

**PATIENT PRESENTING CLINICAL SIGNS**

- Luna Sousa**  
**SPECIES**  
 Feline
- 1- Acute vomiting and anorexia (3 days)
  - 2- Leukopenia (neutropenia, lymphopenia)
  - 3- Mild dehydration (~5%)
  - 4- Abdominal tension/pain
  - 5- Radiographic suspicion of partial intestinal obstruction (plication)

**BREED**  
 DSH

**SEX**  
 Spayed Female

**AGE**  
 1 Year

**WEIGHT**  
 4.9 kg

**INTERPRETED BY**  
 Brittany Sinclair DVM, DACVECC

**IMAGING PERFORMED BY**  
 Kelly Reschny

**HOSPITAL NAME**  
 Hamilton Region VEC

**REFERRING VET**  
 Dr. Yaseen

**INVOICE**  
 36628

**DATE**  
 4/16/26

Abnormal PE/Chem/CBC/UA Results: CBC: Leukopenia (2.67 x10<sup>9</sup>/L) characterized by neutropenia (1.70 x10<sup>9</sup>/L), lymphopenia (0.71 x10<sup>9</sup>/L), and eosinopenia (0.07 x10<sup>9</sup>/L). RDW was mildly elevated (27.3%). Red cell parameters and platelets were within normal limits. Chemistry: Mild stress hyperglycemia (Glucose 10.39 mmol/L). All other parameters, including kidney values, liver enzymes, and electrolytes, were within normal limits. Catalyst Pancreatic Lipase: 0.8 U/L (Normal). Serology (FeLV/FIV): Negative. Rads The small intestines are mildly gas and fluid-filled. On the ventrodorsal projection, a loop of bowel in the right caudal abdomen has the appearance of early plication. A small amount of mineral foreign material is seen within the colon.

**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. Gravity dependent 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 4.46 cm in length. The right kidney measured 3.38 cm in length.

**Adrenal Glands**

The right adrenal gland is visualized and recognized as having normal shape, size, position and echogenicity for this breed and age. The visible phrenic vasculature was unremarkable. The right adrenal gland measured 0.30 cm in thickness

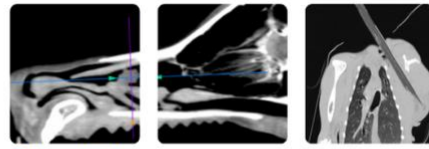
The left adrenal gland is visualized and measured on still images only. Resolution is inadequate to assess glandular detail or confirm measurement. The left adrenal gland measured 0.56 cm in thickness.

**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.



**PATIENT**

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

Luna Sousa

***Gastrointestinal***

**SPECIES**

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.

Feline

**BREED**

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter. There are focal segments of bowel with a small volume of fluid but no overt distention and no shadowing material within these loops. 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.

DSH

**SEX**

The ileocecal junction was not visualized. Sections of colon are visualized with and gas shadowing. There is no observed focal or generalized colon wall thickening or loss of layering.

Spayed Female

**AGE**

***Pancreas***

1 Year

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

**WEIGHT**

4.9 kg

***Lymph Nodes***

**INTERPRETED BY**

No clinically significant lymphadenopathy or abnormalities noted.

Brittany Sinclair DVM,  
 DACVECC

***Free Abdomen***

No masses or free fluid were noted.

**IMAGING PERFORMED BY**

**ULTRASONOGRAPHIC FINDINGS**

- Unremarkable abdomen

Kelly Reschny

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**HOSPITAL NAME**

There is no visible placation on abdominal ultrasound. There is no shadowing material and no significant small intestinal gastric distension consistent with foreign body obstruction. A partial obstruction cannot be completely ruled out but is not visualized or suspected based on images provided. While the pancreas is not overly abnormal, pancreatitis cannot be definitively ruled out. Consideration for dietary indiscretion, food sensitivity/allergy, toxin, infectious (bacterial, viral, parasitic) or mild inflammatory bowel disease is reasonable. Treatment is supportive and involves fluid support, GI support (anti-nausea, appetite stimulant), analgesia and enteral nutrition as needed. Antibiotics are generally not warranted. Serial imaging is indicated if clinical signs are not resolving. Current chem/lytes/CBC, GI panel (TLI/PLI/cobalamin/folate), fecal pathogen PCR, and empiric broad spectrum deworming and treatment with probiotics should be considered as clinically warranted. Ultimately GI biopsy may be required for more definitive diagnosis.

