



**PATIENT**

Mischief Laguna

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

11 Years 6 Months

**WEIGHT**

10.9 lbs

**INTERPRETED BY**

Dr Brittany Sinclair,  
BVSc(hons),  
DACVECC

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

Harmony Animal  
Hospital

**REFERRING VET**

Dr. Ryan Epple

**INVOICE**

74146

**DATE**

4/2/26

**PRESENTING CLINICAL SIGNS**

Hx of hyporexia, dietary indiscretion, liquid diarrhea (suspected IBD). 3/27-P lethargic, not eating for 2 days, vomiting-Treated w Cerenia, Famotidine, DexSP, Vit B12. 4/2-P eating a little, no V, liq. diarrhea

Current Medications: Mirtazapine 1.5 inch SID transdermal.

Abnormal PE/Chem/CBC/UA Results: WNL

**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 at the low end of normal for 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 3.05 cm in length. Right kidney measures 3.28 cm in length.

**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 0.33 cm in thickness. Right measures 0.34 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 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**

Visible portions of the right and left limb of the pancreas are prominent and slightly hypoechoic. Surrounding mesentery is slightly hyperechoic. There are no visible fluid accumulations and no lesions consistent with mass effect.

**Free Abdomen**

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

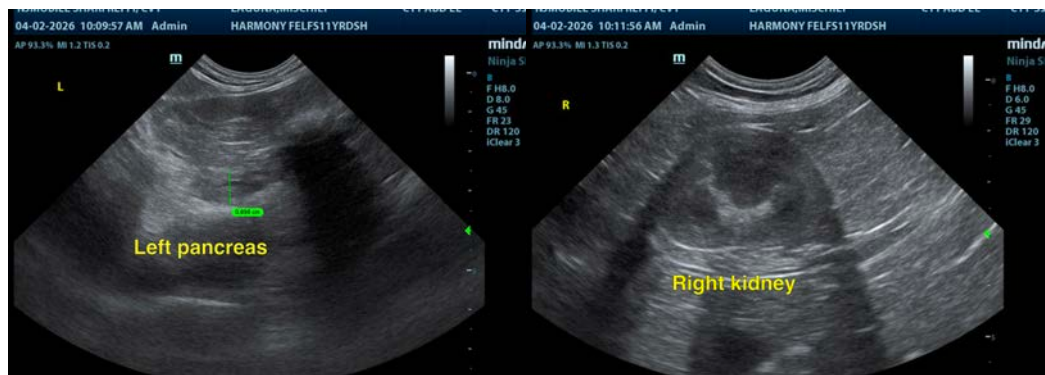
**ULTRASONOGRAPHIC FINDINGS**

- Mild pancreatitis.
- Thickened small intestines with prominent muscularis.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The presence of pancreatic changes along with the small intestinal changes are most consistent with a version of feline triaditis. Gall bladder is ultrasonographically normal and may not be involved in this patient. 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.

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.





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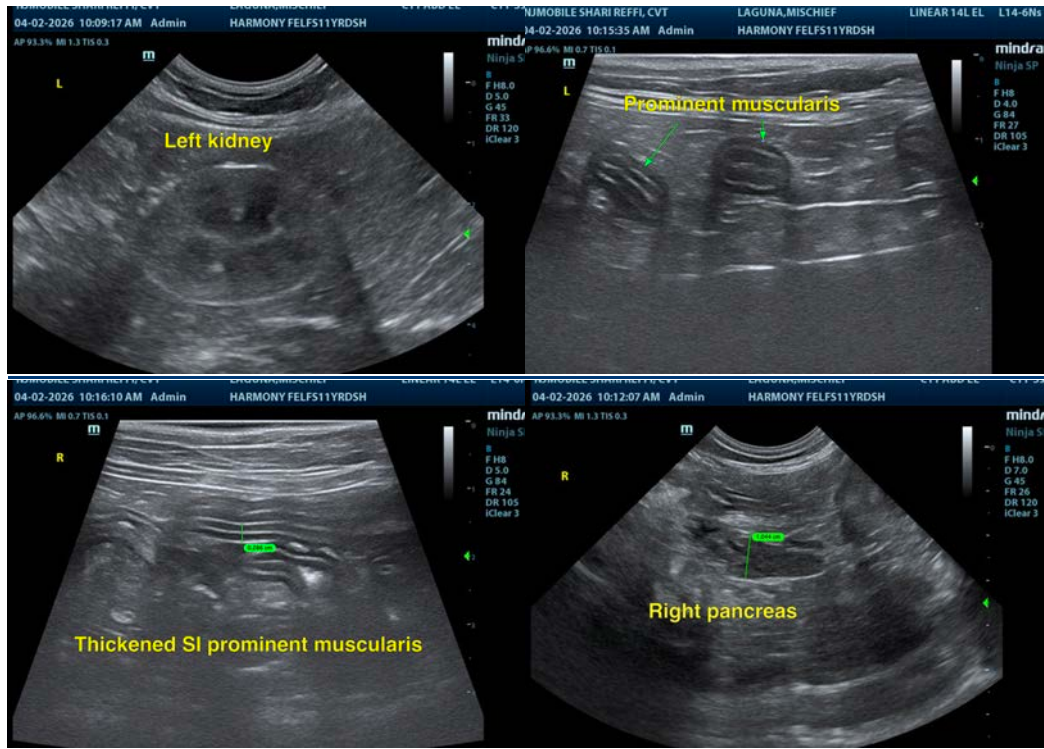
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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