



PATIENT

Jasper Kolb

SPECIES

Feline

BREED

American Shorthair

SEX

Neutered Male

AGE

12 Years 2 Months

WEIGHT

10.3 lbs

INTERPRETED BY

Dr Brittany Sinclair,
BVSc(hons),
DACVECC

IMAGING PERFORMED BY

Vincent Ravancho, CVT

HOSPITAL NAME

Animal Clinic and
Hospital of Jersey City

REFERRING VET

Dr. Imbert-Miranda

INVOICE

75367

DATE

5/21/26

PRESENTING CLINICAL SIGNS

Inappetence, given poss hypercoagulable state risk of embolism causing vascular obstruction damage to intestine. R/o FO, neoplasm, check intestinal motility. On X-Ray, severe gas distention of small intestine. Current medications - diltiazam, furosemide, rivaroxaban.

Abnormal PE/Chem/CBC/UA Results: Increased monocytes, decreased eos. Increased SDMA, increased glucose (likely stress)

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 3.62 cm. Right kidney measures 4.68 cm.

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. Left measures 0.40 cm in thickness. Right measures 0.56 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 has gas shadowing partially obstructing visualization of contents with no overt distention. 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 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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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

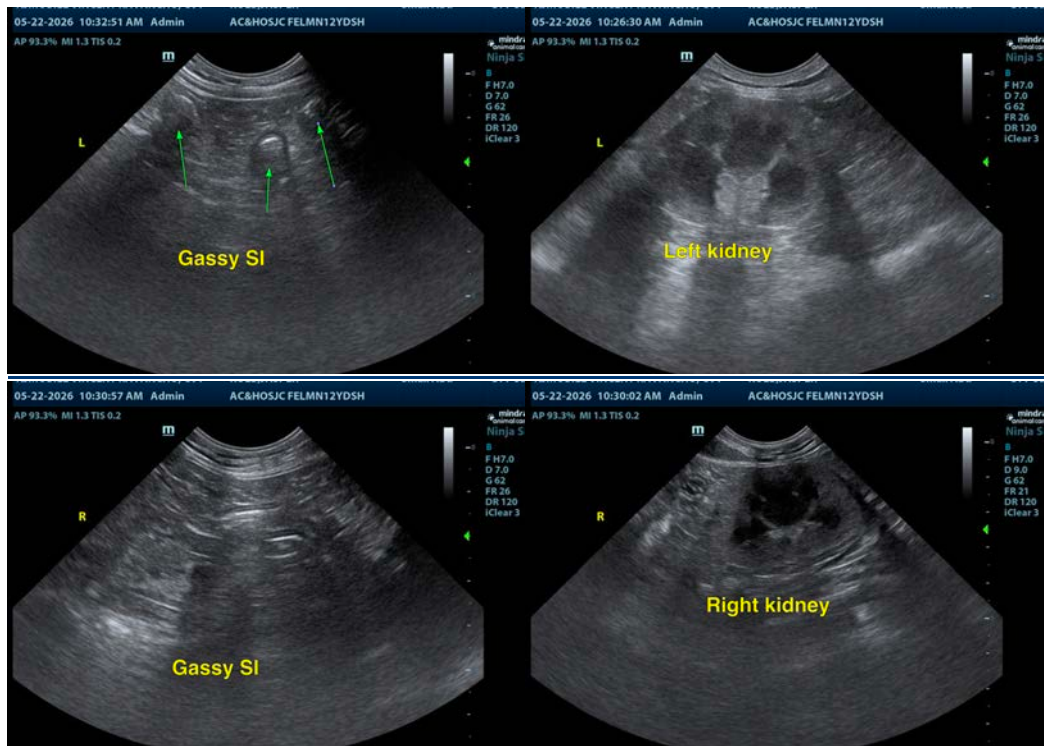
No clinically significant lymphadenopathy or abnormalities noted. No free fluid noted.

ULTRASONOGRAPHIC FINDINGS

- Gas throughout GI tract. No obvious ileus.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is gas throughout the GI tract with no obvious significant GI distention, though radiographs are more sensitive at identifying gas distention of GI loops. No cause of gas filled GI tract was identified on ultrasound. No thinned areas of small intestine were visible suggestive of vascular compromise, though this cannot be completely ruled out with ultrasound. Treatment for gastroenteritis including prokinetics is reasonable. Serial imaging is indicated if clinical signs are not resolving.





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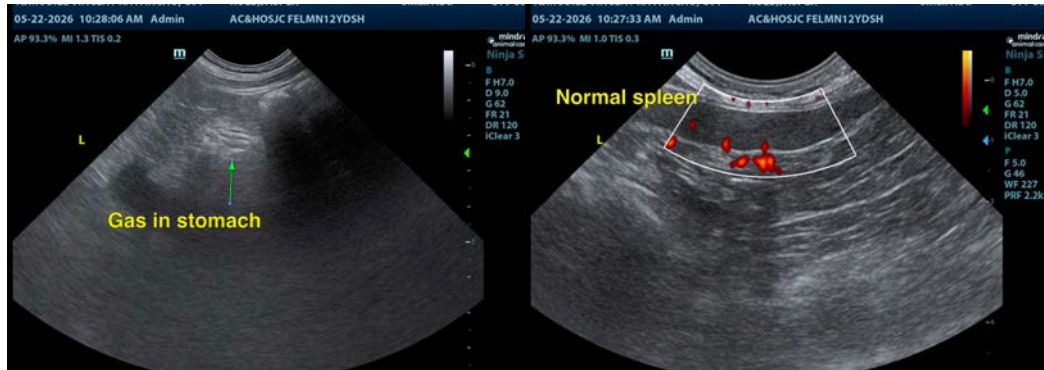
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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