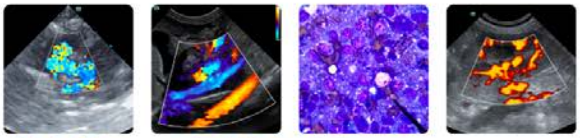

SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Ava Eames

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

4 Years

WEIGHT

5.6 kg

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Dundas Animal Hospital

REFERRING VET

Dr. Middleton

INVOICE

74758

DATE

4/28/26

PRESENTING CLINICAL SIGNS

Stools are dark, o concerned it may be digested blood, will send fecal for occult blood. O) Wt. 5.6kg. P.E. , B.C.S.6 MM pink CRT 2 sec General Assessment: BAR Confirmed Microchip # 982091067725059 Skin - N , Eyes - N, Ears - N, N. & .T - N, M.T.G .- N, L&P - N, Ht. rate - N, Abd. - N, Lungs RR - N, G.I. - N, U.G. - N, A.G. - N, C.N.S. – N Current Medications: None

/Abnormal PE/Chem/CBC/UA Results: Occult Blood- positive No blood work performed Radiographic Findings none Primary Question to Be Answered in This Exam any abnormalities is GI system

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 3.53 cm. Right kidney measures 3.92 cm.

Adrenal Glands

Adrenal glands were visualized on still images only. They appear to have normal shape, size, position and echogenicity for this breed and age though this could not be confirmed on cine loops. Left measures 0.27 cm in thickness. Right measures 0.38 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 shadowing contents most consistent with ingesta. 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 gas and ingesta throughout. 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.

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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.

Pancreas

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

Free Abdomen

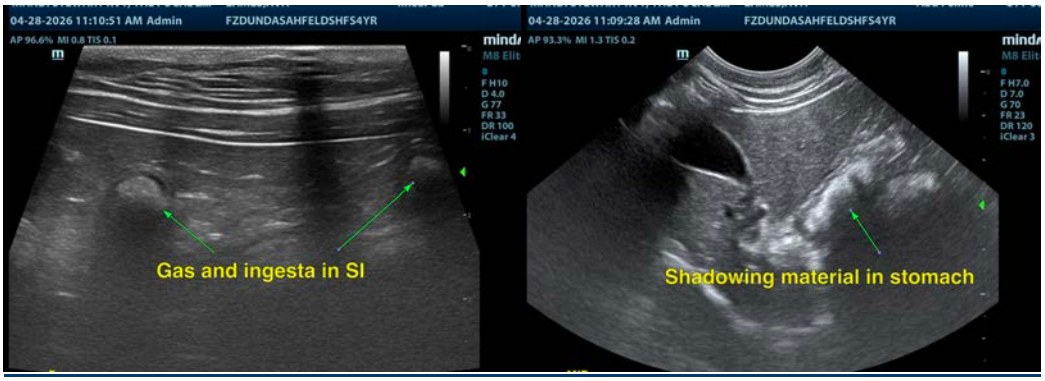
No clinically significant lymphadenopathy or abnormalities noted. No free fluid noted.

ULTRASONOGRAPHIC FINDINGS

- Ingesta in GI tract, otherwise normal abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There are no overt abnormalities of the GI tract. There is shadowing material in the stomach, which appears most consistent with ingesta. Correlate with knowledge of patient fasting. Abdominal radiographs may be of use if there is concern for gastric foreign material. Ultrasonographically, gastric contents did not have the overt appearance of non-food foreign material. There were no abnormalities visible within the colon to explain dark stools. Fecal occult blood testing can have false positives when the patient is on a carnivore diet, as it is post common in cats. Check with test manufacturer for this potential source of interference. If clinical concern for GI disease remains high, endoscopy or explore with plan for GI biopsies could be considered. Full bloodwork is recommended to assess for secondary signs of GI bleeding such as elevated BUN, anemia, and low protein levels.



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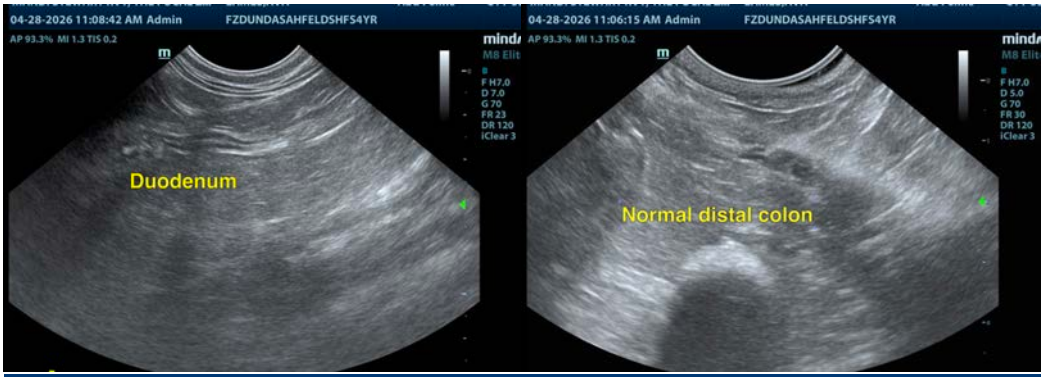

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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