



PATIENT

Dan Sunny

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

10 Years

WEIGHT

9.2 lbs

INTERPRETED BY

Dr Brittany Sinclair,
BVSc(hons),
DACVECC

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Santa Clara Animal
Hospital

REFERRING VET

Dr. Elsbree

INVOICE

74936

DATE

5/5/26

PRESENTING CLINICAL SIGNS

Mast cell tumor diagnosed and removed in October 2025- high grade mast cell tumor determined via histopathology, with no vascular invasion seen, margins clean. April 2026 came in for 3 new mast cell tumors- 2 in similar area to where other was previously removed, 1 on digit- confirmed with cytology. Large inguinal lymph node palpated enlarged-not sampled. Pet also is azotemic with weight loss and some decreased appetite. ABNORMAL Labwork Values April 2026: CBC: MCV 54 Chem: Creat 3.2, BUN 42, T4 2.0. Current Medications: gentspray on masses, gabapentin for sedation before appointment

Trying to get an idea if there is evidence of internal spread (checking liver, spleen, etc) and to evaluate kidneys for signs of age related changes vs. other cause. Looking for lymphadenopathy as well. General scan.

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 right kidney has an irregular 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 3.34 cm.

The left kidney is normal in shape but is significantly small, with a moderate decrease in corticomedullary distinction. Left kidney measures 2.12 cm.

Adrenal Glands

The adrenal glands are not distinctly visualized.

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.



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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.

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

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

ULTRASONOGRAPHIC FINDINGS

- Left renal atrophy.
- Moderate degenerative right renal changes.
- Normal liver and spleen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Renal changes are likely chronic, age related degeneration and chronic kidney disease is the likely cause of azotemia.

Additional diagnostics to be considered include urine culture to screen for occult infection. Doppler blood pressure measurement is recommended to screen for hypertension which can be present in both acute and chronic renal disease and worsens renal function.

Management for any patient with chronic renal dysfunction includes renal specific diet (protein and phosphorus limited), encouraging increased water intake with canned food and providing clean, running water source, and management of proteinuria and hypertension with ACE-inhibitor with addition of more anti-hypertensives as required. Monitoring of bloodwork, urinalysis and blood pressure every 3-6 months, or sooner if feeling unwell, is recommended.

The spleen and liver were sonographically normal with no signs of visceral mast cell disease in these or any other abdominal organs.





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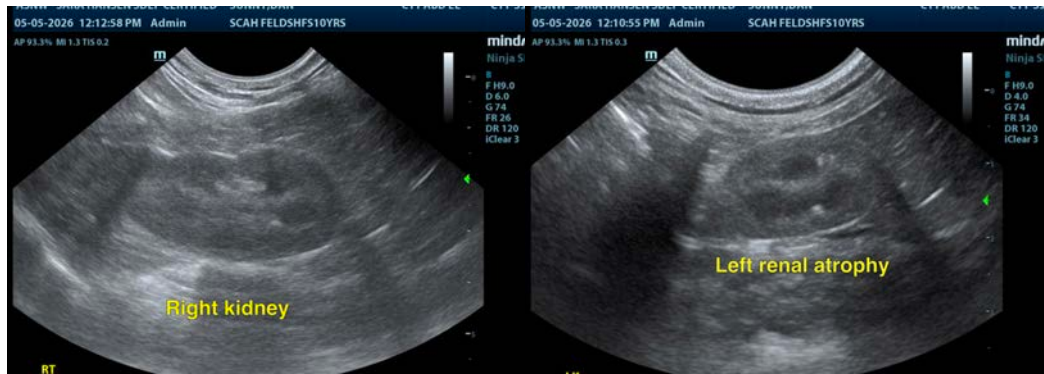
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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