



**PATIENT**

Tyson McMillan

**PRESENTING CLINICAL SIGNS**

4 day hx of anorexia and vomiting, lethargic. Current Medications: Cerenia, mirtazipine just given today

**SPECIES**

Feline

Abnormal PE/Chem/CBC/UA Results: m1 increase in globulins otherwise NAF Radiographic Findings Possible bunching in small intestine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

DSH

**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.

**SEX**

Neutered Male

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 3.86 cm. Right kidney measures 3.82 cm.

**AGE**

5 Years

**Adrenal Glands**

Adrenal glands are visualized and measured on still images only. Resolution is inadequate to assess glandular detail or confirm measurement. Left measures 0.27 cm in thickness. Right measures 0.35 cm in thickness.

**WEIGHT**

5.5 kg

**INTERPRETED BY**

Dr Brittany Sinclair,  
 BVSc(hons),  
 DACVECC

**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.

**IMAGING PERFORMED BY**

Kelly Reschny

**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.

**HOSPITAL NAME**

Lock One Animal  
 Hospital

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

**REFERRING VET**

Dr. Kamula

**Gastrointestinal**

The stomach contains a small volume of fluid. 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.

**INVOICE**

75983

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 layering maintaining the typical 1:3 muscularis:mucosa layer ratio. There were no focal lesions consistent with obstruction or a mass effect observed.

**DATE**

6/18/26

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.



**PATIENT**

**Pancreas**

Tyson McMillan

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

**SPECIES**

**Free Abdomen**

Feline

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

**BREED**

**ULTRASONOGRAPHIC FINDINGS**

DSH

- Unremarkable abdomen.

**SEX**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Neutered Male

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.

**AGE**

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**WEIGHT**

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**HOSPITAL NAME**

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 Hospital

**REFERRING VET**

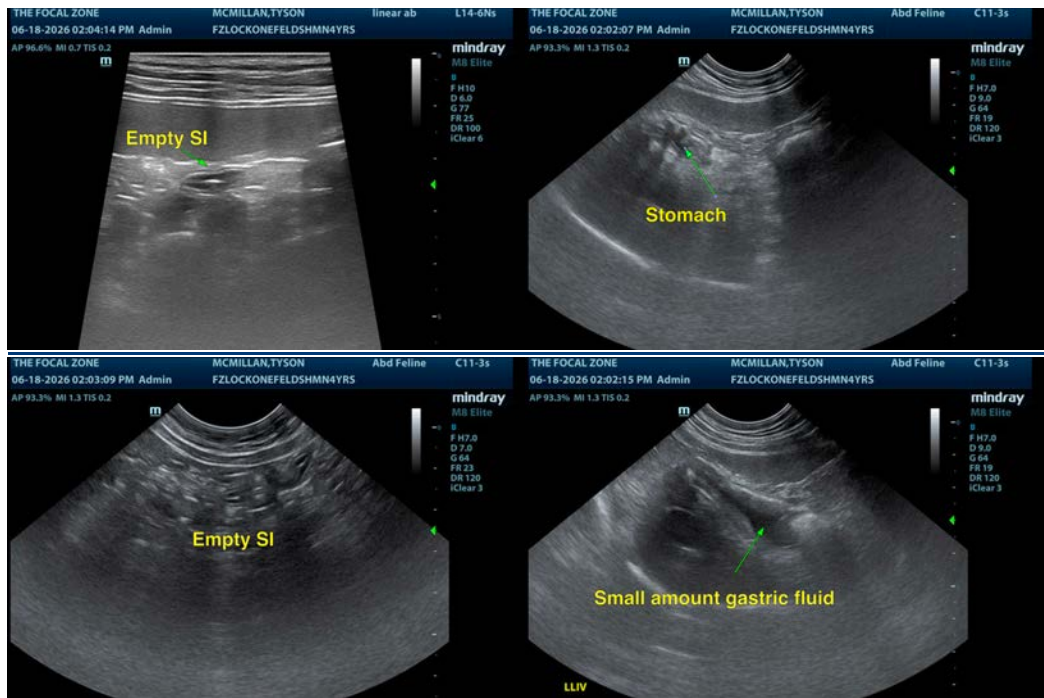
Dr. Kamula

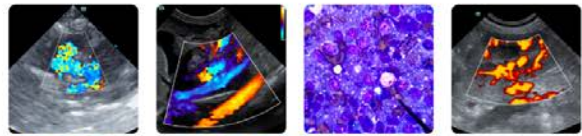
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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