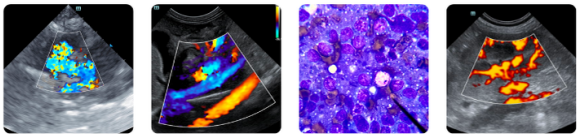

SonoPath www.thefocalzone.com
info@thefocalzone.com 289.808.2608

PATIENT

Tix Burns

SPECIES

Feline

BREED

Turkish Angora

SEX

Intact Feline

AGE

10 years

WEIGHT

3.2 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

11816

DATE

4/29/2026

PRESENTING CLINICAL SIGNS

Initially presented for straining to urinate on Monday BW (BG 23.4mmol/l) diabetic and has been managed by previous vet, has not had insulin since Sunday.

Current Medications: buprenorphine, gabapentin, clavaseptin.

Abnormal PE/Chem/CBC/UA Results: BG 23.4 mmol/L Sunday now 14.2 Fructosamine 384 Pancreatic lipase negative.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is significantly distended and rounded. The walls are of normal thickness with no focal lesions. Urine is generally anechoic with a moderate amount of echogenic non-shadowing mobile debris within the lumen. There are no visible cystoliths. There's no visible, physical obstruction to urination.

The kidneys are bilaterally enlarged with normal structure and relatively normal corticomedullary definition.

Left kidney measures 4.63 cm in length, and the right kidney measures 4.87 cm in length.

Adrenal Glands

Adrenal glands are bilaterally mildly enlarged and hypoechoic.

Left adrenal gland measures 0.48 cm in thickness, and the right adrenal measures 0.64 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 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.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall

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

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder distension.
- Bilateral renomegaly.
- Bilateral adrenomegaly.

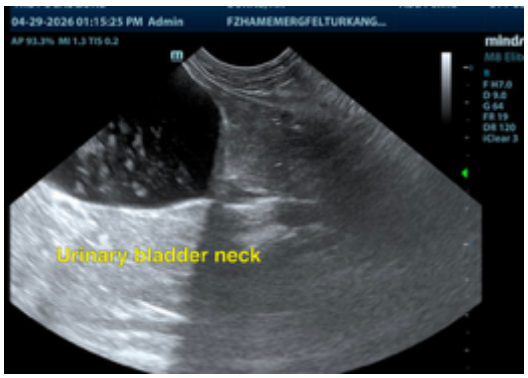
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

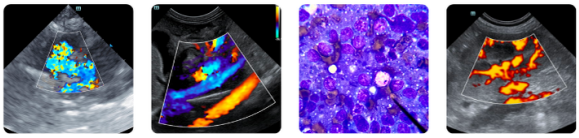
Urinary bladder distension is significant and together with reported stranguria is suggestive of a mechanical or functional urinary tract obstruction. There is no visible obstructive process on ultrasound. Passage of a urinary catheter is recommended to assess for post pubic obstruction such as stone or mass within the urinary bladder.

Bilateral renomegaly is likely secondary to mild nephritis from obstructive urinary process. Acute bacterial, viral, or other infectious nephritis, inflammatory nephritis, etc. remains possible. The kidneys do not have the typical appearance of neoplasia, however, renal FNA could be attempted to further define.

Bilateral adrenomegaly is of uncertain clinical significance. It may reflect stressful illness.

There is no ultrasonographically evident cause of reported GI signs in this abdominal study. Pancreas and GI tract are within normal limits. Consideration for dietary indiscretion, food sensitivity/allergy or mild inflammatory bowel disease is reasonable. While not sonographically evident, pancreatitis cannot be completely ruled out. Empiric treatment for GI signs including anti-nausea, appetite stimulant and fluid support as clinically indicated is warranted. A diet trial with hydrolyzed protein or select protein diet could be considered if food sensitivity is suspected clinically. If signs are persistent or recurrent, additional diagnostics to be considered include GI panel (TLI/PLI/cobalamin/folate), fecal pathogen panel, thyroid testing, bile acid profile, and thoracic radiographs to rule out occult neoplasia, cardiac disease and esophageal disease as potential causes. Ultimately GI biopsy may be required for more definitive diagnosis if the patient is not responsive to medical treatment.





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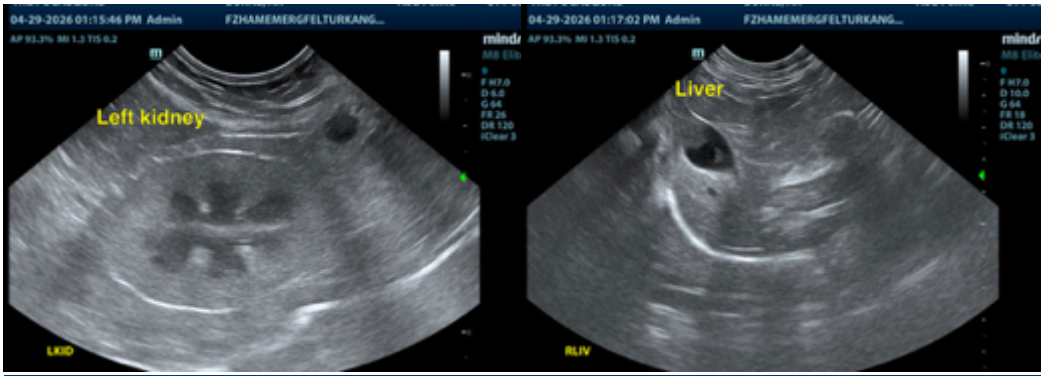

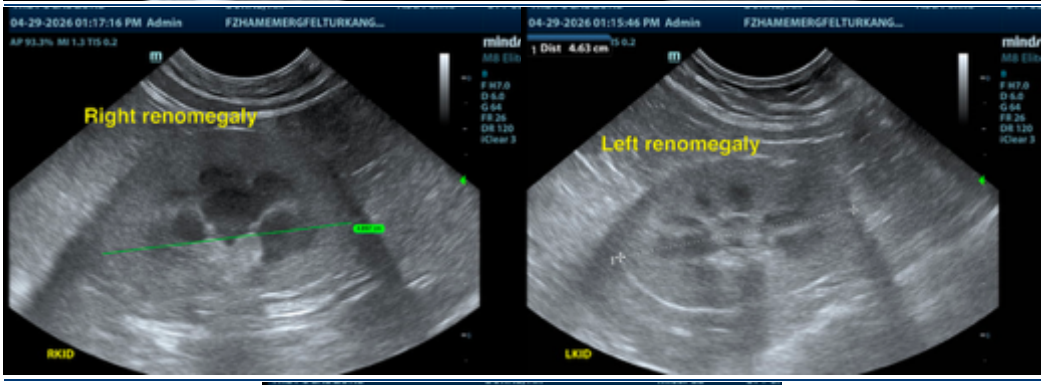

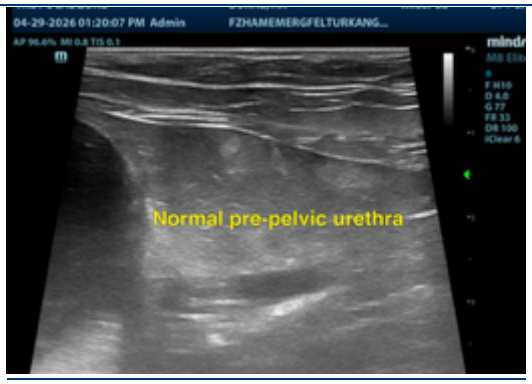

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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