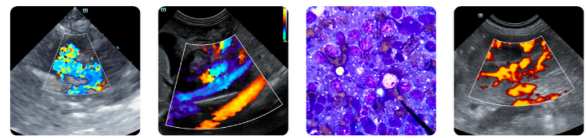




| | |
|---|---|
| PATIENT | PRESENTING CLINICAL SIGNS |
| Ziggy Rodrigues | Significant WT loss, intermittent inappetance BCS-3/9. |
| SPECIES | Abnormal PE/Chem/CBC/UA Results: TLI cob folate declined. |
| Feline | ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN |
| BREED | Urinary System |
| DSH | The 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. |
| SEX | |
| MN | The left kidney has 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 3.47 cm in length |
| AGE | |
| 14 years | The left kidney has 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. The right kidney measures 3.44 cm in length. |
| WEIGHT | |
| N/a | Adrenal Glands |
| INTERPRETED BY | Both adrenal glands were bilaterally mildly enlarged, and slightly hypoechoic. Left adrenal measures 0.51 cm in thickness, and the right adrenal measures 0.53 cm in thickness. |
| Dr Brittany Sinclair, BVSc(hons), DACVECC | Spleen |
| IMAGING PERFORMED BY | 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. |
| Kerri Becker | Liver |
| HOSPITAL NAME | The liver is subjectively normal in size with normal contours and structure. The parenchyma is heterogenous with a coarse appearance. No specific nodules are visualized. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. |
| The Gentle Vet | |
| REFERRING VET | Gall bladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally. |
| Dr. Gwiazdowski | Gastrointestinal |
| INVOICE | |
| 11905 | 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. |
| DATE | |
| 5/8/2026 | The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with gas throughout with no overt distension. Wall thickness is normal. Bowel loops follow a curvilinear path |



| | |
|---|---|
| PATIENT | 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. |
| Ziggy Rodrigues | |
| SPECIES | Sections of colon are visualized with gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering. |
| Feline | Pancreas |
| BREED | The visible pancreas was observed to be largely isoechoic to surrounding omental fat. |
| DSH | ULTRASONOGRAPHIC FINDINGS |
| SEX | <ul style="list-style-type: none">• Slightly coarse liver.• Mild aging renal changes.• Bilateral mild adrenomegaly. |
| MN | INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS |
| AGE | There is no ultrasonographically evident cause of reported weight loss in this abdominal study. Pancreas and GI tract are within normal limits. Consideration for dietary indiscretion, food sensitivity/allergy or mild inflammatory bowel disease is reasonable, though non-GI causes remain possible. While not sonographically evident, pancreatitis cannot be completely ruled out. A diet trial with hydrolyzed protein or select protein diet could be considered if food sensitivity is suspected clinically. Additional diagnostics to be considered for weight loss include current chem/CBC, GI panel (TLI/PLI/cobalamin/folate), fecal pathogen panel, thyroid testing, bile acid profile, and thoracic radiographs to rule out occult neoplasia, cardiac disease and esophageal disease as potential causes. |
| 14 years | |
| WEIGHT | |
| N/a | |
| INTERPRETED BY | Liver changes are a common benign age related change, but infiltrative disease (lymphoma, MCT, other) cannot be definitively ruled out. No significant disruption of architecture noted to suggest significant pathology. Fine needle aspirate could be considered to further characterize parenchymal changes if clinically indicated, especially if any weight loss is noted or for baseline cytological assessment. |
| Dr Brittany Sinclair, BVSc(hons), DACVECC | |
| IMAGING PERFORMED BY | Bilateral adrenomegaly is of uncertain clinical significance. It may be a variation of normal, may represent response to stressful illness or may indicate underlying hormonal disease. |
| Kerri Becker | |
| HOSPITAL NAME | Hyperadrenocorticism, hyperaldosteronism and acromegaly are endocrine diseases which can cause adrenomegaly in the cat. Adrenal gland function testing could be considered if indicated (plasma aldosterone level - requires concurrent assessment of potassium, IGF-1, LDDST). |
| The Gentle Vet | |
| REFERRING VET | Hyperaldosteronism is a common cause of systemic hypertension. There is often, but not always, a high/high normal sodium and low/low normal potassium with this disease. |
| Dr. Gwiazdowski | |
| INVOICE | Hyperadrenocorticism and acromegaly are often, but not always, seen in cats with uncontrolled diabetes mellitus. |
| 11905 | |
| DATE | Rarely adrenomegaly can be seen with infiltrative disease such as lymphoma or fungal disease, but this is generally not the only sign of these diseases. |
| 5/8/2026 | |



