



PATIENT

Beatrice (Bee) Herbert

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

5 years

WEIGHT

10.15 lbs

INTERPRETED BY

Dr Brittany Sinclair,
 BVSc(hons),
 DACVECC

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Dog and Cat Clinic of
 Niagara

REFERRING VET

Dr. Nick

INVOICE

11346

DATE

2/20/2026

PRESENTING CLINICAL SIGNS

- Presented for intermittent vomiting over a couple of weeks and inappetence over the last two days. Owner reports trying to offer new diets in December. Stopped giving new treats which seemed to help temporarily but has since resumed. Vomited 4 x over the last 48 hours. Vomit is bile and food, normal BMs, has previously vomited a bunch of hair bands. Barium study then US.
- No meds.

Abnormal PE/Chem/CBC/UA Results: Please see attached radiographs.

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 4.21 cm in length. Right kidney measures 4.22 cm in length.

Adrenal Glands

Adrenal glands were visualized on still images only. They appear to have normal shape, size, position and echogenicity for this breed and age though this could not be confirmed on cine loops.

Left adrenal measures 0.37 cm in thickness. Right adrenal measures 0.33 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 visible stomach wall is of normal thickness with normal wall layering. In the gastric lumen there is complete acoustic drop out. Throughout the small intestine there is shadowing. There is no visible small



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intestinal distension. Wall thickness appears normal with normal wall layering. There are multiple areas of complete acoustic drop out throughout the colon consistent with barium filled fecal material visible on radiographs.

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Pancreas

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

BREED

ULTRASONOGRAPHIC FINDINGS

DSH

- Shadowing material with complete acoustic drop out in stomach – Concern for foreign material.

SEX

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

MN

There is complete acoustic drop out shadowing in the gastric lumen which together with reported clinical signs is concerning for gastric foreign material. Barium can also cause complete acoustic drop out and barium within rugal folds cannot be completely ruled out as a cause of shadowing. The presence of shadowing throughout the small intestine likely reflects small amounts of barium and gas shadowing. Small intestinal obstruction is not strongly suspected as on available radiographs; barium appears to largely have moved into the colon. Partial obstruction cannot be definitively ruled out however there is no small intestinal distension suggestive of this. Upper endoscopy could be considered to further evaluate gastric contents.

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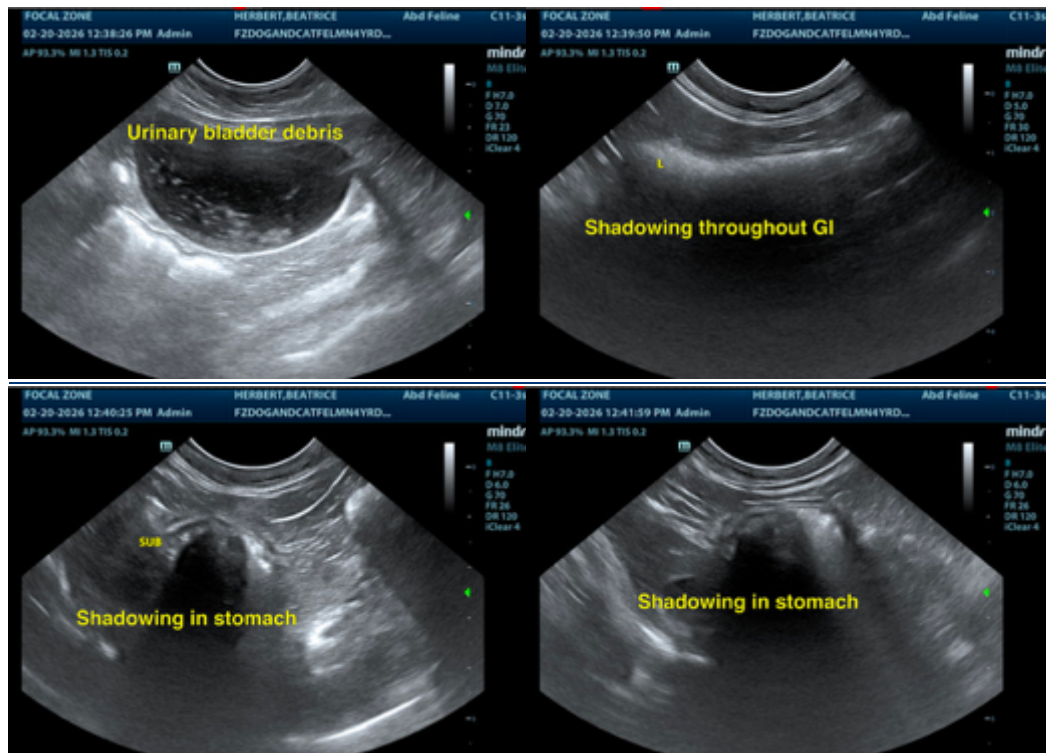
Dr. Nick

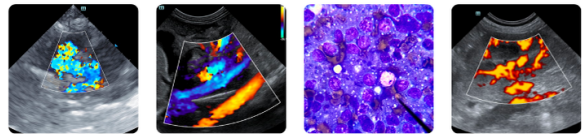
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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