



PATIENT

Bjorn Dinc

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

4 years

WEIGHT

9.1 lbs

INTERPRETED BY

Bradley Harris, DVM,
 DACVECC, DACVIM
 (cardiology)

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Dog and Cat Clinic of
 Niagara

REFERRING VET

Dr. Haidy

INVOICE

73726

DATE

3/24/26

PRESENTING CLINICAL SIGNS

- Inappetence, pain in abdomen upon palpation. Vomitted 2 x
- Bloodwork WNL
- Current Medications Prazosin 1 mg, Zeniquin 25 mg
- MCV 53.3 Eosinophils 0.10 Glucose 3.98 labs and rads attached

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

Urinary System

The urinary bladder is moderately distended with largely anechoic urine and a mild amount of suspended echogenic mobile debris. The ureters were not visualized, which is a normal finding. The ureteral papillae appear normal. There is no evidence of inflammatory, infiltrative, or neoplastic disease.

The kidneys are normal in size and structure, with appropriate corticomedullary definition and cortex to medulla ratio. The cortices are uniform in texture with normal echogenic relationship to liver and spleen. The medullary structure differed distinctly from the cortex and no evidence of pyelectasia is present. The capsules are uniform without significant irregularities noted. The left kidney measured 2.88 cm. The right kidney measured 4.04 cm.

Adrenal Glands

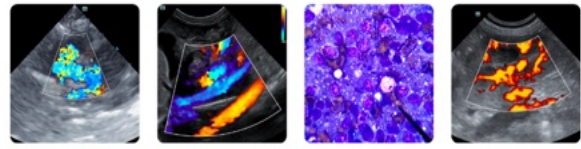
Both adrenal glands are visualized and have normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.46 cm and the right adrenal gland measured 0.36 cm.

Spleen

The spleen is smooth with homogeneous parenchyma and hyperechoic to liver and renal cortical parenchyma. The capsule is without noticeable irregularity or deformation. The splenic vasculature is normal without signs of congestion, spontaneous echo contrast, or thrombosis. No evidence of acute or chronic inflammatory, neoplastic, or infarct are documented. The spleen is normal and measured 1.0 cm.

Liver

The liver is subjectively normal liver size, contour, and structure. Parenchymal echogenicity is naturally coarse and hypoechoic to the spleen. Vasculature is within normal limits with no evidence of congestion. The gallbladder has thin walls with contains anechoic bile. There is no evidence of intra- or extra-hepatic biliary dilation. The cystic and common bile ducts were normal. No hepatic lymphadenopathy is documented. There is no overt structural evidence of inflammatory, infiltrative or regenerative pathology evident.



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Gastrointestinal

The gastrointestinal tract is multi-focally distended with a combination of echogenic, partially shadowing ingesta material as well as mildly echogenic fluid. There is no discrete small intestinal mechanical obstruction. However, the small intestine displays a mild degree of corrugation or plication and there are multiple, hyperechoic, shadowing structures or material within the small intestinal lumen that is concerning for gastrointestinal foreign material making an occult, mechanical obstruction a concern. The gastrointestinal wall is normal in thickness with maintenance of normal wall layering.

Pancreas

The visible pancreas is normal. There was no lymphadenopathy and no free fluid.

ULTRASONOGRAPHIC FINDINGS

The urinary bladder contains echogenic, suspended debris contrasted with anechoic urine. This is often related to urinary tract infection but may represent exfoliated debris or sterile inflammation.

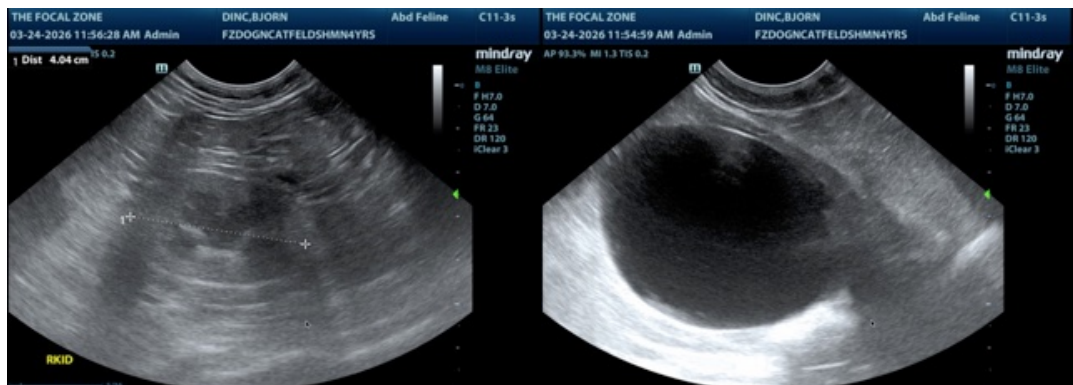
The mild to moderate gastrointestinal dilation with multi-focal, shadowing material and mild corrugation or plication is concerning for potential occult gastrointestinal mechanical obstruction. However, this cannot be definitively confirmed on this study.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A urinalysis and urine culture via cystocentesis are recommended to evaluate the urinary tract changes for potential urinary tract infection.

