The Focal Zone
FUELED BY SONOPATH VETERINARY ULTRASOUND

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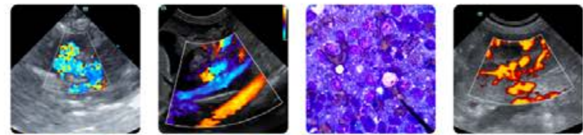


Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Paddy Hawkins

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

15 Years

WEIGHT

3.5 kg

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Hawkins Animal Hospital

REFERRING VET

Dr. Hawkins

INVOICE

75336

DATE

5/21/26

PRESENTING CLINICAL SIGNS

Recheck from April 29th. Current Medications: Finished 2 week course of metronidazole, on denasyl, injection of convenia, and Ursodiol which was discontinued after 5 days for not agreeing with him

Abnormal PE/Chem/CBC/UA Results: Previous report attached ABNORMAL Labwork Values Elevated ALT, ALP, AST, GGT, total Bilirubin Primary Question to Be Answered in This Exam Any improvement from previous AUS

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. Mobile debris present in the urinary bladder. No evidence of inflammatory or neoplastic changes were noted.

The right kidney is significantly small, consistent with right renal atrophy. It has a smooth capsule and with hazing of corticomedullary definition to the point of inability to determine cortical/medullary ratio. No evidence of pelvic dilation was present. Right kidney measures 2.27 cm.

The left kidney is moderately enlarged, consistent with compensatory hypertrophy. It has a smooth capsule with mild hazing of corticomedullary definition. No evidence of pelvic dilation was present. Left kidney measures 4.9 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 0.25 cm in thickness. Right measures 0.33 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.

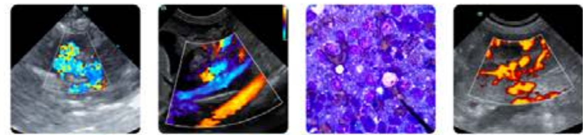
Liver

The liver is enlarged with slightly rounded borders. Parenchyma is diffusely mildly coarse and slightly hyperechoic.

Gall bladder is moderately distended with anechoic bile. The cystic and common bile ducts are mildly dilated and tortuous. The common bile duct measures up to 0.28 cm in images provided. The duodenal papilla is not distinctly 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.



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The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with gas throughout with no overt distention. 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.

Pancreas

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

Free Abdomen

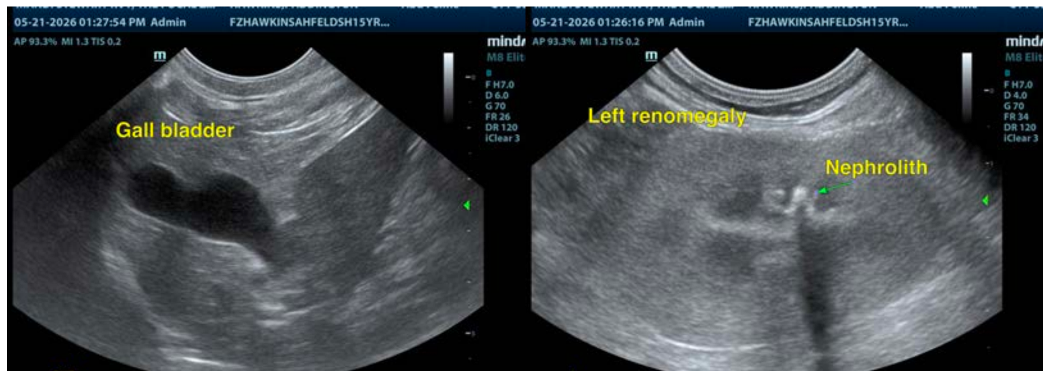
No clinically significant lymphadenopathy or abnormalities noted. No free fluid noted.

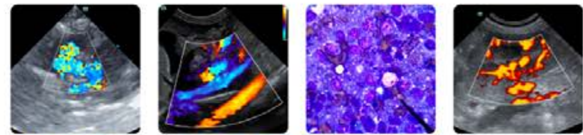
ULTRASONOGRAPHIC FINDINGS

- Persistent cystic and common bile duct dilation – essentially static from previous exam.
- Static hepatic parenchymal changes.
- Static renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no significant change in liver or biliary findings on this abdominal ultrasound. Given persistence and mild worsening of liver values, if not already performed a liver FNA should be considered. An obstructive mass at the level of the duodenal papilla cannot be completely ruled out but was not definitively visualized on ultrasound. Additional imaging may include abdominal CT or abdominal explore to further visualize if patient remains non-responsive to medical therapy for cholangiohepatitis.





