



PATIENT PRESENTING CLINICAL SIGNS

Otis Smith

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12 Years

WEIGHT

6.3 kg

INTERPRETED BY

Dr Brittany Sinclair,
 BVSc(hons), DACVECC

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Hamilton Region
 Veterinary Emergency
 Clinic

REFERRING VET

Dr. Vercaigne

INVOICE

14254

DATE

03/12/26

- History (past 2-3 years) of recurring GI signs, two GI Sx with rDVM for hairballs (rDVM did not think obstructive).
- Currently on HP diet.
- Episode 3 weeks ago of vomiting, anorexia, was hospitalized at rDVM for 2 days and improve. FZ ultrasound was performed at the time, was reportedly WNL as per owner.
- Presented to HREVC last night for 24hrs anorexia and vomiting through maropitant. Painful abdomen, and 6-8% dehydration on presentation.
- *vomited plastic label in clinic
- Current Medications
- PLA, KCl, maropitant, pantoprazole, ondansetron,

Abnormal PE/Chem/CBC/UA Results: labs, rads and prev US report attached.

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 have a smooth capsule and with mild hazing of corticomedullary definition. No evidence of pelvic dilation was present. The left kidney measured 4.47 cm in length. The right kidney measured 4.29 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. The left adrenal gland measured 0.48 cm in thickness. The right adrenal gland measured 0.43 cm in thickness.

Spleen

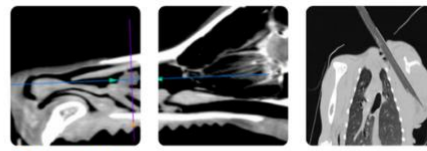
The spleen was normal with age-appropriate homogeneous parenchyma and a smooth capsule with normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

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



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The stomach is severely distended with significant fluid continuing through the pylorus and into the proximal duodenum. There is shadowing material concerning for foreign material visualized within the GI tract. It is not traced on either end to determine the exact location within the GI tract. There are multiple loops of small intestine visualized, which are empty. There is gas shadowing visible in the distal colon. The ileocolic junction was not visualized.

Pancreas

The pancreas was not distinctly visualized.

Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

Free Abdomen

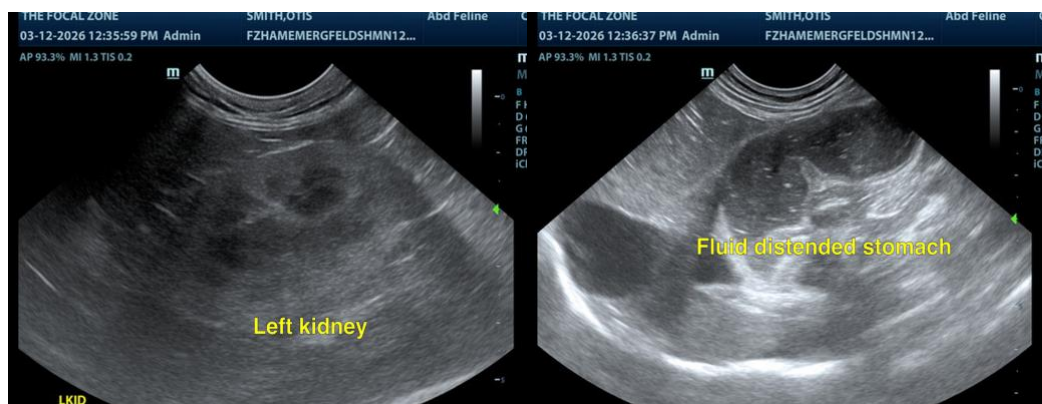
No masses or free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

- Obstructive GI pattern.
- Shadowing material within the GI tract.
- Static mild renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The severe gastric and duodenal distention together with a normal population of bowel (two populations of bowel) is concerning for an obstructive process. Shadowing material is visualized on ultrasound. Its exact location cannot be determined. Given the patient's clinical status and history, abdominal explore should be strongly considered. GI biopsies are recommended at the time of explore, given the chronic GI history.





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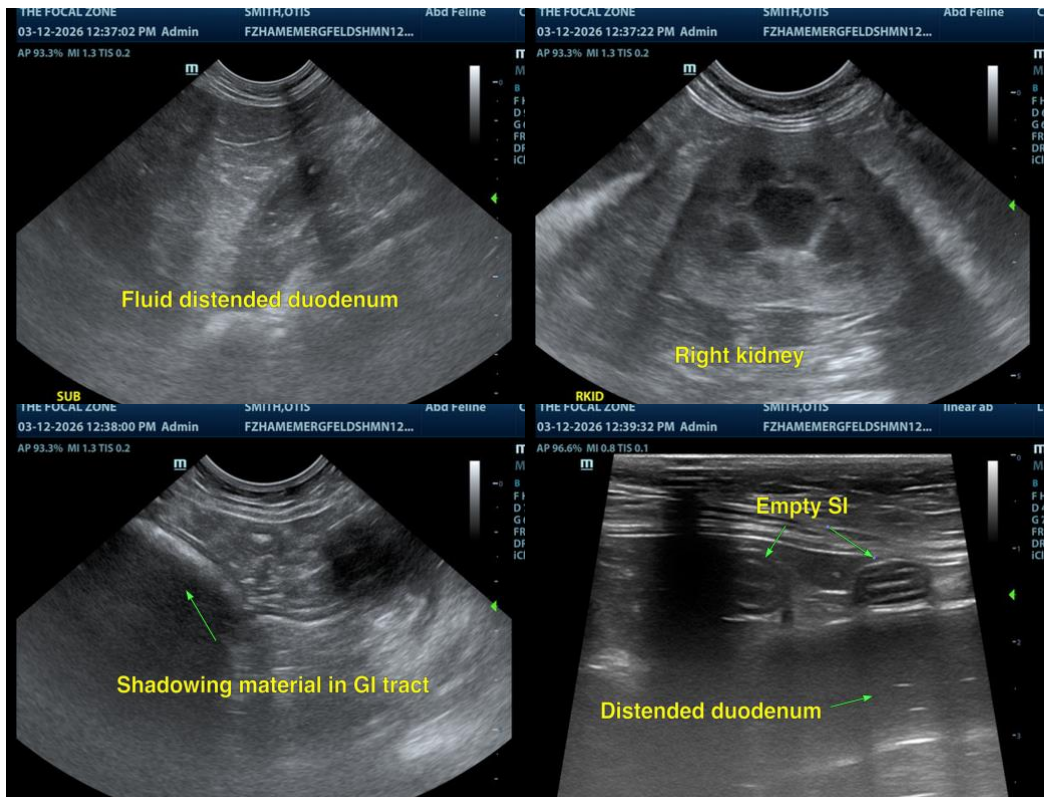
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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