



**PATIENT**

Louie Fidia

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Intact Male

**AGE**

8 months

**WEIGHT**

3.7 kg

**INTERPRETED BY**

Dr Brittany Sinclair,  
 BVSc(hons),  
 DACVECC

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Hamilton Region  
 Veterinary Emergency  
 Clinic

**REFERRING VET**

Dr. Yaseen

**INVOICE**

11597

**DATE**

4/1/2026

**PRESENTING CLINICAL SIGNS**

8-month-old, intact male Domestic Shorthair, presented today for vomiting. The owner reports that Louie began vomiting yesterday morning after his breakfast. Throughout the day, he had multiple episodes of retching up foamy fluid. This morning, the vomitus was initially foamy and later had an orangey tinge. The episodes are described as frequent. The owner has also noted that Louie is slightly lethargic and not acting like himself, as he is normally very playful. He has shown no interest in food or treats since the vomiting started but was seen drinking water today. Urination and defecation status is unknown as he shares a litter box with his brother.

**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 4.01 cm in length, and the right kidney measures 4.17 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.

Left adrenal measures 0.26 cm in thickness, and the right adrenal measures 0.36 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 contains a small volume of fluid. 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.



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The majority of small intestine is minimally distended with normal thickness and normal wall layering. There is a loop of small intestine in the area of the duodenal flexure which is focally dilated with fluid. No distinct foreign material is visualized.

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The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. 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.

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**Pancreas**

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

**SEX**

Intact Male

**ULTRASONOGRAPHIC FINDINGS**

- Fluid in stomach, and focal loop of small intestine.

**AGE**

8 months

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Together with clinical signs the presence of fluid within the stomach and a focal intestinal loop is concerning for foreign body obstruction. No definitive foreign body was visualized and gastroenteritis remains a possibility. Abdominal exploratory surgery could be considered to definitively rule in or out foreign body obstruction. It is not unreasonable to treat supportively for gastroenteritis with careful monitoring for lack of resolution of signs. If clinical signs continue despite supportive care, recheck imaging (ultrasound preferred) and/or abdominal explore should be pursued.

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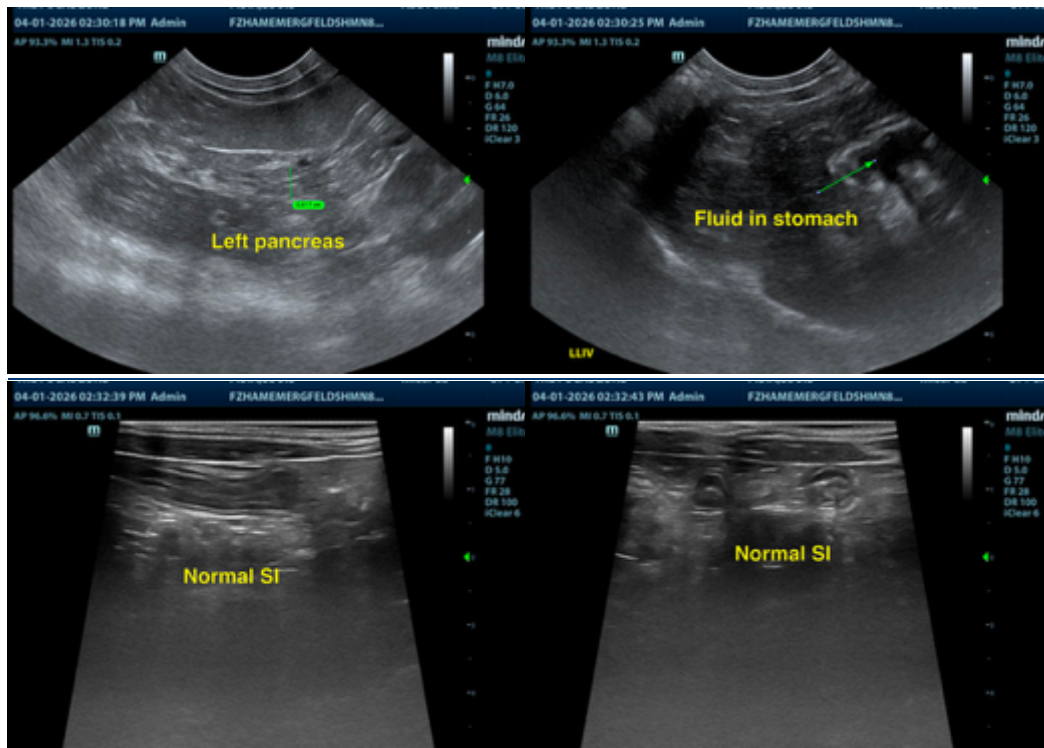
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com

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