

PATIENT

Tofu Peng

SPECIES

Feline

BREED

Siamese

SEX

Neutered Male

AGE

1 Years

WEIGHT

3 kg

INTERPRETED BY

Brittany Sinclair DVM,
 DACVECC

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Hamilton Region EC

REFERRING VET

Dr. Ho

INVOICE

36247

DATE

3/16/26

PRESENTING CLINICAL SIGNS

- History of vomiting, hyporexia and progressive lethargy over 3 days
- 6-8% dehydrated, suspect abdominal pain during palpation, rest of vitals and baseline BW unremarkable
- Start IVC for Dexdom/Methadone for AUS and maropitant
- Abnormal PE/Chem/CBC/UA Results: Hemoconcentration, mildly elevated ALT, Snap pro BNP pending

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 3.22 cm in length. The right kidney measured 4.01 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 0.33 cm in thickness. The right adrenal gland measured 0.30 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.

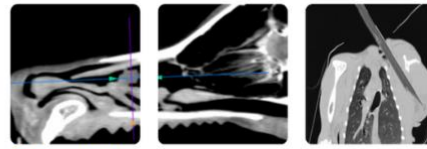
Liver

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 is moderately distended with anechoic fluid, with a small amount of gas shadowing. Wall thickness is normal with normal wall layering. There are no focal lesions and no shadowing material suspicious for the foreign material seen.



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The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis: mucosa layer ratio. There were no focal lesions consistent with obstruction or a mass effect observed.

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.

Pancreas

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

Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

Free Abdomen

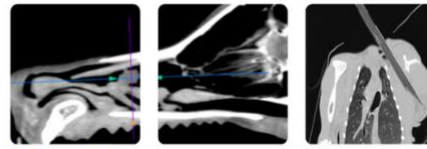
No masses or free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

- Gastric fluid distention- no obvious cause

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There's no obvious cause of gastric fluid distention. There's no visible foreign obstructive foreign material seen. While not visualized, a pyloric duodenal or duodenal foreign body cannot be completely ruled out. Upper GI endoscopy or abdominal explore could be considered if patient is non-responsive to treatments for gastroenteritis, which include IV fluid therapy, anti-emetics, enteral nutrition and pain medication as needed.



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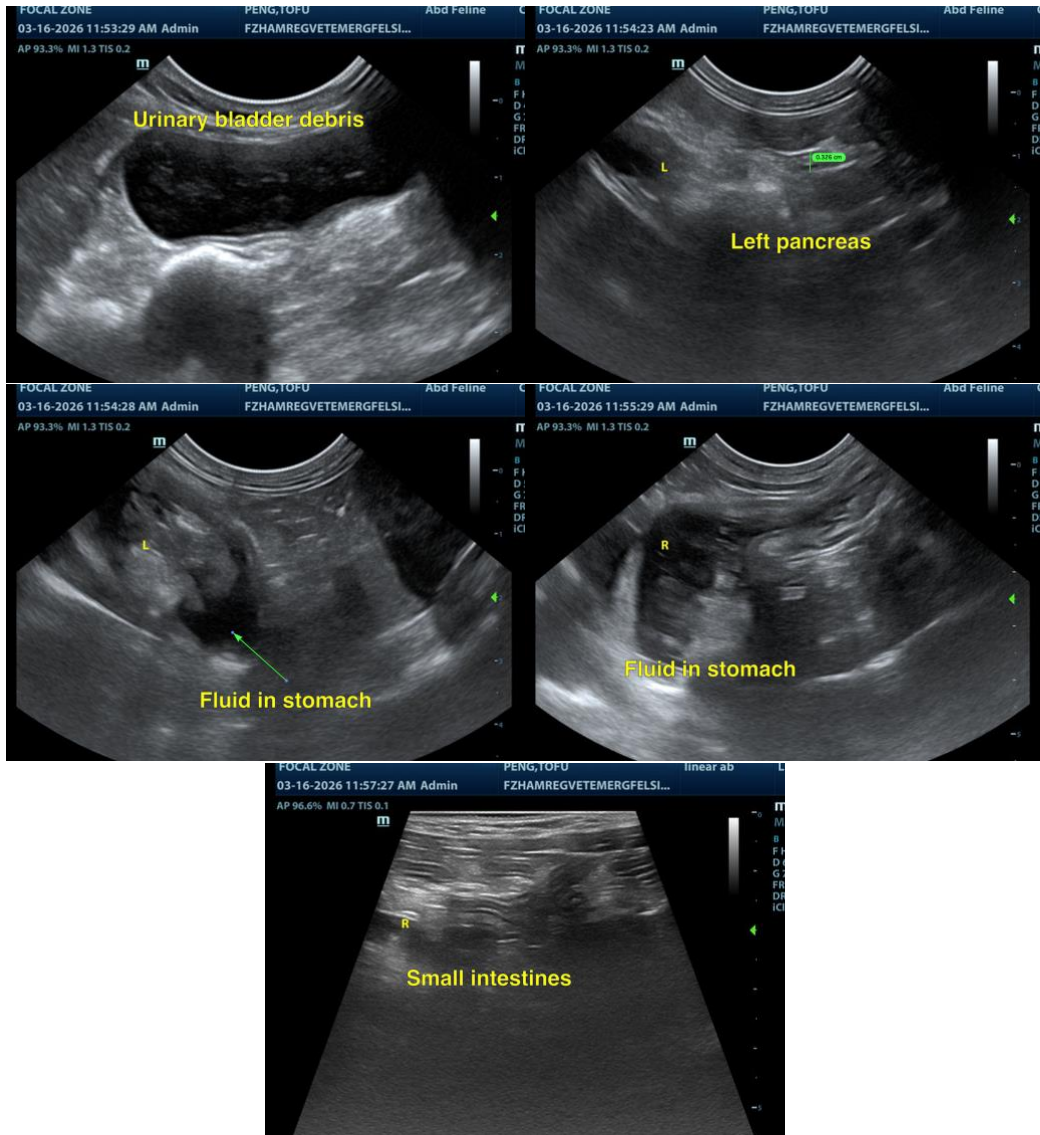
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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