Hamilton Region VEC

**REFERRING VET**

Dr. Yaseen

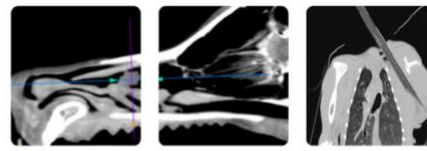
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Empiric treatment for gastroenteritis includes maintenance of hydration with fluid support and GI support as needed (anti-nausea, appetite stimulant, analgesics if indicated). If clinical signs are not resolving, recheck imaging is recommended.



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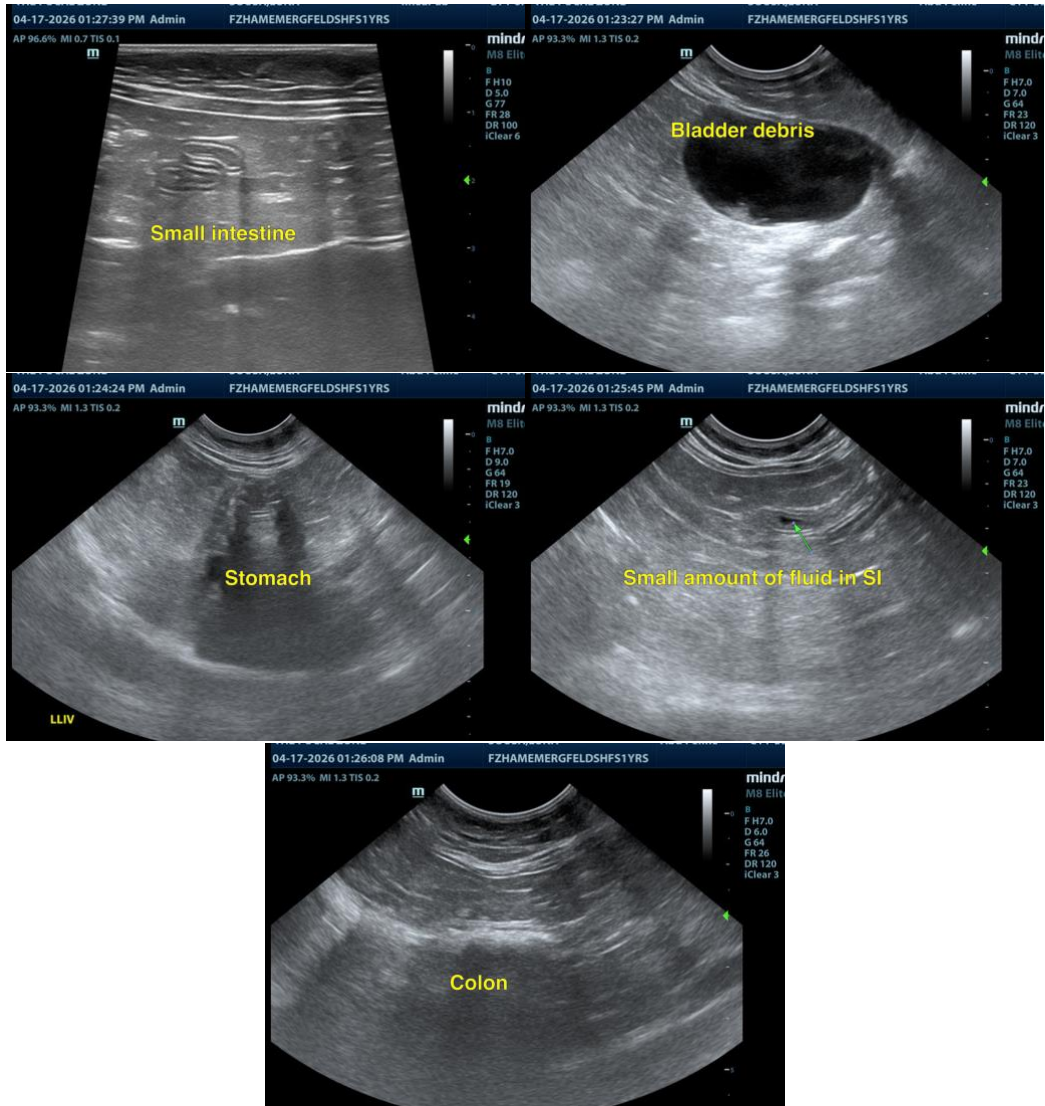
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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