



PATIENT

Molly Graham

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

13 Years

WEIGHT

4.7 kg

INTERPRETED BY

Dr Brittany Sinclair,
 BVSc(hons),
 DACVECC

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Downtown Animal
 Hospital

REFERRING VET

Dr. Arnold

INVOICE

75354

DATE

5/22/26

PRESENTING CLINICAL SIGNS

Not eating x 5 days, few bites this morning, Lethargic, Vomiting increased, usually vomits few times month, Outdoor cat, There is some feces in the colon but does not feel like a constipated cat feces are soft, pet has lost 1.5kg, weight loss kidney vs T4 vs diabetic vs GI lymphoma, single cat house hold. a rabbit in the household. Diet: fancy feast + IM kibble sensitive digestion. Current Medications: Restoralax 3 TID, Mirataz SID

Abnormal PE/Chem/CBC/UA Results: ALT 707 FNA performed on abd L/N and liver

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 hazing of corticomedullary definition to the point of inability to determine cortical/medullary ratio. No evidence of pelvic dilation was present. Left kidney measures 3.77 cm. Right kidney measures 3.47 cm.

Adrenal Glands

Adrenal glands are visualized and measured on still images only. Resolution is inadequate to assess glandular detail or confirm measurement. Left measures 0.33 cm in thickness. Right measures 0.52 cm in thickness.

Spleen

The spleen is enlarged with a slightly undulating capsular surface. Parenchyma is smooth and homogeneous. The spleen measures up to 1.2 cm in thickness.

Liver

In multiple portions of the liver there are small hyperechoic shadowing foci most consistent with arborization of the biliary tree.

Gall bladder is moderately distended. The cystic and common bile ducts are tortuous and dilated along their visible length with a shadowing object visible within a dilated portion of common bile duct, consistent with a cholelith. 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.

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.



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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

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

Free Abdomen

Mesenteric lymph nodes are enlarged, rounded and hypoechoic with the largest measuring 3.5 cm x 1.1 cm. No free fluid noted.

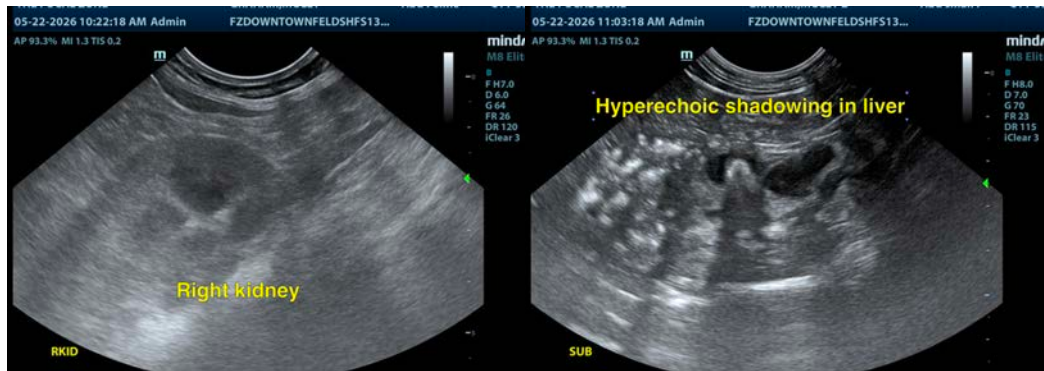
ULTRASONOGRAPHIC FINDINGS

- Shadowing within liver parenchyma – suspect arborization/mineralization within biliary tree.
- Dilated common bile duct with cholelith – no visible obstruction.
- Aging renal changes.
- Splenomegaly.
- Mesenteric lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The shadowing within the liver is suspected to represent partial mineralization of the biliary tree. Given elevated ALT, liver aspirate was appropriate. The distention of the cystic and common bile ducts may indicate biliary obstruction. In the absence of elevated ALP and Tbili, this is less likely. The dilation may represent previous episodes of cholangiohepatitis or resolved obstructive bile stones. No definitive obstructive stones were visualized, though a stone is suspected to be within the common bile duct. Further imaging may include CT to further image the biliary tree and completely rule out an obstructive process.

Mesenteric lymphadenopathy may indicate infiltrative, inflammatory or reactive disease. FNA was appropriate. Similarly, splenomegaly may represent infiltrative, reactive, or inflammatory response. FNA could be considered.





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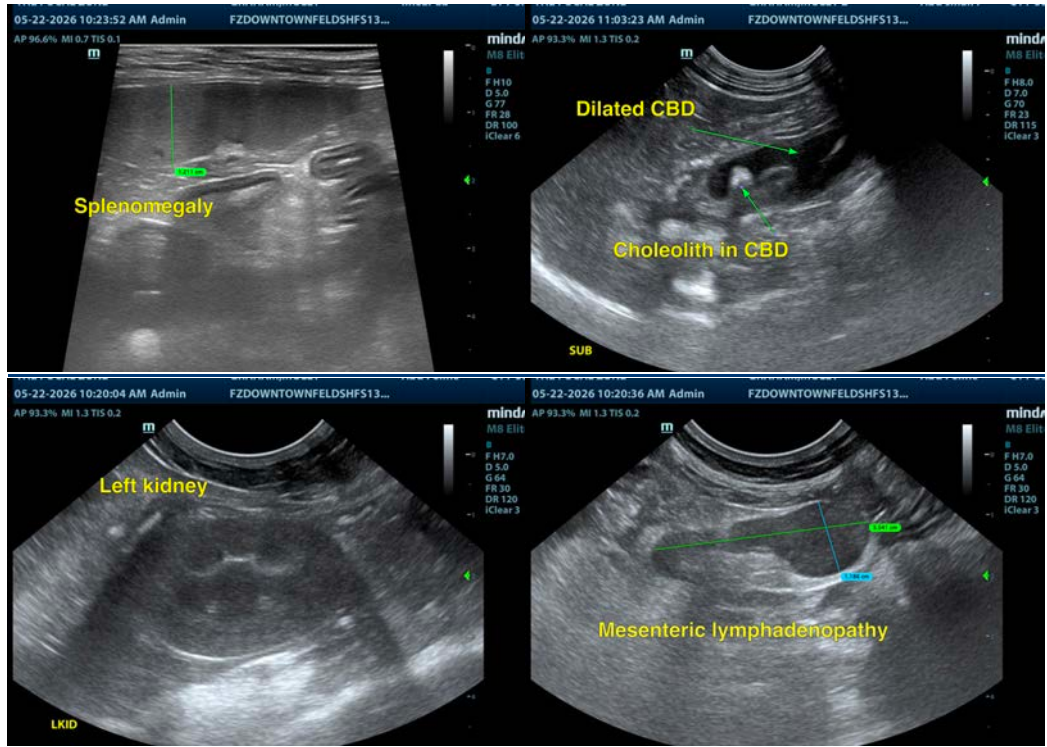
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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