



PATIENT

Bowtie Whitford

SPECIES

Feline

BREED

Oriental

SEX

Neutered Male

AGE

5 Years

WEIGHT

6.8 kg

INTERPRETED BY

Dr Brittany Sinclair,
 BVSc(hons),
 DACVECC

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

BPH Burlington

REFERRING VET

Dr. Abdelmalak

INVOICE

71649

DATE

11/7/25

PRESENTING CLINICAL SIGNS

Hematemesis and/or Hematochezia, not eating, lethargic. Dehydrated, Physical today: Dr palpated possible mass. Ancaster saw this P' yesterday and they were concerned about bladder infection / stones. Pneumonia. Current Medications hospitalized, on fluids NaCL 0.9% 1.5x maintenance, Metronidazole IV, emavert IV, Buprenorphine IV,

Abnormal PE/Chem/CBC/UA Results: Values Yesterday went to Ancaster and DR seen following: CC that Bowtie's bloodwork shows increase in band neutrophils and globulins fighting infection. Hyperkalemia (9.2), low chloride. Today repeat CBC + Lytes: NSF. QPL: Normal Radiographic Findings Rads report: 2. The urinary bladder is normal. Calculi that are not radiographically evident more cystitis remain possible causes of hematuria. 3. The appearance of the intestines is suggestive of, but not diagnostic for enteritis. Primary Question to Be Answered in This Exam Concerned about Foreign body, Mass/ Neoplasia, IBD, Gastro enteritis.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is significantly distended. The wall is of normal thickness. Within the pre-pelvic urethra there is a shadowing object most consistent with a urethrolith measuring 0.57 cm. Given the urinary bladder distention, urinary bladder obstruction is possible.

The right kidney measured as enlarged. The left kidney measured within normal limits. Both kidneys had normal structure with smooth capsules and normal corticomedullary distinction and ratio. There is a hyperechoic band between the cortex and medulla bilaterally. Both renal pelvises are very mildly dilated. Left kidney measures 4.19 cm. Right kidney measures 4.98 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 adrenal gland measures 0.37 cm in thickness. Right adrenal gland measures 0.60 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 slightly tortuous and mildly distended along its length with no masses or luminal choleliths visualized.



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Gastrointestinal

The stomach contains a small volume of fluid. 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 normal. Bowel loops follow a curvilinear path 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.

Sections of colon are visualized with fluid fecal material consistent with diarrhea. 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.

Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

Free Abdomen

No masses or free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

- Distended urinary bladder with visible urethrolith.
- Medullary rim sign bilaterally with mild pyelectasia and right renomegaly.
- Tortuous common bile duct – likely incidental.
- Diarrhea in colon.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the urinary bladder distention, I'm concerned that the urethral stone is currently obstructive. The right renomegaly and mild pyelectasia are concerning for early obstructive signs in the kidneys. They may also represent inflammatory, infectious, or neoplastic nephritis. Renal FNA could be considered to rule out round cell disease, though this is not strongly suspected based on appearance or signalment.

If patient is clinically unable to urinate normally with gentle palpation, treatment for lower urinary tract obstruction is recommended with passage and placement of an indwelling urinary catheter. Ultimately, cystotomy may be necessary for stone removal.

No other cause of reported GI signs were identified on ultrasound.



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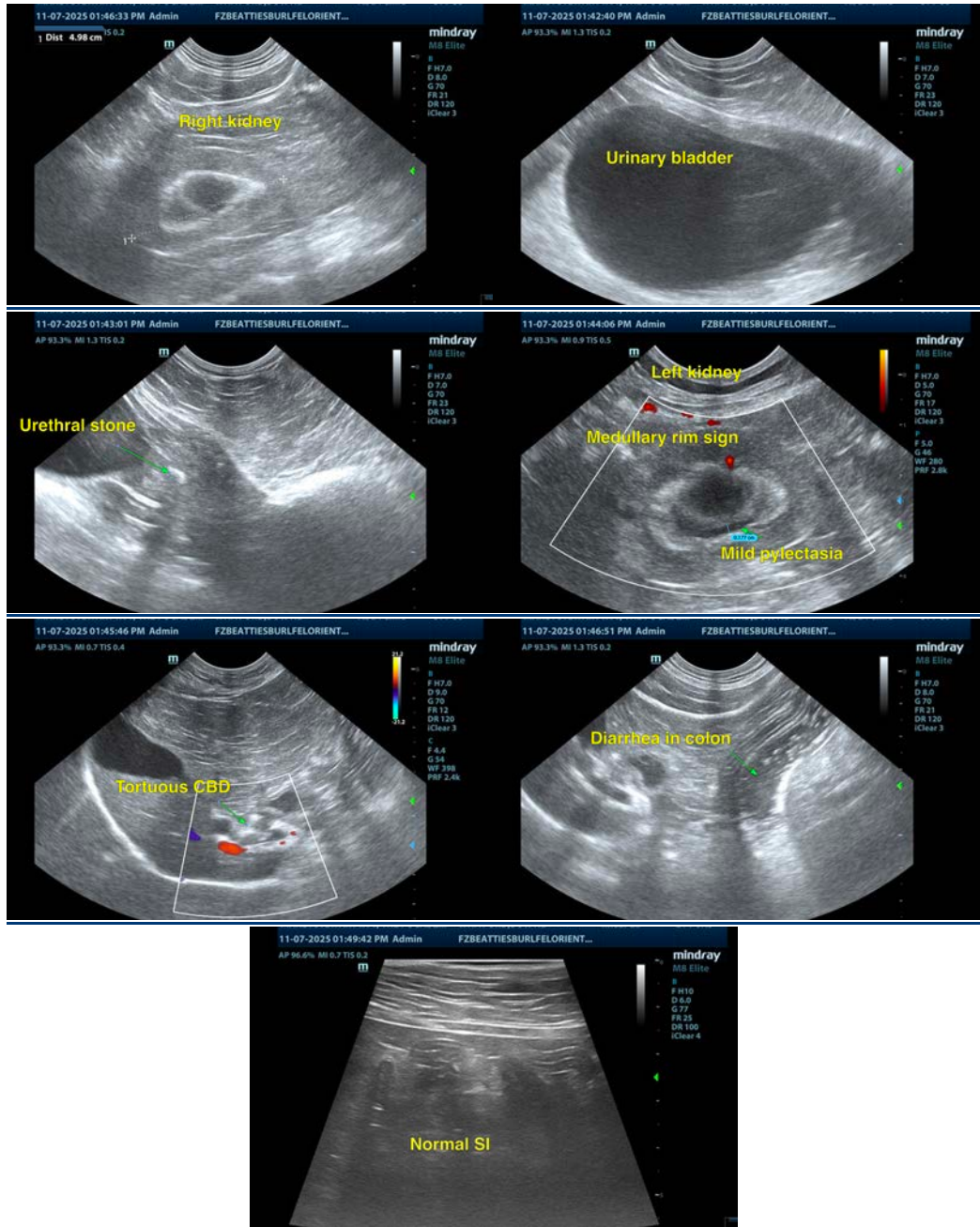
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 info@SonoPath.com