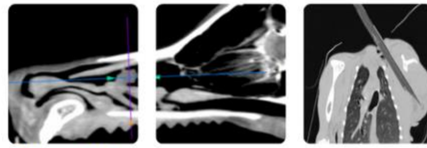


PATIENT

Milo Saqeb

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

2 Years

WEIGHT

7.14 kg

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Waterloo West Animal Hospital

REFERRING VET

Dr. Makkapati

INVOICE

15328

DATE

04/22/26

PRESENTING CLINICAL SIGNS

Vomiting, some plastic pieces were found in vomitus, inappetence; renal values severely elevated; total protein elevated; potassium and phosphorus elevated (see bloodwork in email)

Current Medications: Gabapentin 200 mg, Emavert injection

Abnormal PE/Chem/CBC/UA Results: See attached BW Primary Question to Be Answered in This Exam presence of foreign body; what are lymph nodes and kidneys looking like

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. The left kidney measured 4.37 cm in length. The right kidney measured 4.22 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 0.47 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.

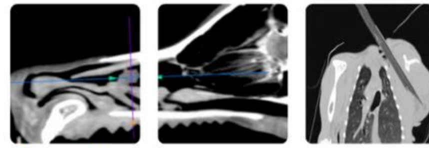
Liver

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 hyperechoic amorphous nonshadowing material most consistent with ingesta and some gas shadowing. 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.



PATIENT
Milo Saqeb

SPECIES
Feline

BREED
DSH

SEX
Neutered Male

AGE
2 Years

WEIGHT
7.14 kg

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

IMAGING PERFORMED BY
Amanda Stewart

HOSPITAL NAME
Waterloo West Animal Hospital

REFERRING VET
Dr. Makkapati

INVOICE
15328

DATE
04/22/26

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with gas and ingesta throughout with no over distention. 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

- Gas and ingesta in GI tract- no visible foreign material.
- Normal kidneys.
- Distended urinary bladder.

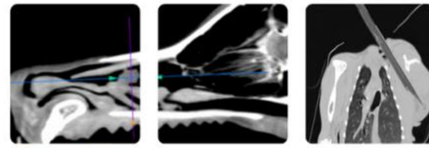
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Kidneys are ultrasonographically normal. In light of the azotemia and minimal concentrated urine, an acute renal insult is likely. Urinary bladder is distended, and urinary obstruction should be ruled out. Progression of renal injury (not yet ultrasonographically evident), toxin exposure, leptospirosis, bacterial pyelonephritis, other infectious insults, recently resolved ureterolithiasis, among other things are possible.

Additional diagnostics to be considered include urine culture (even if no bacteria on UA), leptospirosis testing, and careful questioning for the possibility of exposure to renal toxins (NSAIDs, lilies, vitamin D, rodenticide (primary or secondary exposure), etc). Doppler blood pressure measurement is recommended to screen for hypertension which can be present in both acute and chronic renal disease and worsens renal function.

Treatment with intravenous fluid therapy, GI support as needed including enteral nutrition and monitoring for improvement or resolution of azotemia every 24-48 hours is recommended. Antibiotics are reasonable while awaiting infectious disease testing.

If azotemia fails to resolve with fluid therapy, permanent renal dysfunction is likely. Management for any patient with chronic renal dysfunction includes renal specific diet (protein and phosphorus limited), encouraging increased water intake with canned food and providing clean, running water source, and management of proteinuria and hypertension with ACE-inhibitor with addition of more anti-hypertensives as required. Monitoring of bloodwork, urinalysis and blood pressure every 3-6 months, or sooner if feeling unwell, is recommended.



SonoPath www.thefocalzone.com
info@thefocalzone.com 289.808.2608

PATIENT
Milo Saqeb

SPECIES
Feline

BREED
DSH

SEX
Neutered Male

AGE
2 Years

WEIGHT
7.14 kg

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

IMAGING PERFORMED BY
Amanda Stewart

HOSPITAL NAME
Waterloo West Animal Hospital

REFERRING VET
Dr. Makkapati

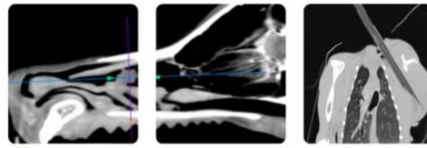
INVOICE
15328

DATE
04/22/26

The material within the GI tract is most consistent with ingesta and no shadowing foreign material was visualized yet cannot be completely ruled out as it may be hidden by gas shadowing, yet there's no evidence of an obstructive process. In the absence of obstruction, and given the severity of azotemia, focusing on treatment for azotemia with re-imaging if concern for potential GI foreign material exists is recommended.

Urinary bladder
Normal left kidney
Ingesta in stomach
Ingesta in pylorus
Right kidney
Gas and ingesta in SI

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.



PATIENT

Milo Saqeb

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

2 Years

WEIGHT

7.14 kg

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Waterloo West Animal Hospital

REFERRING VET

Dr. Makkapati

INVOICE

15328

DATE

04/22/26

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