



**PATIENT**

Jade Marshall

**SPECIES**

Feline

**BREED**

DLH

**SEX**

Spayed Female

**AGE**

3 Years

**WEIGHT**

2.56 kg

**INTERPRETED BY**

Dr Brittany Sinclair,  
 BVSc(hons),  
 DACVECC

**IMAGING PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

BPH Stoney Creek

**REFERRING VET**

Dr. Salib

**INVOICE**

72234

**DATE**

12/1/25

**PRESENTING CLINICAL SIGNS**

Lethargic, inappetence, adipsia. Has not eaten since Thursday. Dehydration 10%, QAR. Was seen 2 days ago for ADR but is worsening. No vomiting or diarrhea, has been on IVF, Maropitant, Methadone, Mirtazapine, Pantoprazole.

Abnormal PE/Chem/CBC/UA Results: Severely elevated UREA, signs of dehydration, high TP, borderline high Globulin, low sodium, low chloride. All rest of BW WNL. Viral SNAP negative. Rads suggestive of mineral opaque gastrointestinal foreign material or gastrointestinal mechanical 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 3.52 cm. Right kidney measures 3.97 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. Right measures 0.49 cm in thickness. Left adrenal gland measures 0.57 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 is severely distended with anechoic fluid with an echogenic swirling component within the fluid. There is no overt shadowing material. The fluid extends through the PDJ and multiple loops of small intestine are severely fluid dilated with back and forth motion. There is one loop of bowel with shadowing material in it, though the definitive location (small versus large intestine) cannot be determined. There are also several loops of non-distended, empty small intestine visualized. There is shadowing presumed fecal material visible in the distal colon.



**PATIENT**

**Pancreas**

Jade Marshall

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

**SPECIES**

**Lymph Nodes**

Feline

No clinically significant lymphadenopathy or abnormalities noted.

**BREED**

**Free Abdomen**

DLH

No masses or free fluid were noted.

**SEX**

**ULTRASONOGRAPHIC FINDINGS**

Spayed Female

- Severe gastric fluid dilation with two populations of bowel visualized – concern for obstructive foreign body.

**AGE**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

3 Years

Abdominal ultrasound findings together with patient's signalment and reported clinical signs are concerning for foreign body obstruction. While a definitive small intestinal obstruction was not visualized, the presence of severe gastric dilation with two populations of bowel, one of which being fluid dilated, is concerning for a mechanical obstruction. Abdominal exploratory surgery should be strongly considered. If explore is negative, GI biopsies are recommended.

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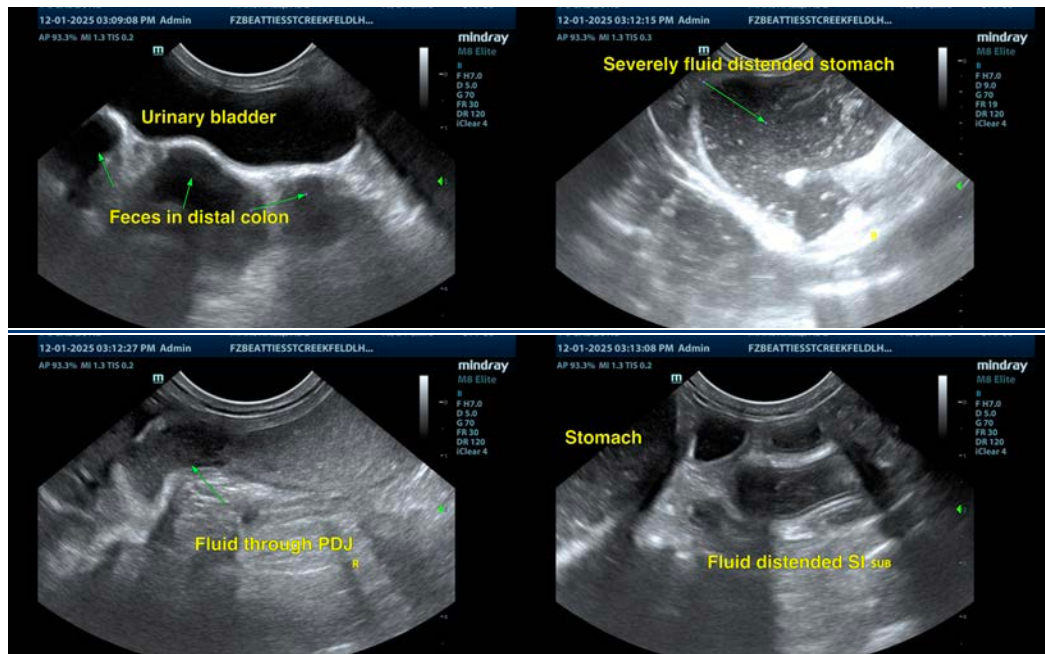
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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