: 1.025 April 15th and 1.017 Feb 26th Hematuria 20-30/HPF Radiographic Findings none Primary Question to Be Answered in This Exam Is there evidence of intestinal inflammation? Is the spleen abnormal?

**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 have a smooth capsule and with mild hazing of corticomedullary definition. No evidence of pelvic dilation was present. Left kidney measures 3.5 cm. Right kidney measures 3.32 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 measures 0.26 cm in thickness. Right measures 0.28 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 margins. Parenchyma is normal with no masses or nodules seen. A small anechoic cyst is visible in the right liver measuring approximately 0.40 cm x 0.50 cm. There is hyperechoic shadowing material noted throughout the biliary tree, consistent with a hepatic biliary mineralization.

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 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.



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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***

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

***Free Abdomen***

**BREED**

DSH

Mesenteric lymph nodes are prominent but not overtly enlarged, with normal length to width ratio and normal echogenicity. No free fluid noted.

**SEX**

Siamese x

- Thickened small intestines with prominent muscularis.
- Intrahepatic biliary mineralization, incidental.
- Mild aging renal changes.
- Normal spleen.

**AGE**

14 Years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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Small intestinal changes are most consistent with infiltrative disease of the small intestine with inflammatory bowel disease or GI lymphoma being the top differentials. No overt neoplastic criteria present in the bowel given that curvilinear layering is still intact. Ultrasound cannot differentiate between small cell lymphoma and inflammatory bowel disease and GI biopsies are recommended for definitive diagnosis, especially if there is a poor response to empirical efforts or recurrence of clinical signs after initial control. Endoscopic biopsy is less invasive but may miss lesions due to inability to obtain samples from all sections of the GI tract, especially the jejunum which is the most common site of development of disease. Surgical biopsies are more likely to be diagnostic but are more invasive. A GI panel (TLI/PLI/cobalamin/folate) will help determine the severity of SI dysfunction, and need for vitamin supplementation.

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Empiric treatment for IBD includes diet trial with either hydrolyzed or select protein diet, vitamin b-12 supplementation, GI support as needed (anti-nausea, appetite stimulant). Treatment with steroids (budesonide vs prednisolone) is often required – biopsies should be acquired prior to treatment with steroids. Steroids may ultimately be tapered to the lowest effective dose or discontinued in some cases.

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Bilirubin elevation is not an uncommon finding in cats as they age. In absence of significant liver value elevations and in absence of any signs of biliary obstruction, this is likely incidental.

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The spleen is ultrasonographically normal on images provided.

