



PATIENT PRESENTING CLINICAL SIGNS

Ross Kramer Vomiting 4x today and not eating. Tense abd Current Medications No current medications.
 Administered Emavert 0.73ml, Torb 0.29ml, Dexvetitine 0.07ml and Revertor 0.07ml today. IV catheter still in place and Alfax on stand by if needed

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

Abnormal PE/Chem/CBC/UA Results: See attached Glucose: Mildly elevated, consistent with stress-induced hyperglycemia. Potassium: Mildly decreased, secondary to recent vomiting and anorexia. Kidney values, liver values, other electrolytes, and thefPL test were WNL Haematology CBC WNL intestines appear bunched and displaced caudally in the abdomen, described as a mass effect. There are some focal areas of the intestines that appear a bit thickened. Difficult to see if any specifically dilated areas as the intestines are all bunched together. The stomach wall appears to be thickened. A dense soft tissue structure is visible in the abdomen in the expected location of the spleen. This may represent mild splenomegaly, potentially secondary to sedation. Primary Question to Be Answered in This Exam What is causing the vomiting?

AGE

3 Years

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

WEIGHT

7.34 kg

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. Mobile debris present in the urinary bladder. No evidence of inflammatory or neoplastic changes were noted.

INTERPRETED BY

Dr Brittany Sinclair,
 BVSc(hons),
 DACVECC

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. The left kidney measures 4.39 cm. The right kidney measures 4.63 cm.

IMAGING PERFORMED BY

Amanda Stewart

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 adrenal gland measures 0.37 cm in thickness. Right adrenal gland measures 0.47 cm in thickness.

HOSPITAL NAME

Lock One Animal Hospital

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.

REFERRING VET

Dr. Salazar

Liver

INVOICE

71804

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.

DATE

11/14/25

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

Gastrointestinal



PATIENT

Ross Kramer

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.

SPECIES

Feline

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.

BREED

DSH

The ileocecal junction was not visualized. 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.

SEX

Neutered Male

Pancreas

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

AGE

3 Years

Lymph Nodes

There is a prominent, slightly hypoechoic ileocolic lymph node.

WEIGHT

7.34 kg

Free Abdomen

No masses or free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

- Diffusely thickened small intestines with prominent muscularis.

INTERPRETED BY

Dr Brittany Sinclair,
 BVSc(hons),
 DACVECC

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Small intestinal changes are most consistent with infiltrative disease of the small intestine with inflammatory bowel disease or GI lymphoma being the top differentials. No overt neoplastic criteria present in the bowel given that curvilinear layering is still intact. Ultrasound cannot differentiate between small cell lymphoma and inflammatory bowel disease and GI biopsies are recommended for definitive diagnosis, especially if there is a poor response to empirical efforts or recurrence of clinical signs after initial control. Endoscopic biopsy is less invasive but may miss lesions due to inability to obtain samples from all sections of the GI tract, especially the jejunum which is the most common site of development of disease. Surgical biopsies are more likely to be diagnostic but are more invasive. A GI panel (PLI/cobalamin/folate) will help determine the severity of SI dysfunction, and need for vitamin supplementation.

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Lock One Animal Hospital

REFERRING VET

Dr. Salazar

Empiric treatment for IBD includes diet trial with either hydrolyzed or select protein diet, vitamin b-12 supplementation, GI support as needed (anti-nausea, appetite stimulant). Treatment with steroids (budesonide vs prednisolone) is often required – biopsies should be acquired prior to treatment with steroids. Steroids may ultimately be tapered to the lowest effective dose or discontinued in some cases.

