



PATIENT

Lucy Mooney

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

13 Years

WEIGHT

7.18 kg

INTERPRETED BY

Dr Brittany Sinclair,
 BVSc(hons),
 DACVECC

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

BPH Stoney Creek

REFERRING VET

Dr. Codrington

INVOICE

75663

DATE

6/4/26

PRESENTING CLINICAL SIGNS

Hasn't eaten since Tuesday night. Lethargic. Found Wed evening lying on the bathroom floor making moaning noises. Reported anorexia and adipsia approximately 24h prior to presentation. Not observed drinking since Tuesday morning. Food was untouched overnight Tuesday into Wednesday. Quiet and subdued during exam. Tense and painful on abdominal palpation. Evidence of overgrooming on tail and ventral abdomen. Skin possibly icteric on abdomen. Current Medications: Ampicillin, Maropitant, Methadone.

Abnormal PE/Chem/CBC/UA Results: CBC: mild neutrophilic leukocytosis. Thrombocytopenia noted - likely artifact from collection. Chem: Marked hyperbilirubinemia, mildly elevated ALT, azotemia, phosphorus mildly low. Serum noted to be icteric. Urinalysis: orange in colour. 3+ bilirubin.

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 an irregular capsule and mild hazing of corticomedullary definition. No evidence of pelvic dilation was present. Left kidney measures 4.45 cm. Right kidney measures 4.48 cm.

Adrenal Glands

Adrenal glands were visualized on still images only. They appear to enlarged in size with normal shape, position and echogenicity for this breed and age though this could not be confirmed on cine loops. Left measures 0.65 cm in thickness. Right measures 0.61 cm in thickness.

Spleen

The spleen is mildly enlarged with a homogeneous parenchyma. No specific masses or nodules seen.

Liver

The liver is subjectively enlarged with irregular margins. Parenchyma is homogeneous with no specific masses or nodules seen.

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

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

SPECIES

Free Abdomen

Feline

Gastric and hepatic lymph nodes are enlarged, rounded and hypoechoic. The hepatic lymph node has a hyperechoic center. No free fluid noted.

BREED

ULTRASONOGRAPHIC FINDINGS

DSH

- Hepatomegaly.
- Splenomegaly.
- Multicentric lymphadenopathy.
- Diffusely thickened small intestines with prominent muscularis.
- Mild aging renal changes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

13 Years

Hepatosplenomegaly together with lymphadenopathy and small intestinal changes is suggestive of infiltrative disease with lymphoma being a top differential. Splenic and liver aspirates are recommended to investigate for round cell infiltration. Lymph node aspirate could be attempted though may be challenging due to the location of the enlarged lymph nodes.

