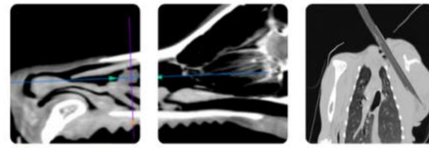


PATIENT

Baxter Steeves

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

9 Years

WEIGHT

5.22 kg

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Gagemount Animal Hospital

REFERRING VET

Dr. Worrell

INVOICE

14097

DATE

03/06/26

PRESENTING CLINICAL SIGNS

- Baxter, indoor cat
- - Decreased appetite and vomiting
- - Symptoms began five days ago
- - Initial decrease in appetite, progressed to rejecting both kibble and canned food
- - Vomited once on Monday, once on Tuesday, and five times last night
- - Occasional sneezing, normal for his life
- - Owner notes that Baxter is very food motivated but is now rejecting kibble and canned food
- - Turned down canned pumpkin and tuna water
- - Vomiting has increPet is not eating or drinking, lies in front of vents, no vomiting, no bowel movement.
- - Radiology consult shows gas and soft tissue opacity in the gastric lumen (stomach).
- - No evidence of small intestine obstruction.
- - Pet consumed most of a Churu tube at 9:30 AM; otherwise minimal oral intake in the last

Abnormal PE/Chem/CBC/UA Results: SDMA 24 All other values WNL labs and rads 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 were both normal size and structure, with smooth capsule and normal corticomedullary definition and ratio. Cortex is bilaterally hyperechoic. No evidence of pelvic dilation was present. The left kidney measured 4.06 cm in length. The right kidney measured 4.30 cm in length.

Adrenal Glands

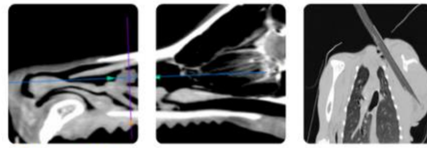
Adrenal glands are visualized and measured on still images only. Resolution is inadequate to assess glandular detail or confirm measurement. The left adrenal gland measured 0.29 cm in thickness. The right adrenal gland measured 0.37 cm in thickness.

Spleen

The spleen had a generally smooth homogeneous parenchyma and a smooth capsule with multifocal variably sized hyperechoic nodules visualized most consistent with benign myelolipomas. There was 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.



PATIENT
Baxter Steeves

SPECIES
Feline

BREED
DSH

SEX
Neutered Male

AGE
9 Years

WEIGHT
5.22 kg

INTERPRETED BY
Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY
Kelly Reschny

HOSPITAL NAME
Gagemount Animal Hospital

REFERRING VET
Dr. Worrell

INVOICE
14097

DATE
03/06/26

Gall bladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally.

Gastrointestinal

The stomach contains minimal luminal contents. 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.

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 area of the pancreas was isoechoic to surrounding tissue with no overt inflammation. Pancreatic tissue was not distinctly visualized which is common.

Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

Free Abdomen

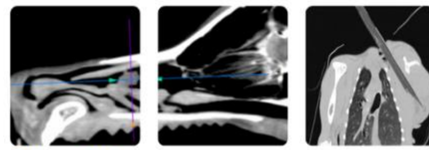
No masses or free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

- No obvious GI abnormalities.
- Benign splenic myelolipomas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no ultrasonographically evident cause of reported GI signs in this abdominal study. Pancreas and GI tract are within normal limits. Consideration for dietary indiscretion, food sensitivity/allergy or mild inflammatory bowel disease is reasonable. While not sonographically evident, pancreatitis cannot be completely ruled out. Empiric treatment for GI signs including anti-nausea, appetite stimulant and fluid support as clinically indicated is warranted. A diet trial with hydrolyzed protein or select protein diet could be considered if food sensitivity is suspected clinically. If signs are persistent or recurrent, additional diagnostics to be considered include GI panel (TLI/PLI/cobalamin/folate), fecal pathogen panel, thyroid testing, bile acid profile, and thoracic radiographs to rule out occult neoplasia, cardiac disease and esophageal disease as potential causes. Ultimately GI biopsy may be required for more definitive diagnosis if the patient is not responsive to medical treatment.



PATIENT

Baxter Steeves

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

9 Years

WEIGHT

5.22 kg

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Gagemount Animal Hospital

REFERRING VET

Dr. Worrell

INVOICE

14097

DATE

03/06/26

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