INVOICE

71804

DATE

11/14/25



PATIENT

Ross Kramer

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

3 Years

WEIGHT

7.34 kg

INTERPRETED BY

Dr Brittany Sinclair,
 BVSc(hons),
 DACVECC

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Lock One Animal
 Hospital

REFERRING VET

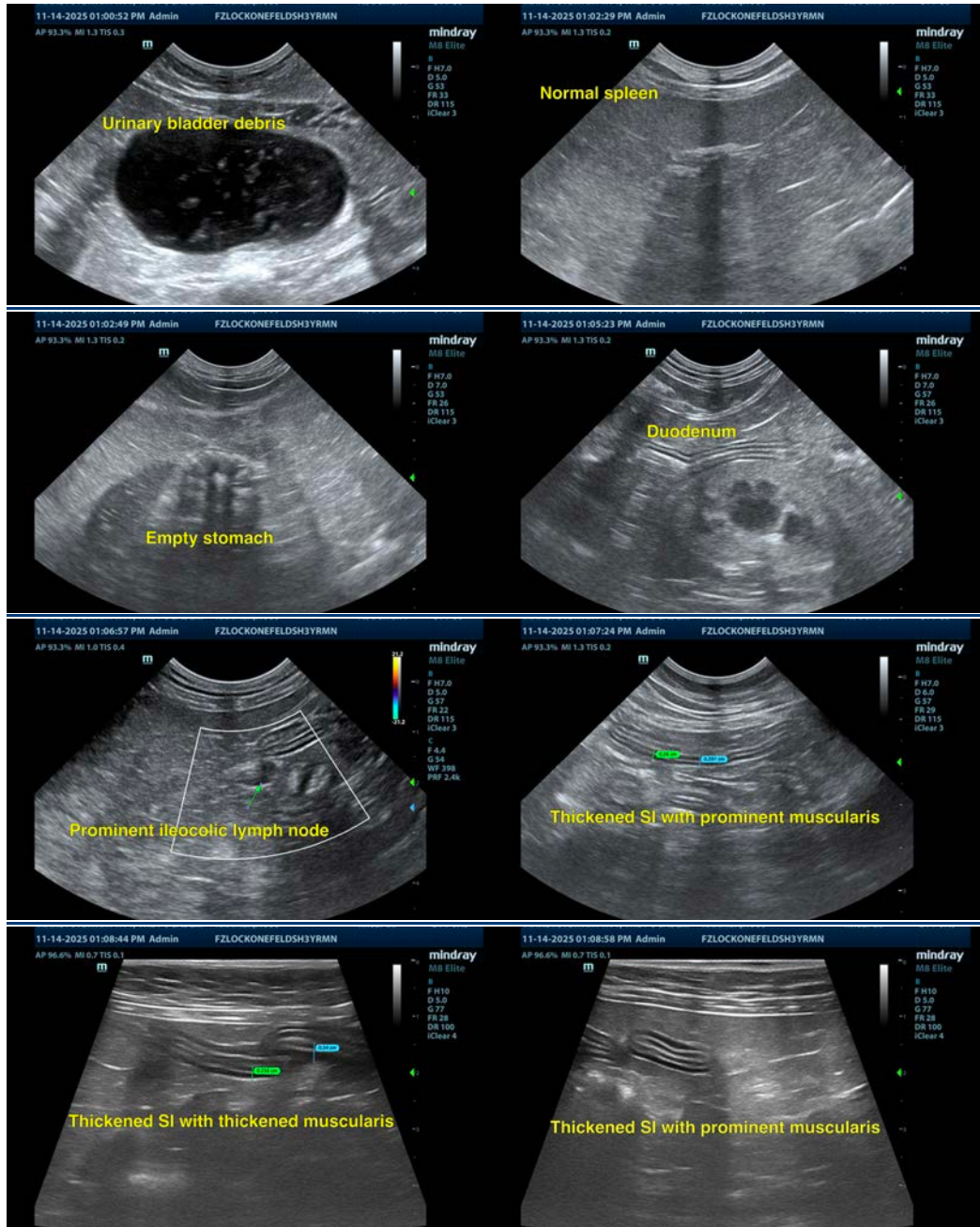
Dr. Salazar

INVOICE

71804

DATE

11/14/25



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