



**PATIENT**

Ella Shilcock

**SPECIES**

Feline

**BREED**

DLH

**SEX**

Spayed Female

**AGE**

3 Years

**WEIGHT**

2.6 kg

**INTERPRETED BY**

Dr Brittany Sinclair,  
 BVSc(hons),  
 DACVECC

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Hamilton Region  
 Veterinary Emergency  
 Clinic

**REFERRING VET**

Dr. Ho

**INVOICE**

72837

**DATE**

12/29/25

**PRESENTING CLINICAL SIGNS**

complaint: several episodes of vomiting 2-3 days ago but none since then, prolonged anorexia, history of chronic intermittent hyporexia that resolves on its own. Physical exam: BCS 3/9, nauseous during abdominal palpation, 6-8% dehydrated. AFAST free fluid score 0/4, suspicious of dilated small intestinal loops suggestive of mechanical / functional intestinal obstruction. Given patient's history, concerned for chronic partial intestinal obstruction that has now become complete Current Medications maropitant 1mg/kg SC given in clinic, methadone 0.1mg/kg IV q6h, gabapentin 25mg PO q12h

Abnormal PE/Chem/CBC/UA Results: mild hyperglycemia (BG 9.8), mild hyponatremia (148), mild hypochloremia (107), elevated pancreatic lipase, triple snap negative

**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. Mobile debris present in the urinary bladder. 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 3.79 cm. Right kidney measures 4.07 cm.

**Adrenal Glands**

Adrenal glands are visualized and measured on still images only. Resolution is inadequate to assess glandular detail or confirm measurement. Left measures 0.31 cm in thickness. Right measures 0.26 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 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.



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There is a loop of small intestine that is very significantly thickened with mild hazing of wall layering, measuring up to 0.45 cm in thickness. The remainder of small intestinal loops are of normal thickness with generally normal wall layering and minimal fluid or gas distention.

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The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

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**Pancreas**

The area of the pancreas was isoechoic to surrounding tissue with no overt inflammation. Pancreatic tissue was not distinctly visualized which is common.

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**Lymph Nodes**

Mesenteric lymph nodes are slightly prominent with normal echogenicity and maintenance of normal length to width ratio.

**AGE**

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**Free Abdomen**

No masses or free fluid were noted.

**WEIGHT**

2.6 kg

**ULTRASONOGRAPHIC FINDINGS**

- Focally thickened small intestinal loop with hazy wall layering.
- Prominent mesenteric lymph nodes.

**INTERPRETED BY**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

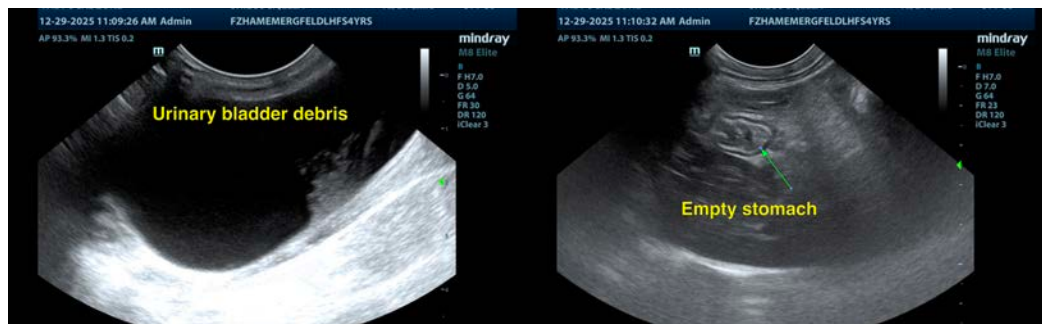
The focally thickened small intestinal loop may represent infiltrative disease or focal inflammatory disease such as IBD or other chronic enteropathy. Abdominal explore with plan for biopsy +/- resection of this loop should be considered, especially given patient's clinical signs. There is no overt mechanical obstruction visualized, but I suspect this loop of bowel is the most likely cause of reported clinical signs. Alternatively, medical treatment for IBD could be considered with plan for recheck imaging.

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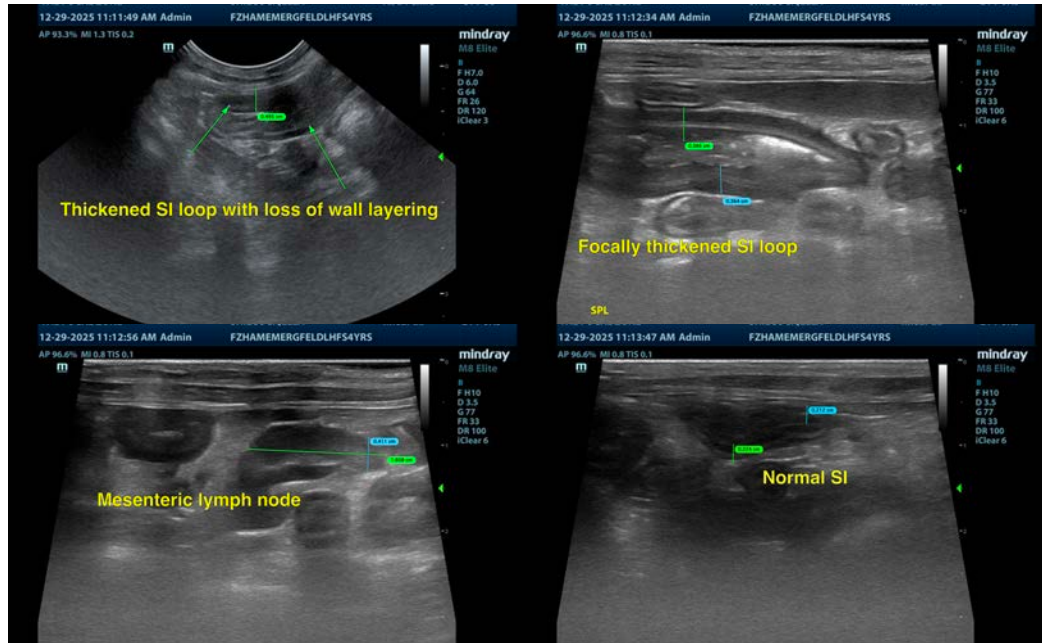
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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