



PATIENT

Kuzie Clement

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

4 Years

WEIGHT

5.84 kg

INTERPRETED BY

Dr Brittany Sinclair,
 BVSc(hons),
 DACVECC

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Hamilton Region
 Veterinary Emergency
 Clinic

REFERRING VET

Dr. Hussein

INVOICE

74058

DATE

3/27/26

PRESENTING CLINICAL SIGNS

Presented for vomiting, lethargy. hx of ingestion foreign material. O found him throwing up a few pieces of robber and thinks , one still missing. On PE he was QAR , RR normal , HR 180 , no abdominal pain. Temp WNL

Current Medications: One injection of Maropitant was given last night when initially presented. Vomited today morning , still lethargic, not eating.

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 3.67 cm. Right kidney measures 3.9 cm.

Adrenal Glands

The right adrenal gland is 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. Right measures 0.42 cm in thickness.

The left adrenal gland is visualized and measured on still images only. Resolution is inadequate to assess glandular detail or confirm measurement. Left measures 0.38 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.

The gallbladder is not distinctly visualized.

Gastrointestinal

The stomach is significantly distended with a large volume of fluid. There is a significant amount of gas shadowing, partially obstructing visualization of contents. No specific foreign material is visualized within the gastric lumen.

In the small intestine there is a curvilinear object with complete acoustic dropout, most consistent with a foreign body.

Sections of colon are visualized with gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.



PATIENT

Kuzie Clement

Pancreas

The pancreas is not distinctly visualized.

SPECIES

Feline

Free Abdomen

No clinically significant lymphadenopathy or abnormalities noted. No free fluid noted.

BREED

DSH

ULTRASONOGRAPHIC FINDINGS

- Small intestinal foreign body, obstructive.

SEX

Neutered Male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The severity of gastric distention together with patient's clinical signs and shadowing material in the small intestine is most consistent with an obstructive small intestinal foreign body. Abdominal explore is recommended.

AGE

4 Years

WEIGHT

5.84 kg

INTERPRETED BY

Dr Brittany Sinclair,
 BVSc(hons),
 DACVECC

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Hamilton Region
 Veterinary Emergency
 Clinic

REFERRING VET

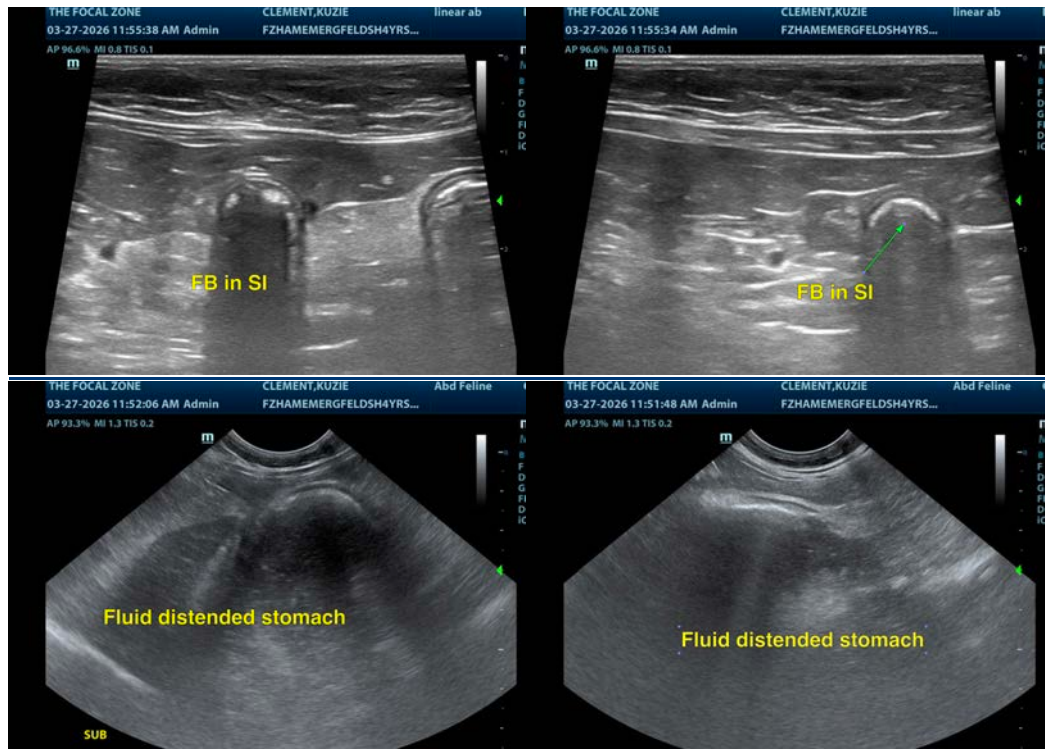
Dr. Hussein

INVOICE

74058

DATE

3/27/26



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