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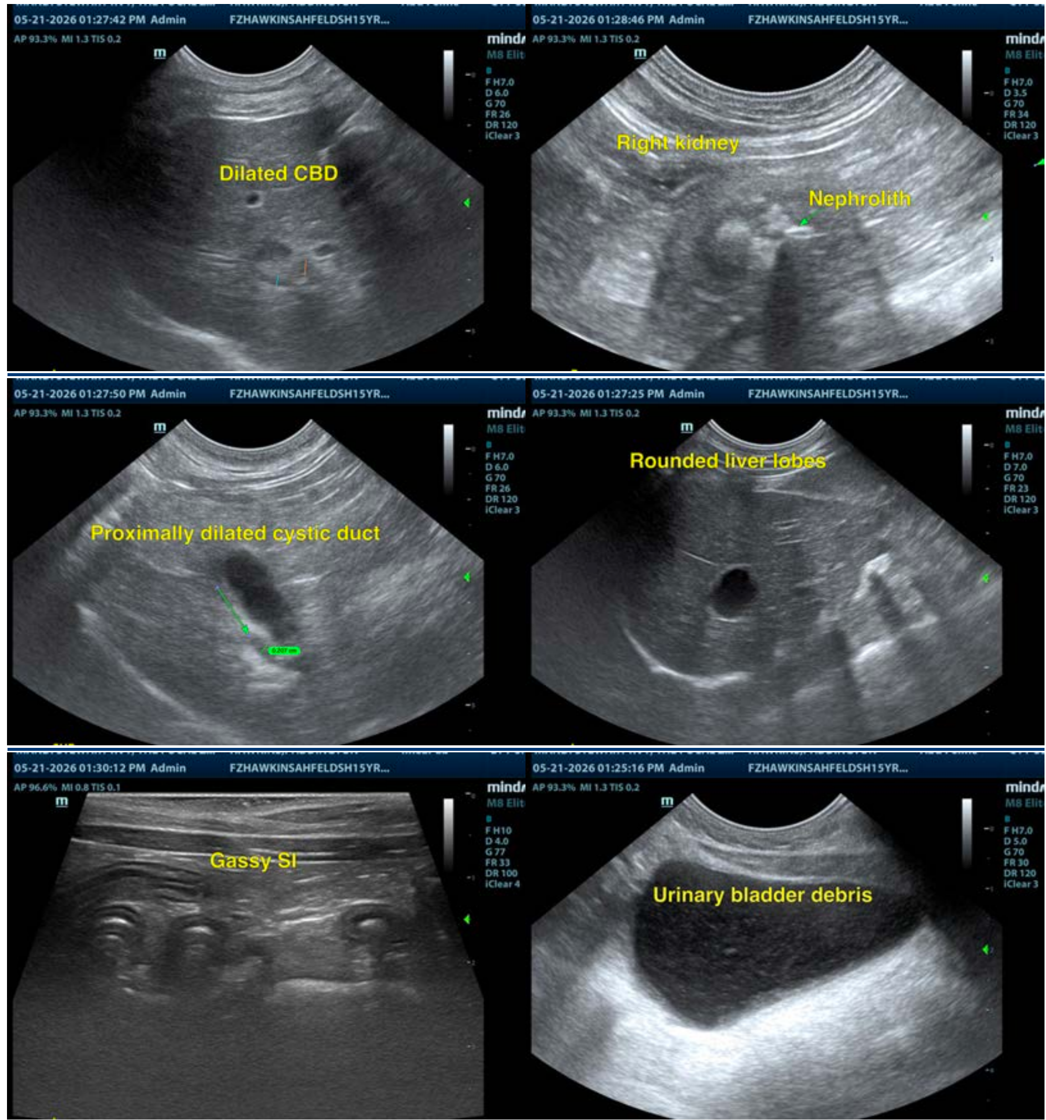

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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