



PATIENT

Krueger Cole

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

10 Years

WEIGHT

5.42 kg

INTERPRETED BY

Dr Brittany Sinclair,
 BVSc(hons),
 DACVECC

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Governors Road
 Animal Hospital

REFERRING VET

Dr. Khalid

INVOICE

75000

DATE

5/6/26

PRESENTING CLINICAL SIGNS

BAR, 180 HR, 36 RR, heart/lungs normal, pink/moist mm, CRT<2sec, normal hydration
 Abdominal palpation, no obvious organomegaly/abnormality or pain upon palpation. Normal E/E/N
 normal LN/coat/gait. Mild to moderate muscle wasting. M1-2 plaque, limited exam due to anxious
 behavior. Mild wax in the ears and some scabs. Current Medications: Felimazole, ProLiv Liver
 Supplement, Cerenia, Fortiflora, Gabapentin, Metronidazole, Mirtazapine gel

Abnormal PE/Chem/CBC/UA Results:CBC: Eosinophils 0.15 (0.17-1.57) Chem: Urea (BUN) 5.0 (5.7-
 12.9), Globulin 59 (28-51), ALT 747 (12-130), ALP 322 (14-111), GGT 6 (0-4), Bilirubin 57 (0-15),
 Cholesterol 7.04 (1.68-5.81), Pancreatic Lipase 4.5 (0-4.4) Primary Question to Be Answered in This
 Exam What is causing increased liver levels?

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 normal size and structure, with 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 measures 4.42 cm in length. Right measures 4.38 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 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 enlarged with rounded borders. Parenchyma is normal with no specific masses
 or nodules seen.

Gall bladder is normally distended with anechoic bile. The common bile duct is mildly dilated and slightly
 tortuous along its visible length. 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



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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 right and left limbs of the pancreas are large and hypoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is evidence of regional mesenteric inflammation. Consistent with moderate pancreatitis.

Free Abdomen

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

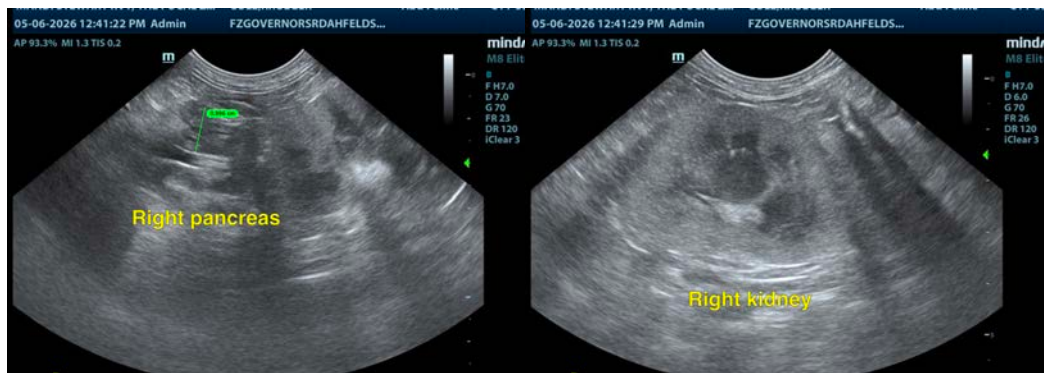
ULTRASONOGRAPHIC FINDINGS

- Pancreatitis.
- Mildly dilated common bile duct.
- Hepatomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Pancreatic changes and mild common bile duct distention are consistent with acute pancreatitis and concurrent cholangiohepatitis. Treatment for pancreatitis is supportive and involves fluid support, GI support (anti-nausea, appetite stimulant), analgesia and enteral nutrition. Antibiotics are generally not warranted for acute pancreatitis as it is generally sterile, however, in the presence of evidence of concurrent cholangiohepatitis antibiotics should be considered. Antibiotics that are effective against gram-negative, aerobic, enteric bacteria and excreted into the bile are recommended. Amoxicillin, amoxicillin-clavulanic acid, cephalosporins, and fluoroquinolones are suggested first choices.

