

PATIENT

Aether Woofenden

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

2 Years

WEIGHT

6.23 kg

INTERPRETED BY

Dr Brittany Sinclair,
 BVSc(hons),
 DACVECC

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

BPH Burlington

REFERRING VET

Dr. Rubino

INVOICE

75138

DATE

5/14/26

PRESENTING CLINICAL SIGNS

Vomiting massive amounts of frothy bile. P still not interested in food, P only ate a very small amount yesterday. Lethargic. For a week rectal temp 37.8. HR 180, RR within limits. normal respiratory excursions. mm pink, crt 2 seconds, slightly tacky mm. prolonged skin tent. abdomen is tense on palpation, tremor of left body wall. losing weight. Current Medications: Subcutaneous PL-A 100 mLs daily, shown by RVT maropitant 1 mg/kg subcut gabapentin 30 mg BID (owner has at home) mirtazapine 3.75 mg q 48 hours abdominal ultrasound this week Vit B12 350 mcg SQ

Abnormal PE/Chem/CBC/UA Results: HCT 55.8 HIGH 30.3-52.3 % HGB 17.6 HIGH 9.8-16.2 g/dL
 Radiographic Findings NSF

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 4.14 cm. Right kidney measures 4.81 cm.

Adrenal Glands

The left adrenal gland is visualized and measured on still images only. Resolution is inadequate to assess glandular detail or confirm measurement. Left measures 0.35 cm in thickness.

The right adrenal gland is not distinctly visualized.

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

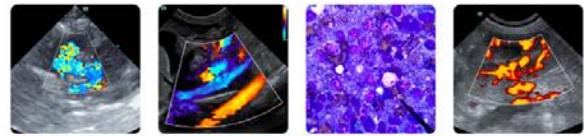
The liver is subjectively normal in size with normal contours and structure. There is age appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion.

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

Gastrointestinal

The stomach is severely distended with a large amount of fluid, including the pylorus.

The visible duodenum is severely distended with fluid with back and forth motion and visualized to the level of the duodenal flexure. Multiple loops of jejunum are severely distended with fluid. In a small intestinal loop there is a curvilinear shadowing object most consistent with an obstructive foreign body. Multiple loops of empty/normal small intestine are visualized.



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Sections of colon are visualized with gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

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Pancreas

The pancreas is not distinctly visualized.

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Free Abdomen

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

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ULTRASONOGRAPHIC FINDINGS

- Obstructive jejunal foreign body.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Abdominal findings are most consistent with an obstructive jejunal foreign body. Portions of the GI tract including the stomach, duodenum and jejunum are severely fluid distended with normal bowel also seen (two populations of bowel). There is a shadowing object visible within the jejunum, most consistent with foreign material. Abdominal exploratory surgery is strongly recommended. Fluid resuscitation prior to surgery, given the patient's dehydration, is recommended to ensure maximal stability for anesthesia.

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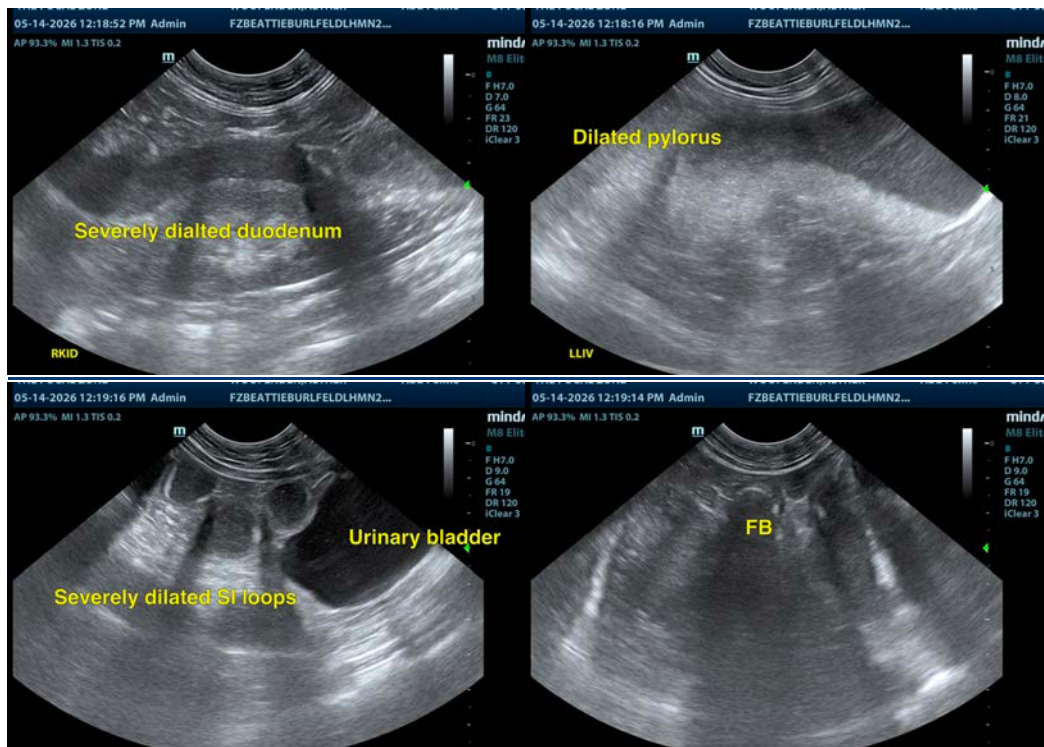
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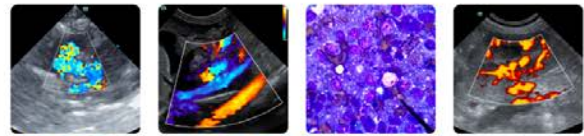
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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