PATIENT

Ziggy Rodrigues

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

14 years

WEIGHT

N/a

INTERPRETED BY

Dr Brittany Sinclair,
 BVSc(hons),
 DACVECC

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

The Gentle Vet

REFERRING VET

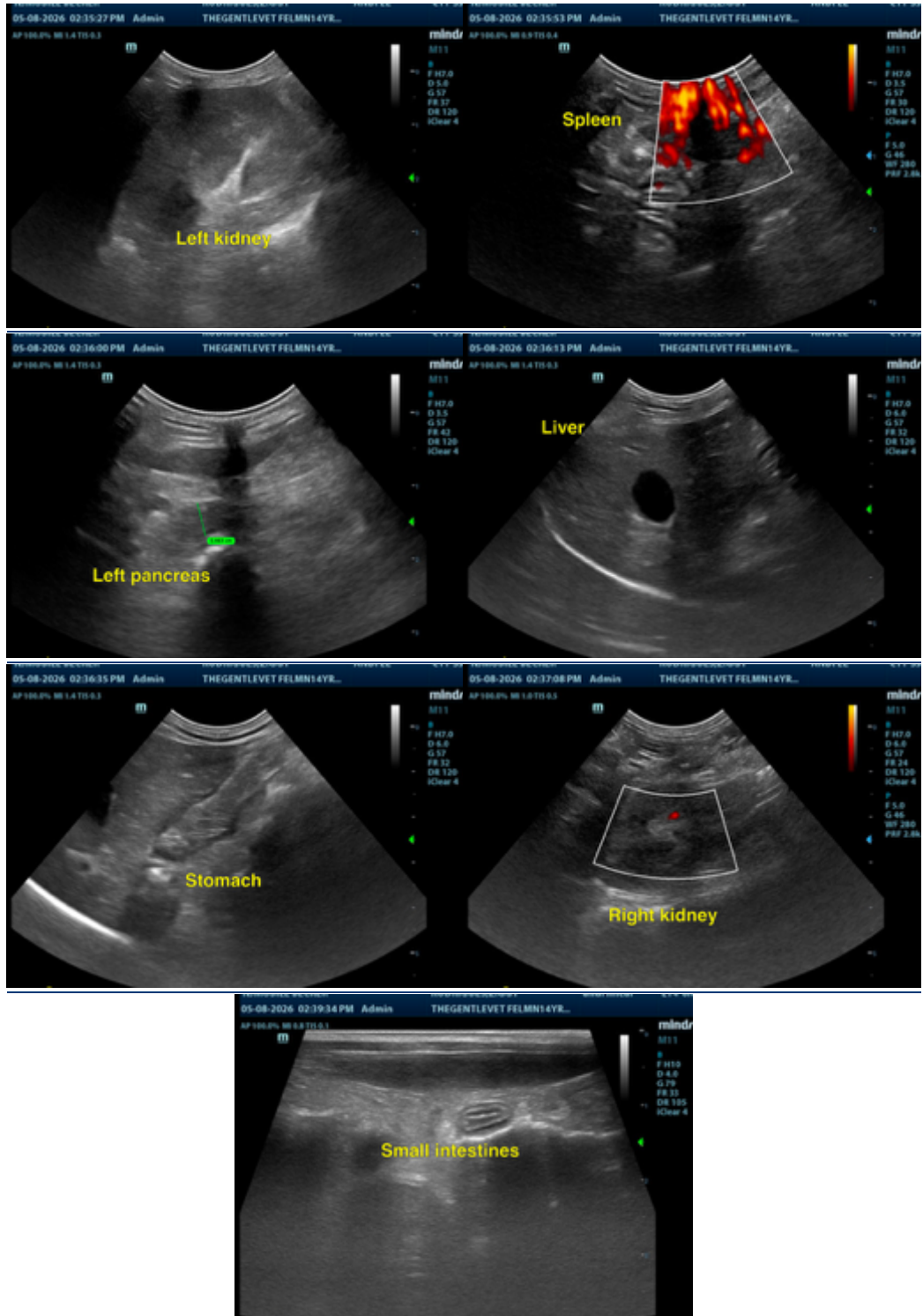
Dr. Gwiazdowski

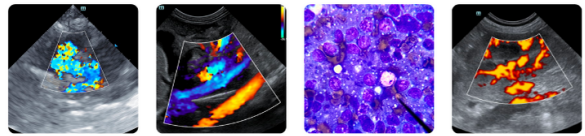
INVOICE

11905

DATE

5/8/2026





PATIENT

Ziggy Rodrigues

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.

SPECIES

Feline

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

BREED

DSH

info@SonoPath.com

SEX

MN

AGE

14 years

WEIGHT

N/a

INTERPRETED BY

Dr Brittany Sinclair,
BVSc(hons),
DACVECC

**IMAGING
PERFORMED BY**

Kerri Becker

HOSPITAL NAME

The Gentle Vet

REFERRING VET

Dr. Gwiazdowski

INVOICE

11905

DATE

5/8/2026