



**PATIENT**

Cole Enck

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered male

**AGE**

3 years

**WEIGHT**

8 lbs

**INTERPRETED BY**

Dr Brittany Sinclair,  
BVSc(hons), DACVECC

**IMAGING  
PERFORMED BY**

Danielle Lanz

**HOSPITAL NAME**

New Holland VH

**REFERRING VET**

Danielle Lanz

**INVOICE**

43661

**DATE**

4/3/23

**PRESENTING CLINICAL SIGNS**

Presenting for anorexia and lethargy 3/31. O moved a few weeks ago - he stopped eating before they moved and continued not to eat after. Treated with convenia, elura, ursodiol and denamarin. Ate 1/2 can wet food yesterday. Presented today for U/S

Abnormal PE/Chem/CBC/UA Results: Visibly jaundice CBC: MCV 37. Reticulocyte Hgb 14.9 Chem: BUN 11, Chloride 111, ALT 182, AST 95, ALP 1708, GGT 13, Tbili 11.9, Uncbili 5.6, conj bili 6.3, triglycerides 99

**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 (cortex 1/3 of medulla). Medullary structure differed distinctly from that of the cortex. No evidence of pelvic dilation was present. The right kidney measured 4.66 cm. The left kidney measured 4.24 cm.

**Adrenal Glands**

Both adrenal glands were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 1.02 cm in length and 0.25 cm at the cranial pole and 0.24 cm at the caudal pole. The right adrenal gland measured 0.76 cm in length and 0.28 cm at the cranial pole and 0.2 cm at the caudal pole.

**Spleen**

The spleen was normal with a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma and 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 lobes and hyperechoic to slightly heterogenous parenchyma. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. The gall bladder is moderately distended with anechoic fluid, with hyperechoic non-shadowing debris present. There is no surrounding free fluid or signs of active inflammation.



**PATIENT**

***Gastrointestinal***

Cole Enck

The stomach contains a moderate amount of ingesta with shadowing components consistent with kibble. 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 and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

**SPECIES**

Feline

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. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

**BREED**

Domestic Shorthair

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness.

**SEX**

Neutered male

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.

**AGE**

3 years

***Pancreas***

The base and limbs of the pancreas were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour and parenchyma were normal. No overt evidence of active inflammatory or neoplastic disease was noted.

**WEIGHT**

8 lbs

***Lymph Nodes***

No clinically significant lymphadenopathy or abnormalities noted.

**INTERPRETED BY**

Dr Brittany Sinclair,  
BVSc(hons), DACVECC

***Free Abdomen***

No masses or free fluid were noted.

**IMAGING PERFORMED BY**

Danielle Lanz

**ULTRASONOGRAPHIC FINDINGS**

**HOSPITAL NAME**

New Holland VH

**Primary Findings**

1. Hepatomegaly with parenchymal changes
2. Gall bladder debris

**REFERRING VET**

Danielle Lanz

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INVOICE**

43661

The gall bladder and common bile duct in this patient are normal and the bilirubin elevation must be owing to hepatic parenchymal disease. Acute hepatic insult (toxin, infectious, inflammatory), hepatic lipidosis or occult neoplasia is likely in this patient. Liver FNA is indicated.