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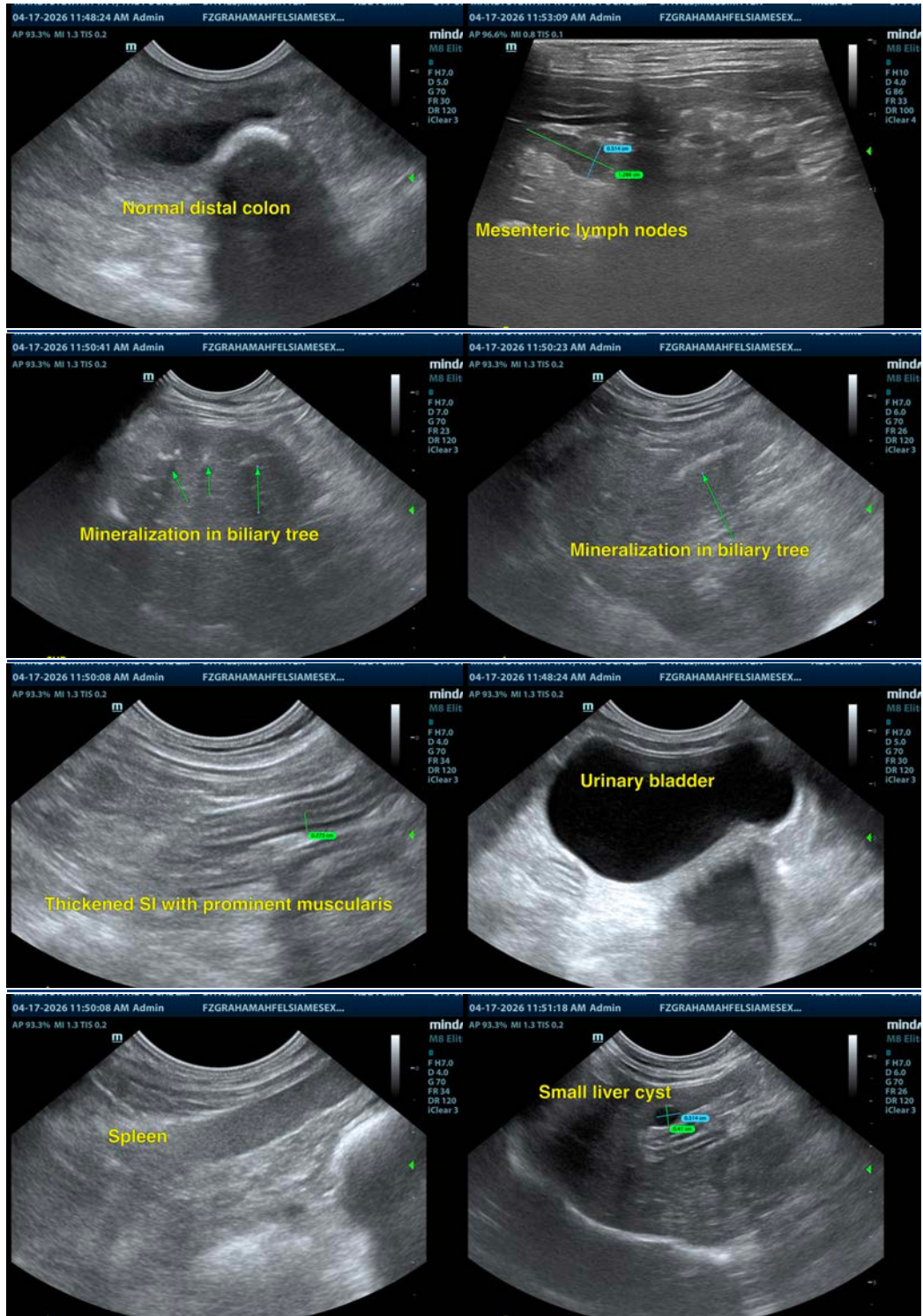
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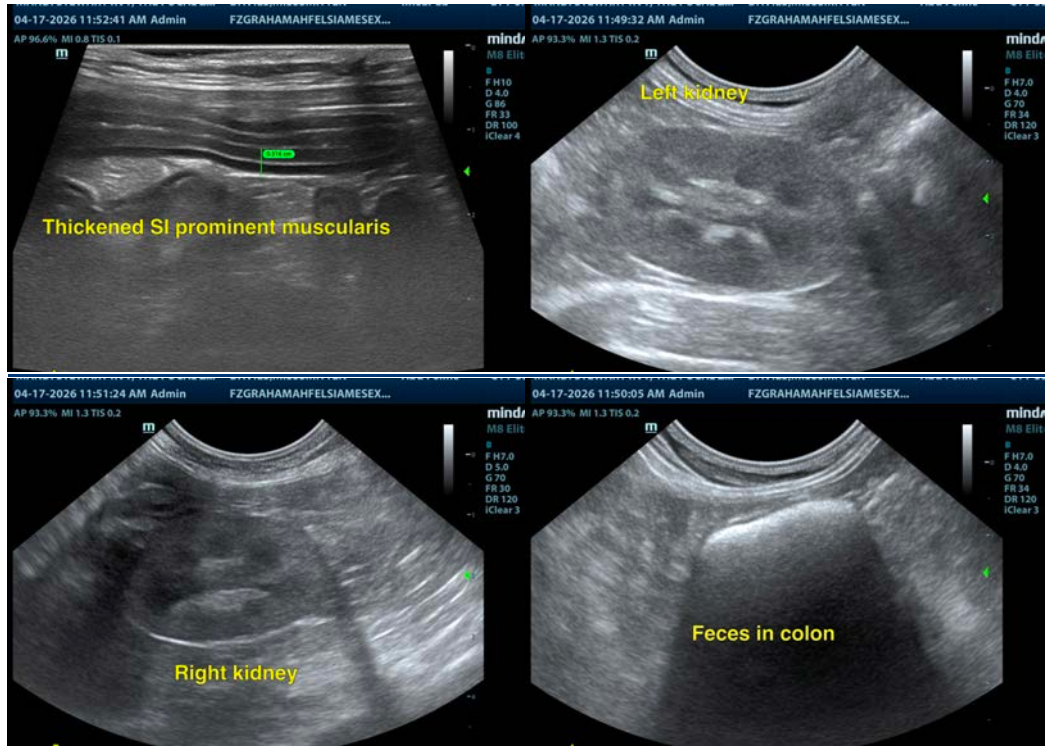
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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