



**PATIENT**

Rosie Maissam

**SPECIES**

Feline

**BREED**

Turkish Angora x

**SEX**

Spayed Female

**AGE**

4 Years

**WEIGHT**

12.13 lbs

**INTERPRETED BY**

Dr Brittany Sinclair,  
 BVSc(hons),  
 DACVECC

**IMAGING PERFORMED BY**

Amanda Stewart

**HOSPITAL NAME**

Creditview-Eglinton

**REFERRING VET**

Dr. Ghobrial

**INVOICE**

72508

**DATE**

12/11/25

**PRESENTING CLINICAL SIGNS**

Vomiting episodes following consumption of new soup on Tuesday evening - Vomited 4-5 times Tuesday night, continued vomiting Wednesday with 5 episodes (4 liquid, 1 dry food) - Last vomiting episode at 6:30 PM Wednesday, no vomiting since 7AM Thursday - Blood and coffee ground appearance in vomit Thursday morning - Refused food Thursday morning despite showing interest - Vomited 3x between 11:30 PM and 12:30 AM after eating usual dry food (chicken with rice) - One soft stool episode Wednesday night - No diarrhea currently - Licking lips suggesting nausea - Not lethargic, appears comfortable when sleeping Current Medications N/A

Abnormal PE/Chem/CBC/UA Results: See attached BW Blood work was done 6 days ago, and was normal (no kidney or liver issues & no D.M. or hyperthyroidism). Radiographic Findings N/A Primary Question to Be Answered in This Exam Ruling out cause of vomiting inc obstructions

**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 3.26 cm. Right kidney measures 3.55 cm.

**Adrenal Glands**

The right adrenal gland is visualized and recognized as having normal shape, size, position and echogenicity for this breed and age. The visible phrenic vasculature was unremarkable. Right measures 0.40 cm in thickness.

The left adrenal gland was not definitively visualized, but the area was normal.

**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.



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***Gastrointestinal***

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.

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.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. The cecum is visualized near the ICJ. It is normal in size and shape with a normal hypoechoic echogenicity. There is no gas within the cecal lumen. Sections of colon are visualized with gas shadowing distally. There are liquid fecal contents in the proximal colon consistent with possible diarrhea. There is no observed focal or generalized colon wall thickening or loss of layering.

***Pancreas***

The right and left limbs of the pancreas are enlarged and hypoechoic with surrounding hyperechoic mesentery. No fluid accumulations visualized. No mass effect consistent with pancreatic neoplasia visualized.

***Lymph Nodes***

No clinically significant lymphadenopathy or abnormalities noted.

***Free Abdomen***

No masses or free fluid were noted.

**ULTRASONOGRAPHIC FINDINGS**

- Pancreatitis.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Pancreatic changes are consistent with acute pancreatitis. Measurement of PLI is recommended to further support diagnosis. Treatment for pancreatitis is supportive and involves fluid support, GI support (anti-nausea, appetite stimulant), analgesia and enteral nutrition. Antibiotics are generally not warranted for acute pancreatitis as it is generally sterile. Serial imaging is indicated if clinical signs are not resolving to assess for possible progression to pancreatic abscessation or post hepatic bile duct obstruction.

There was a still image labeled by the sonographer as a suspicious area in the right mid abdomen. This structure represents the normal cecum. The cecum most commonly contains gas and is not as well visualized as on these images, which is the likely reason for the sonographer's concern. However, this is a normal structure in this patient.



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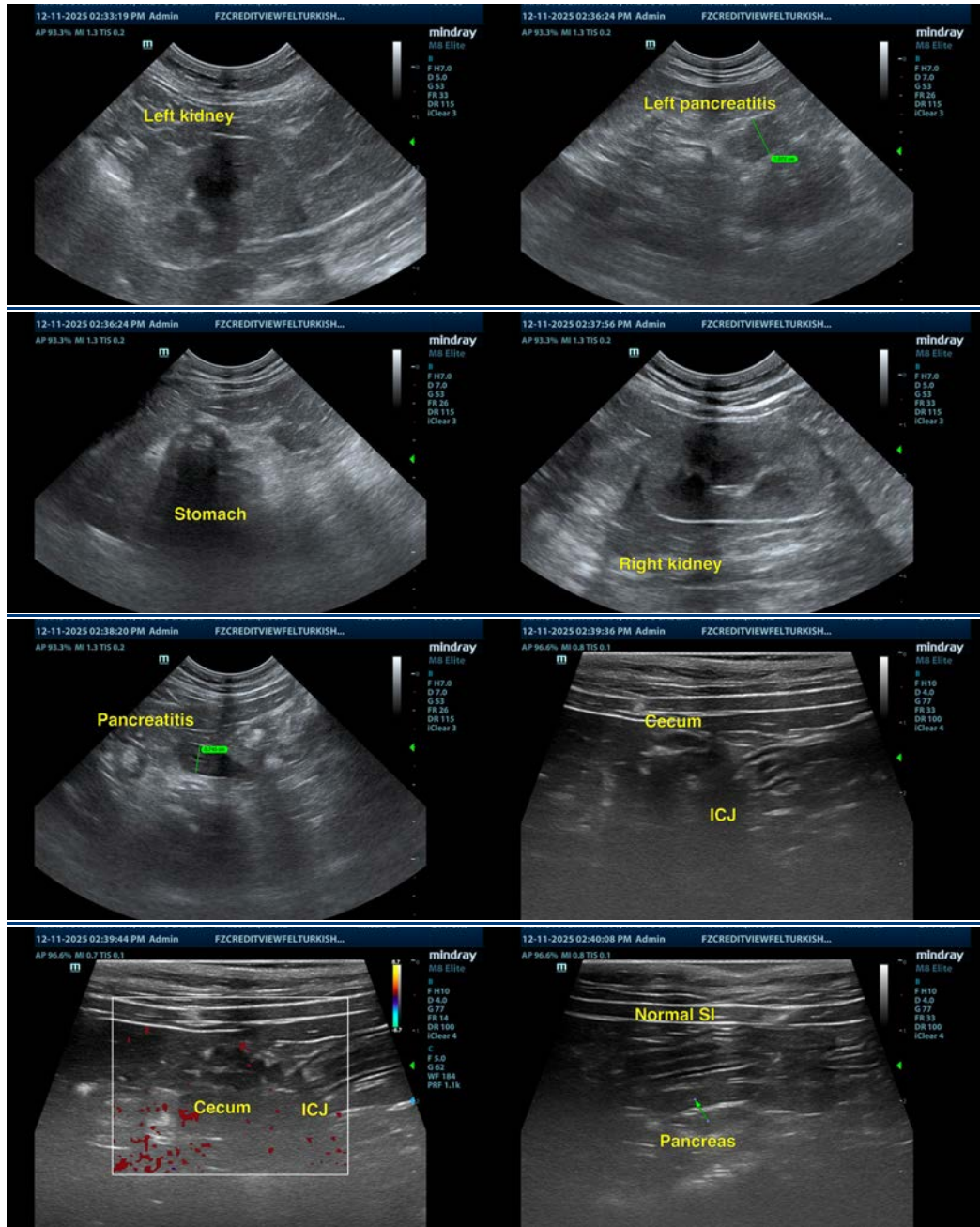
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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