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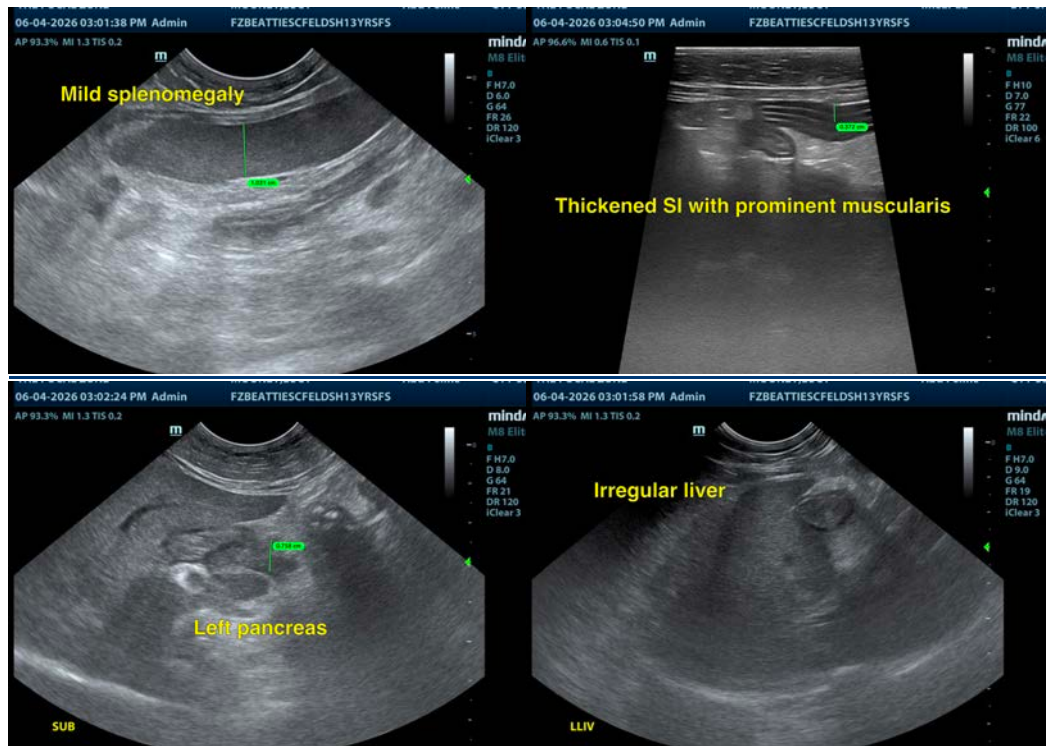
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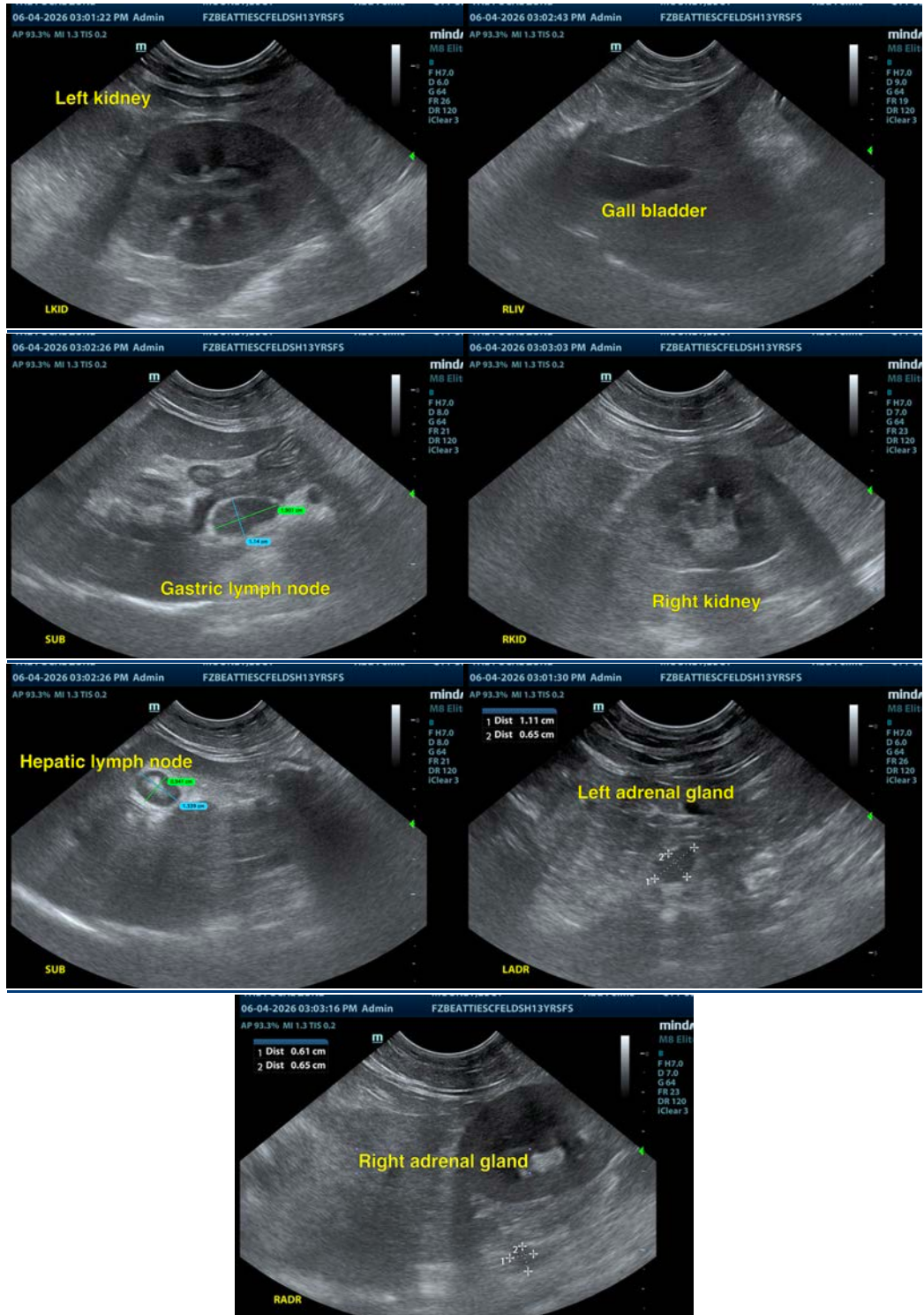
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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