



PATIENT

Lola Elder

PRESENTING CLINICAL SIGNS

Not eating, weight loss, blood work NAF. Current Medications: metacam and Buprenorphine

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: Mild lymphopenia and eosinopenia - likely stress. Very mild inc in SDMA but creat is WNL, mild dec in chloride and ALT - likely not significant. T4 and spec fPL are WNL
 Radiographic Findings R lateral - scant feces in colon, two large gas pockets, poor serosal detail overall, but difficult to tell if it's due to excessive fat. Left kidney is significantly larger than the right there appeared to be some lung changes on this view, so we took a chest view as well - some peribronchial changes but I don't think they're significant to Lola's inappetence
 Primary Question to Be Answered in This Exam Cause for inappetence

BREED

DSH

SEX

Spayed Female

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

AGE

12 Years

At the apex of the urinary bladder there is a 2.0 cm x 1.5 cm broad based irregular mass protruding into the lumen.

WEIGHT

7.34 kg

The right kidney has a smooth capsule and with mild hazing of corticomedullary definition. No evidence of pelvic dilation was present. The right kidney measures 4.24 cm.

The left 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. Left kidney measures 3.43 cm.

INTERPRETED BY

Dr Brittany Sinclair,
 BVSc(hons),
 DACVECC

Adrenal Glands

The right adrenal gland is visualized and recognized as having normal shape, size, position and echogenicity for this breed and age. The visible phrenic vasculature was unremarkable. Right measures 0.32 cm in thickness.

IMAGING PERFORMED BY

Amanda Stewart

The left adrenal gland is not distinctly visualized but the area appears normal.

HOSPITAL NAME

Preston Animal Clinic

Spleen

The spleen is enlarged with a slightly undulating capsule. Parenchyma is homogeneous with no specific masses or nodules visualized.

REFERRING VET

Dr. Coghlan

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.

INVOICE

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Gall bladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally.

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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.

SPECIES

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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.

BREED

Pancreas

DSH

The area of the pancreas was isoechoic to surrounding tissue with no overt inflammation. Pancreatic tissue was not distinctly visualized which is common.

SEX

Free Abdomen

Spayed Female

No clinically significant lymphadenopathy or abnormalities noted.

AGE

12 Years

There is a large volume of fluid visible in every quadrant.

The omentum is diffusely thickened and nodular.

WEIGHT

7.34 kg

ULTRASONOGRAPHIC FINDINGS

- Large volume abdominal effusion with diffusely nodular omentum.
- Urinary bladder mass.
- Mild degenerative renal changes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The large volume of abdominal effusion together with the diffusely nodular omentum is concerning for a neoplastic process such as carcinomatosis. Abdominocentesis was appropriate. Fluid analysis and cytology is recommended. The omental changes could be non-neoplastic and inflammatory in origin. No primary tumor consistent with a carcinoma was visualized.

IMAGING PERFORMED BY

Amanda Stewart

Urinary bladder wall changes are most consistent with a bladder wall mass with a benign polyp being considered most likely based on appearance and location. Transitional cell carcinoma cannot be definitively ruled out. Adherent urinary bladder debris is a less likely possibility. FNA could be attempted but has a risk of seeding neoplastic cells in the abdomen.

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REFERRING VET

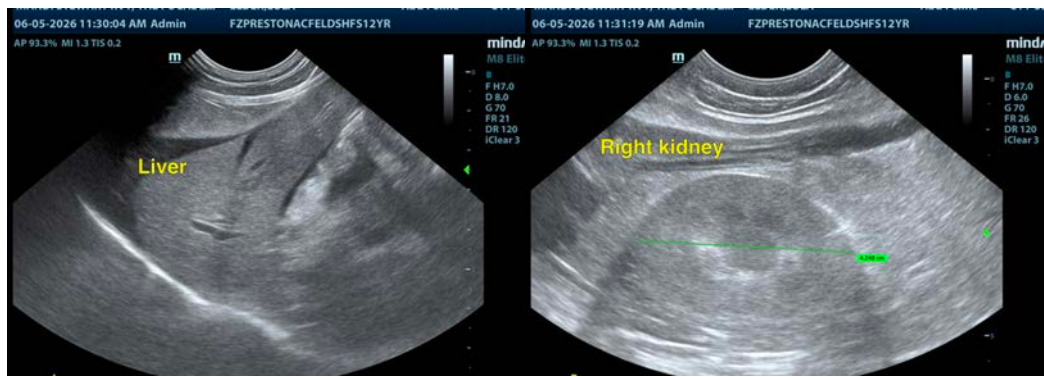
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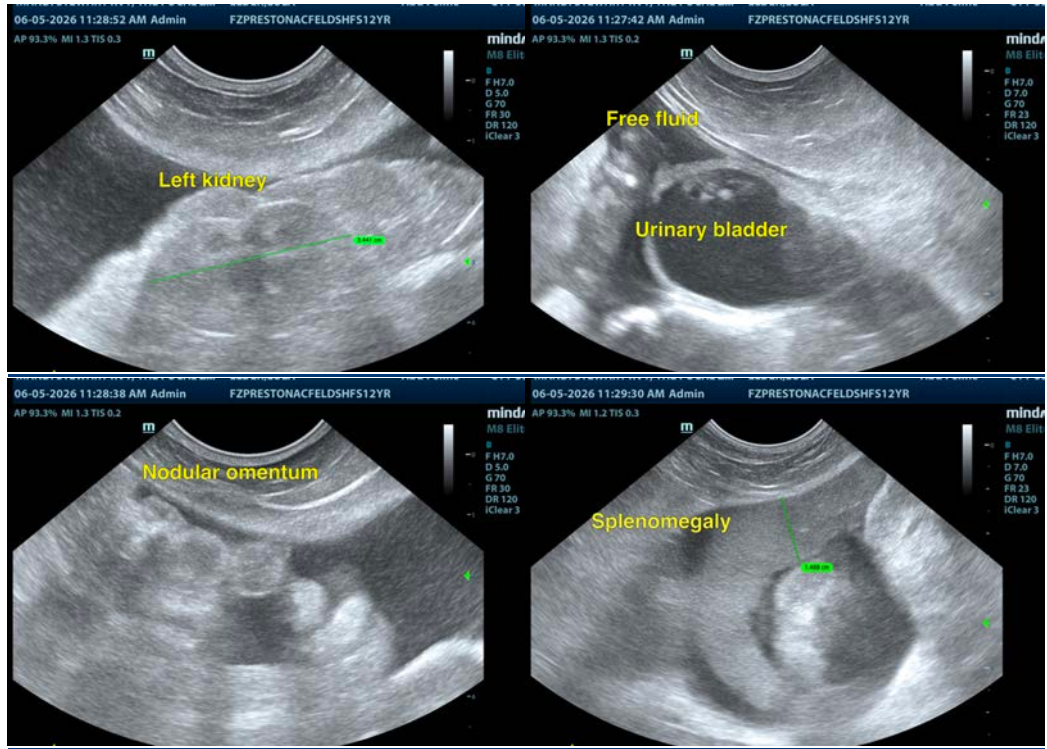
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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