Given the clinical signs, an exploratory laparotomy should be considered and discussed with the owners. The possibility of a negative exploratory should be discussed as well as preparation made for potential for enterotomy and/or resection and anastomosis if clinically necessary.

Alternatively, supportive care with fluid therapy and IV gastroprotectants as indicated is also reasonable with serial monitoring in 6-12 hours to reevaluate the small intestinal contents and evidence for mechanical obstruction.





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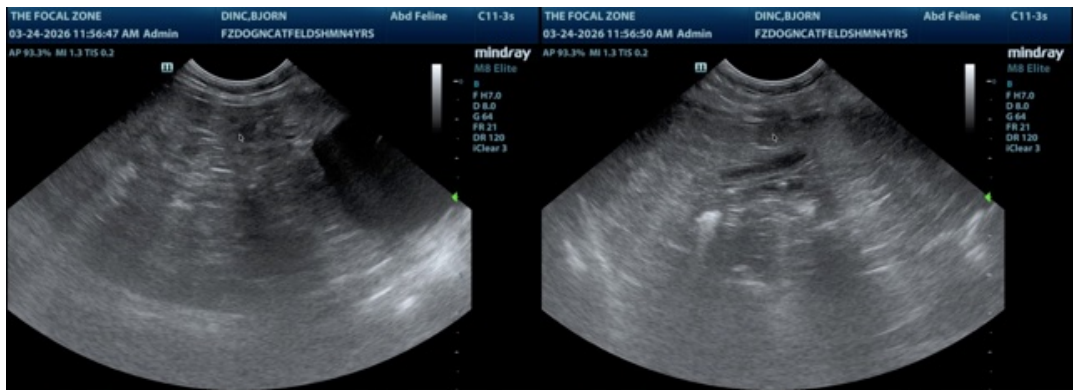
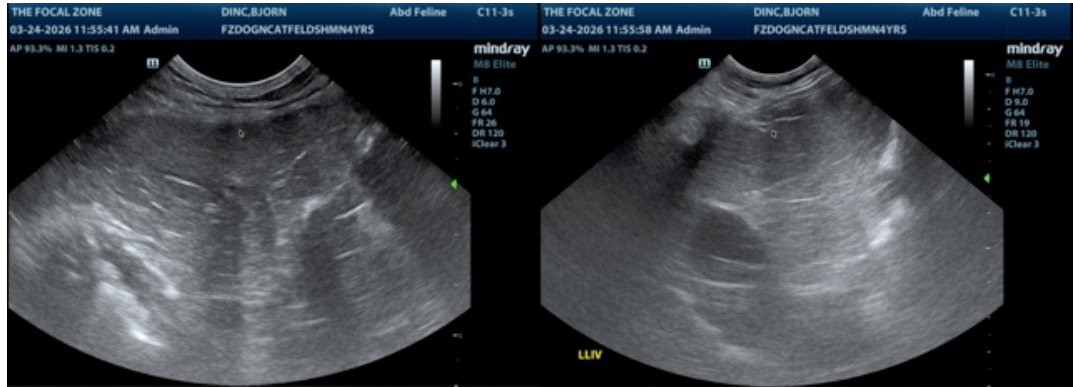
Dr. Haidy

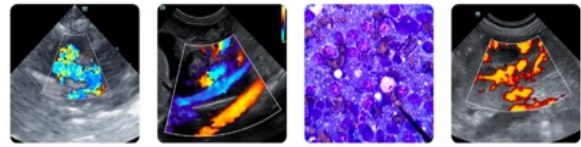
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

info@SonoPath.com