Metronidazole (7.5 mg/kg PO, IV q 12 hrs) may be added for extra anaerobe coverage. Serial imaging is indicated if clinical signs are not resolving to assess for possible progression to pancreatic abscessation or post hepatic bile duct obstruction. Liver FNA is recommended to further define hepatomegaly and rule out infiltrative disease.





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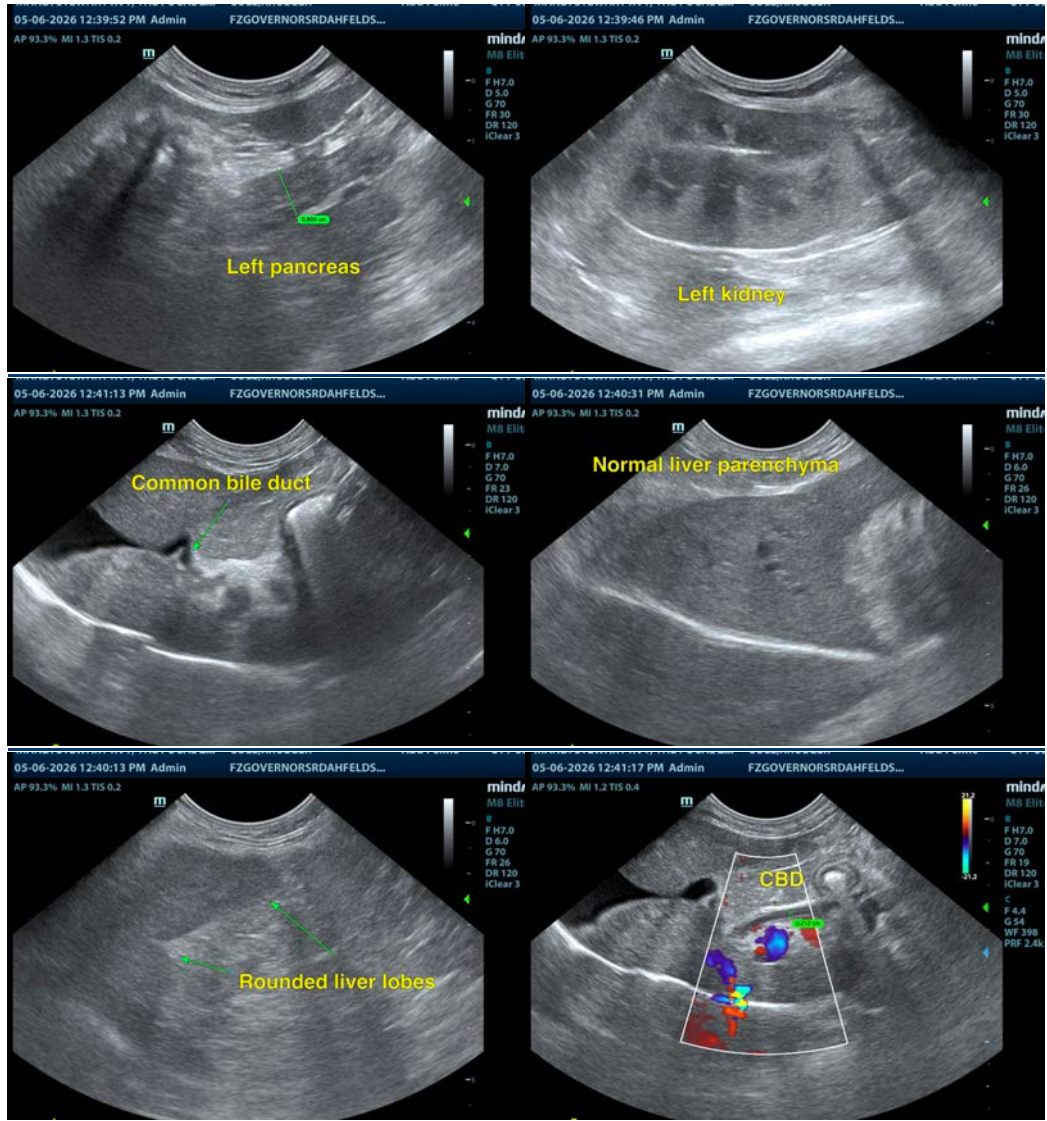
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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