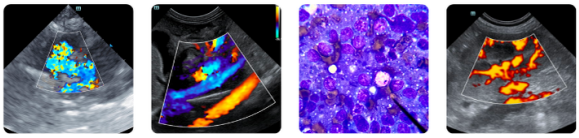

SonoPath www.thefocalzone.com
info@thefocalzone.com 289.808.2608

PATIENT

Milo Fraser

SPECIES

Feline

BREED

DMH

SEX

Intact Male

AGE

4.5 months

WEIGHT

2 kg

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Beatties PH Stoney Creek

REFERRING VET

Dr. Salib

INVOICE

11272

DATE

2/11/2026

PRESENTING CLINICAL SIGNS

- Previous ultrasound in hospital 1/31/26 that revealed intussusception and patient went to surgery, performed R&A. Seemed stable. Last two days has been vomiting and anorexic again.
- Has been on Fortiflora and Gabapentin.

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 2.99 cm in length, and the right kidney measures 2.77 cm in length.

Adrenal Glands

Adrenal glands are visualized and measured on still images only. Resolution is inadequate to assess glandular detail or confirm measurement. Left adrenal measures 0.26 cm in thickness, and the right adrenal measures 0.28 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 swirling fluid with some gas shadowing. 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.

Multiple loops of small intestine are severely fluid distended with swirling fluid contents. There is one loop of bowel labeled to be in the right abdomen which is corrugated with some gas shadowing and a concern for linear opacity running through the intestine. No definitive linear foreign body is not

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identified. No material with shadowing acoustic drop out is visualized within the small intestine. There are some loops of small intestine which are empty.

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.

Pancreas

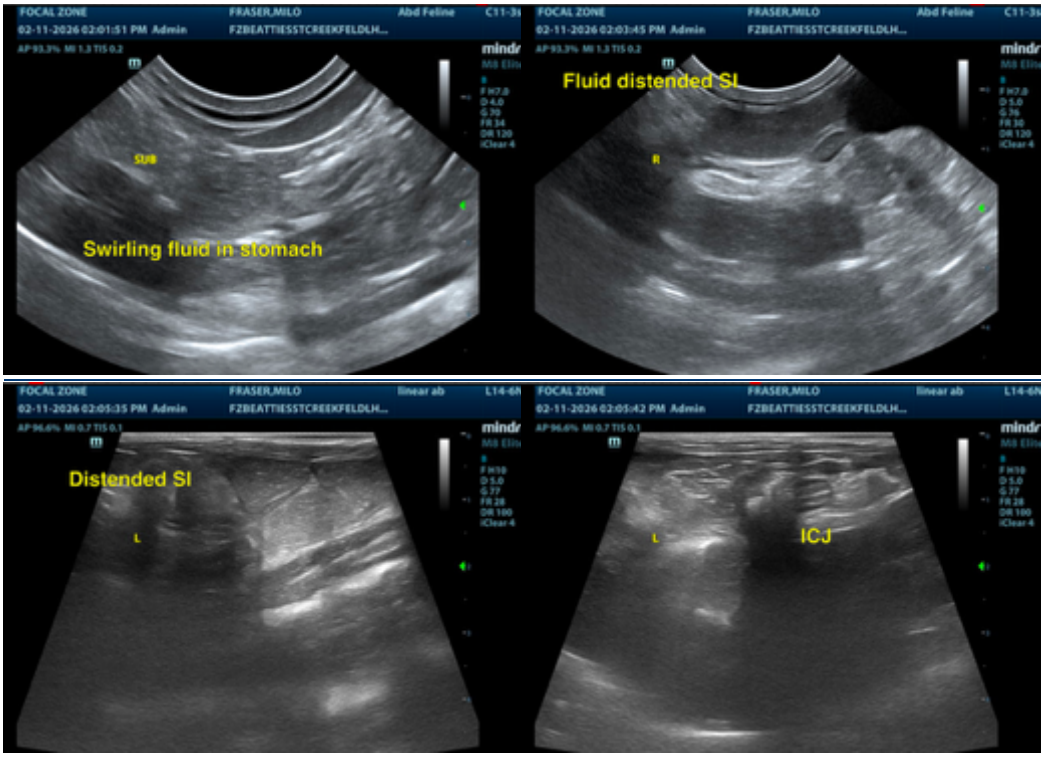
The area of the pancreas is not distinctly visualized.

ULTRASONOGRAPHIC FINDINGS

- Gastric and small intestinal distension with fluid – possible linear foreign body.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The swirling fluid within the GI tract as well as the two populations of bowel is concerning for a mechanically obstructive process in this patient. There is one loop of bowel which appears corrugated in some views with the impression of potential linear opacity running through the corrugated loops. Which is concerning for a linear foreign body. It is not definitive for a linear foreign body, however, given the patient's reported clinical signs, the history of resection, and anastomosis, and the imaging on today's scan, abdominal exploratory surgery should be strongly considered.



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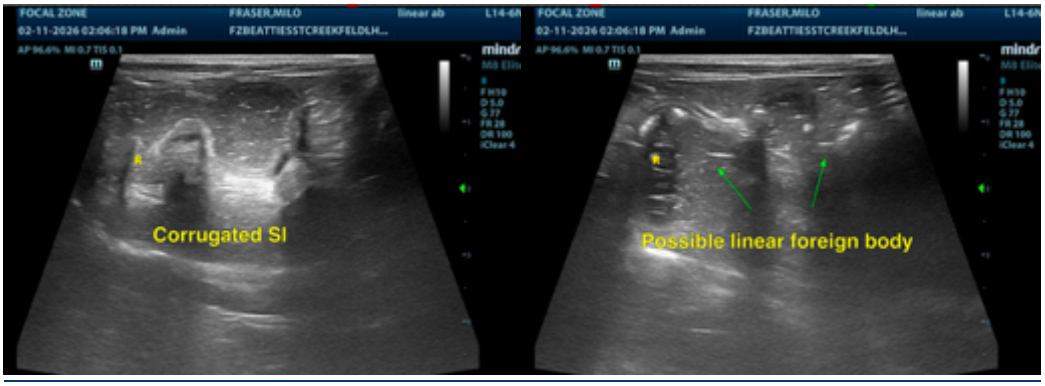

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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