



**PATIENT PRESENTING CLINICAL SIGNS**

Hendrix Patterson

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

7 Years

**WEIGHT**

6.6 kg

**INTERPRETED BY**

Dr Brittany Sinclair,  
 BVSc(hons), DACVECC

**IMAGING PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Hamilton Region  
 Emergency Clinic

**REFERRING VET**

Dr. Ho

**INVOICE**

13940

**DATE**

02/24/26

- Known ingestion of foreign object Feb 22 in the evening - witnessed by O
- History of ingestion of FBs and usually vomits them up or they pass in stool
- History of chronic enteropathy managed with strict Z/D diet and prednisolone transdermal every 48 hours
- Patient has been vomiting everything he has eaten since Feb 22
- PE difficult due to temperament
- Start Maropitant

Abnormal PE/Chem/CBC/UA Results: Baseline CBC/Chem/Pancreatic Lipase, T4, snap ProBNP, U/A all pretty unremarkable AFAST revealed free fluid score of 0/4 but suspicion of ingesta in stomach and duodenum despite prolonged fasting. Mild hyperglycemia

**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. The left kidney measured 4.05 cm in length. The right kidney measured 3.64 cm in length.

**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. The left adrenal gland measured 0.37 cm in thickness. The right adrenal gland measured 0.58 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**



**PATIENT**

Hendrix Patterson

The gastric fundus is empty with some echogenic liquid content in the pylorus. 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.

**SPECIES**

Feline

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is diffusely increased, and wall layering is distinct with a prominent muscularis layer. There were no focal lesions consistent with obstruction or a mass effect observed.

**BREED**

DSH

The ileocecal junction was not visualized. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

**SEX**

Neutered Male

**Pancreas**

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

**AGE**

7 Years

**Lymph Nodes**

Mesenteric lymph nodes are prominent with maintenance of normal length: width ratio. There is some surrounding hyperechoic mesentery around the mesenteric lymph nodes, suggestive of focal inflammation.

**WEIGHT**

6.6 kg

**Free Abdomen**

No masses or free fluid were noted.

**INTERPRETED BY**

Dr Brittany Sinclair,  
BVSc(hons), DACVECC

**ULTRASONOGRAPHIC FINDINGS**

- Nonshadowing material in the gastric pylorus.
- Mesenteric lymphadenopathy.
- Thickened small intestine with prominent muscularis.

**IMAGING PERFORMED BY**

Crystal Hill

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

While there is some fluid in the pylorus, there's no visible shadowing material, suggestive of foreign body obstruction. Small intestines are generally empty with no signs of distention or obstruction. The small intestinal wall changes are consistent with reported chronic enteropathy. GI biopsy would be necessary to differentiate from small cell lymphoma.

**HOSPITAL NAME**

Hamilton Region  
Emergency Clinic

Mesenteric lymphadenopathy is consistent with inflammation. Lymph node aspirate could be attempted to rule out round cell infiltration, though this is not suspected based on imaging. Continued supportive care is reasonable if there is significant clinical concern for gastric foreign material.

**REFERRING VET**

Dr. Ho

Upper GI endoscopy could be utilized to further assess gastric contents, though no foreign material is visualized. Ultimately, if patient is non-responsive to supportive care efforts, recheck imaging and/or abdominal explores should be pursued.

