



**PATIENT**

Glamour Smith

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

6 years

**WEIGHT**

3.9 kg

**INTERPRETED BY**

Dr Brittany Sinclair,  
 BVSc(hons),  
 DACVECC

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Hamilton Region  
 Veterinary Emergency  
 Clinic

**REFERRING VET**

Dr. Vercaigne

**INVOICE**

11780

**DATE**

4/24/2026

**PRESENTING CLINICAL SIGNS**

Presenting for 24hrs inappetence, lethargy, and vomiting once. History of weekly hairballs, otherwise healthy in general. No exposure to plants, toxins, does not usually chew/ingestion foreign material. PE revealed 7% dehydration, generalized weakness, and abdominal pain. Diagnostics revealed severe azotemia, hypokalemia, and elevated Tbili and pancreatic lipase. UA revealed isosthenuria, pH 5, glucosuria and proteinuria (mild). Labwork along with rads to be emailed.

Current Medications: PLA, maropitant, methadone, pantoprazole.

**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 have a smooth capsule and with mild hazing of corticomedullary definition. No evidence of pelvic dilation was present.

Left kidney measures 4.06 cm in length, the right kidney measures 4.07 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 0.7 cm in thickness, and the right adrenal measures 0.37 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 not distinctly visualized.

**Gastrointestinal**

The stomach is moderately distended with fluid 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.



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

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.

**ULTRASONOGRAPHIC FINDINGS**

- Mild degenerative renal changes.
- Mild gastric fluid distension – No obvious cause.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Renal changes are likely chronic, age related degeneration. In light of azotemia, acute on chronic renal insult is likely. Progression of chronic renal disease, toxin exposure, leptospirosis, bacterial pyelonephritis, other infectious insults, recently resolved ureterolithiasis, among other things are all possibilities.

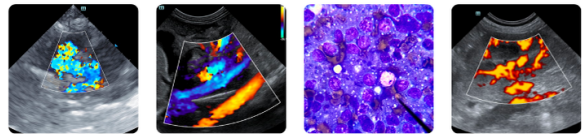
Additional diagnostics to be considered include urine culture (even if no bacteria on UA), leptospirosis testing, and careful questioning for the possibility of exposure to renal toxins (NSAIDs, lilies, vitamin D, rodenticide (primary or secondary exposure), etc). Doppler blood pressure measurement is 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 stabilization or resolution of azotemia every 24-48 hours is recommended. Antibiotics are reasonable while awaiting infectious disease testing.

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.

The liver appears sonographically normal, and the gall bladder and common bile duct are normal in this patient, and in light of lack of anemia and no evidence of hemolytic disease, the bilirubin elevation must be owing to hepatic parenchymal disease. Liver FNA is indicated.

No definitive cause of gastric distension with fluid was identified on ultrasound. Occult foreign body is possible. Gastritis secondary to severe azotemia is likely.



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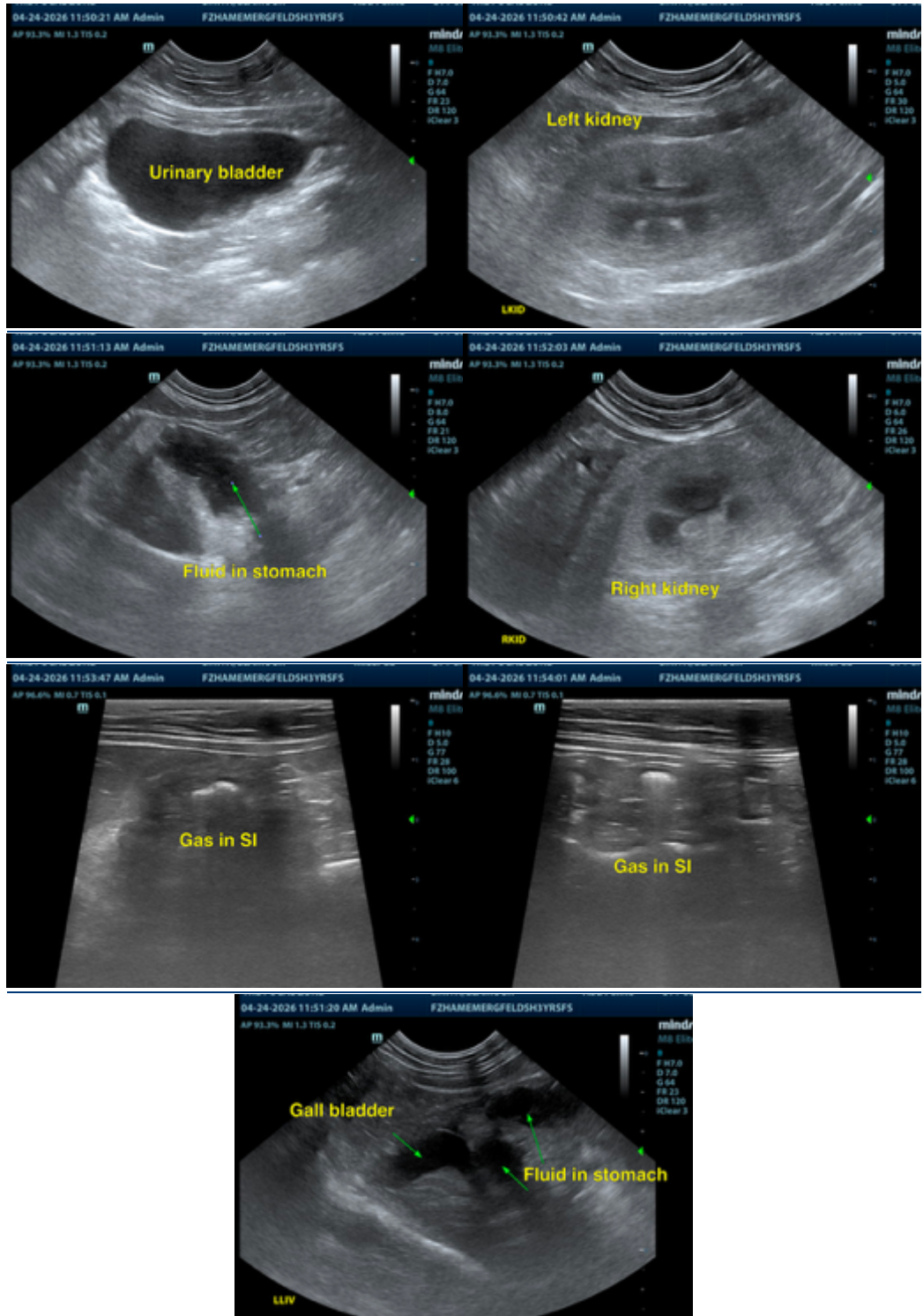
Dr. Vercaigne

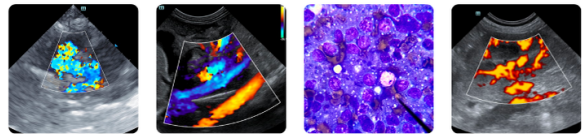
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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