



PATIENT

Rocky Spearing

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

3 Years

WEIGHT

5 kg

INTERPRETED BY

Dr Brittany Sinclair,
 BVSc(hons),
 DACVECC

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Hamilton Region
 Emergency VC

REFERRING VET

Dr. Ho

INVOICE

72140

DATE

1/12/26

PRESENTING CLINICAL SIGNS

Vomiting since last night, vomited large volume of hair elastics. Poor appetite last night, ate some chicken but vomited this up overnight. Lethargic at home. No interest in food this morning, which is very unlike him. Physical exam: BAR, 6-8% dehydrated, firm intestine palpable in cranial abdomen that does not feel like colon Current Medications none

Abnormal PE/Chem/CBC/UA Results: Pending Radiographic Findings none Primary Question to Be Answered in This Exam does patient have intestinal obstruction?

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. Medullary structure differed distinctly from that of the cortex. No evidence of pelvic dilation was present. Left kidney measures 3.72 cm. Right kidney measures 4.26 cm.

Adrenal Glands

Both adrenal glands were visualized and recognized as having normal shape, size, position and echogenicity for this breed and age. The visible phrenic vasculature was unremarkable. Left measures 0.26 cm in thickness. Right measures 0.32 cm in thickness.

Spleen

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.

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.

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 a small volume of fluid with no visible shadowing material. 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.



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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.

Pancreas

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

Free Abdomen

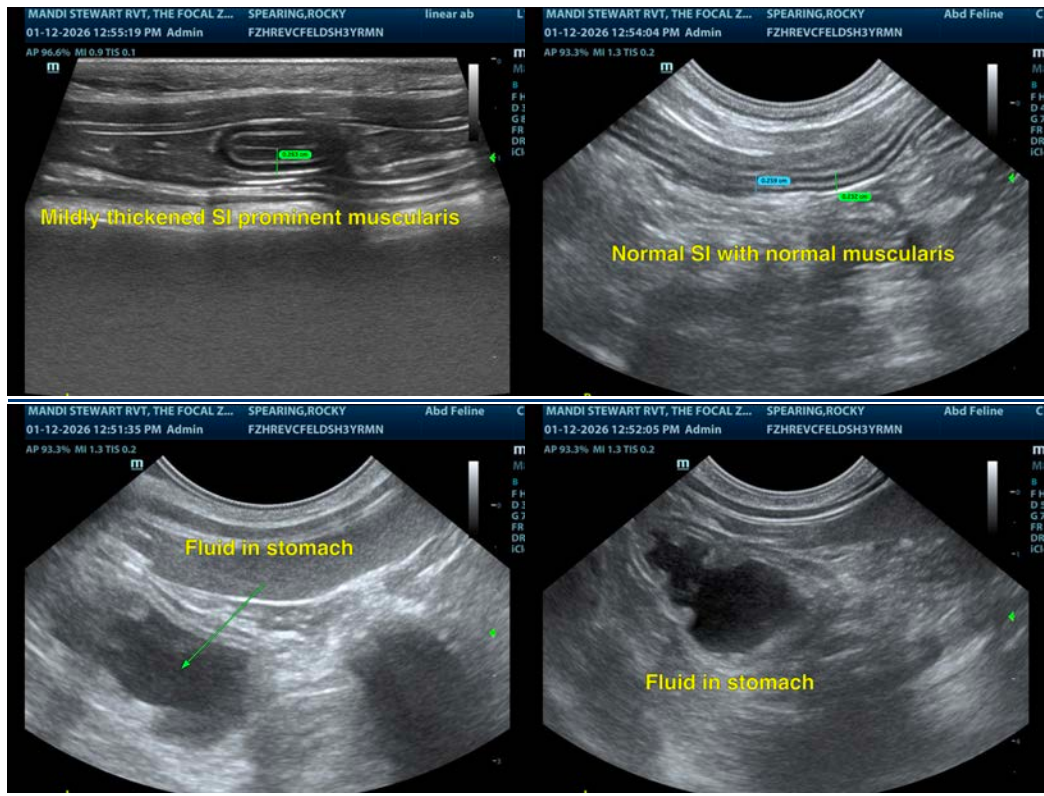
No clinically significant lymphadenopathy or abnormalities noted. No free fluid noted.

ULTRASONOGRAPHIC FINDINGS

- No visible foreign material within GI tract.
- Diffusely thickened small intestines with prominent muscularis layer.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no visible foreign material in the stomach or remainder of the GI tract. Persistent vomiting and mild volume of gastric fluid accumulation is likely due to gastritis secondary to reported foreign body ingestion. The clinical significance of the small intestinal thickening with prominent muscularis is uncertain. If patient has chronic GI signs, IBD versus small cell lymphoma is likely. GI biopsy would be needed to further differentiate. GI panel could be considered.





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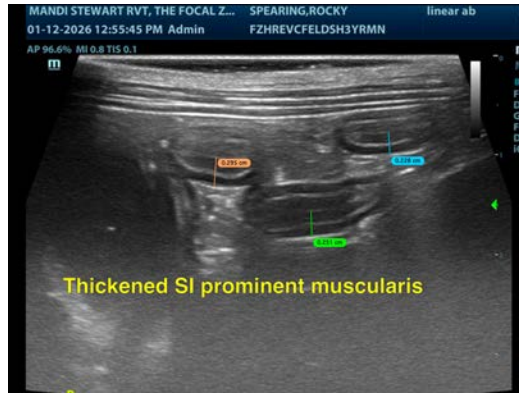
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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