**DATE**

4/3/23



**PATIENT**

Cole Enck

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered male

**AGE**

3 years

**WEIGHT**

8 lbs

**INTERPRETED BY**

Dr Brittany Sinclair,  
BVSc(hons), DACVECC

**IMAGING PERFORMED BY**

Danielle Lanz

**HOSPITAL NAME**

New Holland VH

**REFERRING VET**

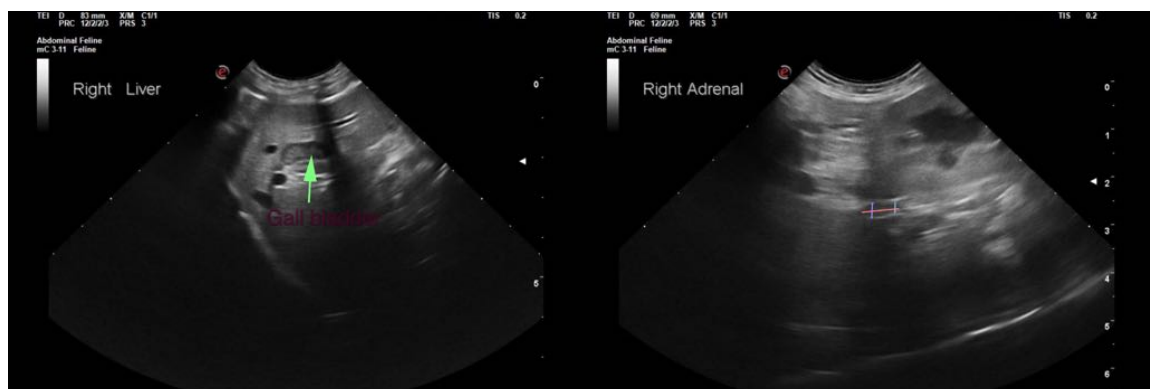
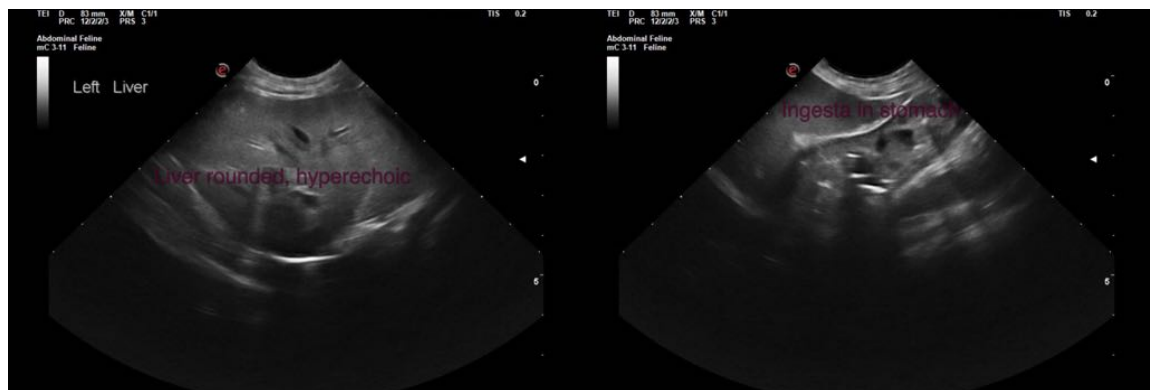
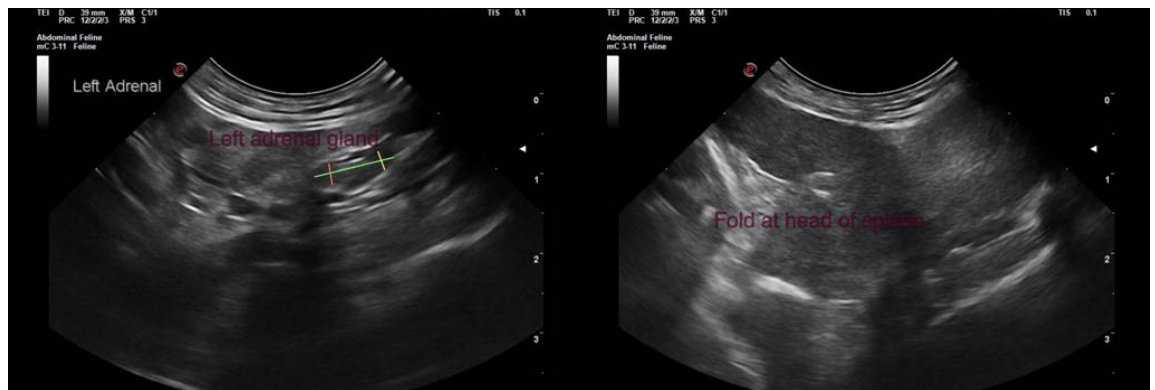
Danielle Lanz

**INVOICE**

43661

**DATE**

4/3/23





**PATIENT**

Cole Enck

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered male

**AGE**

3 years

**WEIGHT**

8 lbs

**INTERPRETED BY**

Dr Brittany Sinclair,  
BVSc(hons), DACVECC

**IMAGING  
PERFORMED BY**

Danielle Lanz

**HOSPITAL NAME**

New Holland VH

**REFERRING VET**

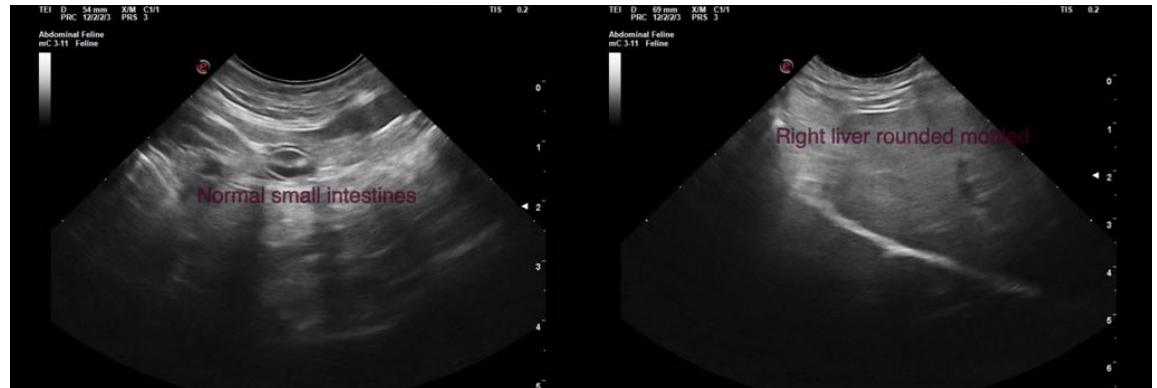
Danielle Lanz

**INVOICE**

43661

**DATE**

4/3/23



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  
info@SonoPath.com