**INVOICE**

13940

**DATE**

02/24/26



**PATIENT**

Hendrix Patterson

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

7 Years

**WEIGHT**

6.6 kg

**INTERPRETED BY**

Dr Brittany Sinclair,  
 BVSc(hons), DACVECC

**IMAGING PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Hamilton Region  
 Emergency Clinic

**REFERRING VET**

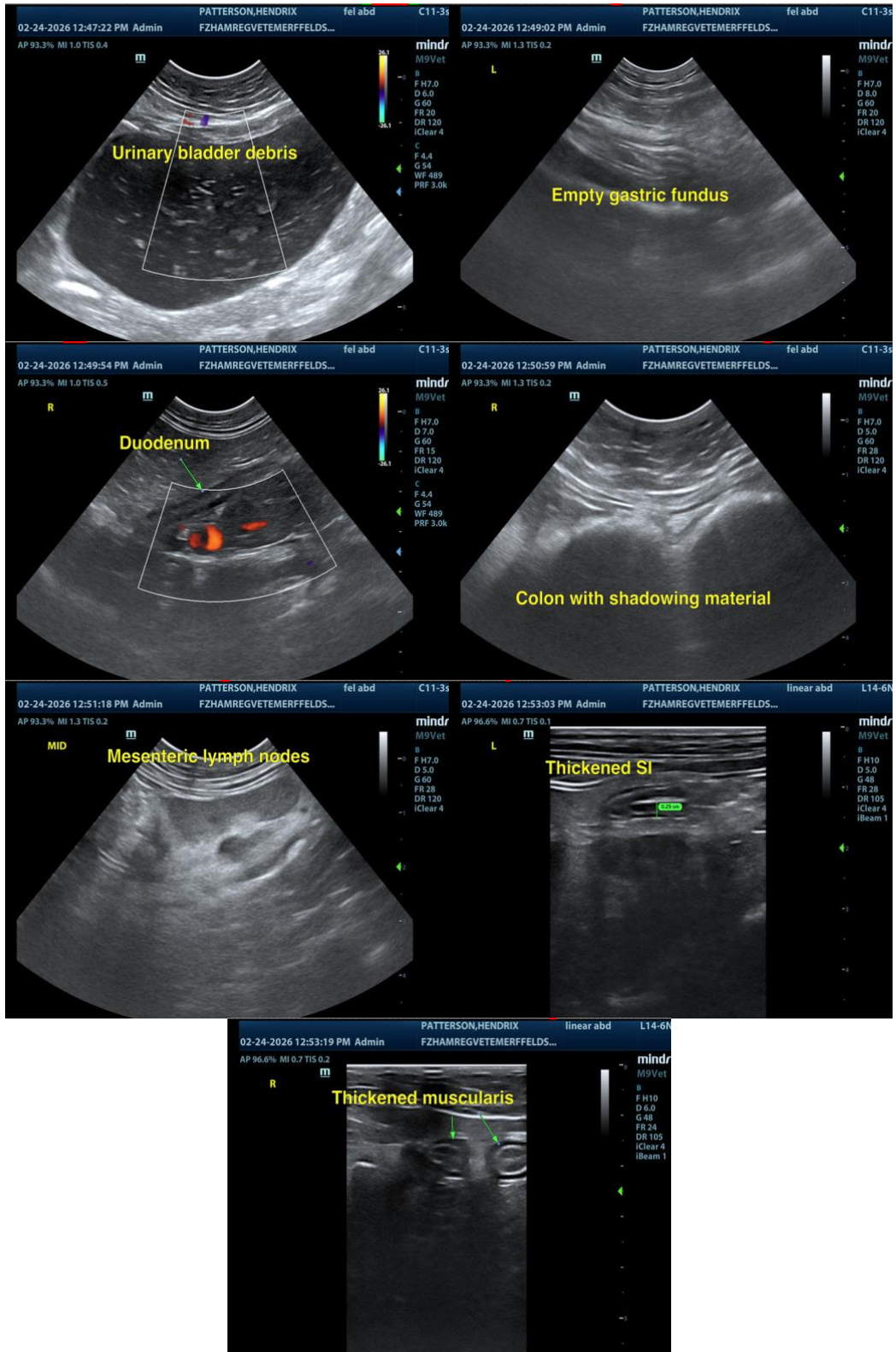
Dr. Ho

**INVOICE**

13940

**DATE**

02/24/26





**PATIENT**

Hendrix Patterson

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

7 Years

**WEIGHT**

6.6 kg

**INTERPRETED BY**

Dr Brittany Sinclair,  
BVSc(hons), DACVECC

**IMAGING PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Hamilton Region  
Emergency Clinic

**REFERRING VET**

Dr. Ho

**INVOICE**

13940

**DATE**

02/24/26

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](mailto:info@SonoPath.com)