



**PATIENT PRESENTING CLINICAL SIGNS**

Penny Deuling

Presented as a Transfer from Ancaster Beattie for pancreatitis +/- foreign body. Indoor/outdoor. Decreased appetite. Lethargic. Was gone all day Tuesday - not like him. Lethargic. Did find 2 engorged attached ticks on him a couple weeks ago - not currently on any prevention. Vocalizing while attempting to defecate a couple weeks ago. One episode of vomiting June 2nd. Painful of palpation of cranial abdomen. Current Medications: Maropitant 1m/kg. Methadone 0.2mg/kg.

**SPECIES**

Feline

**BREED**

DSH

CBC - suspected early Neutrophils noted. Potassium 3.9mmol/L. Chloride 111mmol/L. Pancreatic Lipase 28.2ug/L. Urinalysis: concentrated, pH 8, protein 100mg/dL. Viral snap - Negative Radiographic Findings Taken at referring clinic. Revealed significant amount of gas in the colon.

**SEX**

Spayed Female

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*Urinary System*

**AGE**

12 Years

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. Mobile debris present in the urinary bladder. No evidence of inflammatory or neoplastic changes were noted. The bladder is significantly distended.

**WEIGHT**

7.9 kg

The kidneys are bilaterally severely enlarged with moderate decrease in corticomedullary distinction. No specific renal masses were visualized and there was no apparent pelvic dilation. The left kidney measured 5.83 cm in length. The right kidney measured 6.23 cm in length.

**INTERPRETED BY**

Dr Brittany Sinclair,  
 BVSc(hons), DACVECC

*Adrenal Glands*

Left adrenal gland was visualized and measured on still image only. Resolution is inadequate to assess glandular detail or confirm measurement. The left adrenal gland measured 0.37 cm in thickness. The right adrenal gland was not distinctly visualized.

**IMAGING PERFORMED BY**

Kelly Reschny

*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.

**HOSPITAL NAME**

Beattie PH Stoney  
 Creek

*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.

**REFERRING VET**

Dr. Codrington

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

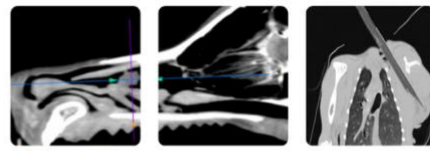
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*Gastrointestinal*

The visible stomach appears fluid distended. There are no visible gastric wall abnormalities.

The visible duodenum is fluid distended with back-and-forth fluid motion noted. No specific small intestinal foreign bodies are seen. There are no overt small intestinal masses. Visualization of small intestines may be hindered by significantly distended urinary bladder.



**PATIENT**

Penny Deuling

The ileocecal junction was not visualized. Sections of colon are visualized with gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

**SPECIES**

Feline

**Pancreas**

The visible pancreatic tissue is not overtly abnormal. Resolution and visualization is limited.

**BREED**

DSH

**Lymph Nodes**

No clinically significant lymphadenopathy or abnormalities noted.

**SEX**

Spayed Female

No masses or free fluid were noted.

**AGE**

12 Years

**ULTRASONOGRAPHIC FINDINGS**

- Fluid distended stomach and visible duodenum.
- Bilateral renomegaly with mild decrease in corticomedullary distinction.
- Significantly distended urinary bladder.

**WEIGHT**

7.9 kg

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Fluid distension of stomach and proximal duodenum is concerning for significant gastroenteritis with ileus. Foreign body obstruction cannot be completely ruled out but was not visualized on ultrasound. Treatment for gastroenteritis/pancreatitis (there was no overt pancreatic information on ultrasound) is reasonable with plan for recheck imaging and/or abdominal explore if clinical signs are not resolving.

**INTERPRETED BY**

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The clinical significance of renomegaly is uncertain. This may be a variation of the clinical significance of renomegaly. It may be a variation based on larger patient size. However, the degree of renomegaly was significant in the absence of azotemia. Clinical significance remains uncertain. Renal FNA could be considered to rule out infiltrative round cell disease, though this patient did not have that typical appearance on ultrasound.

**IMAGING PERFORMED BY**

Kelly Reschny

The clinical significance of urinary bladder distention is uncertain. Gentle, attempted expression may help determine urethral patency. Urethral obstruction is not strongly suspected based on lack of azotemia.

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Beattie PH Stoney  
 Creek

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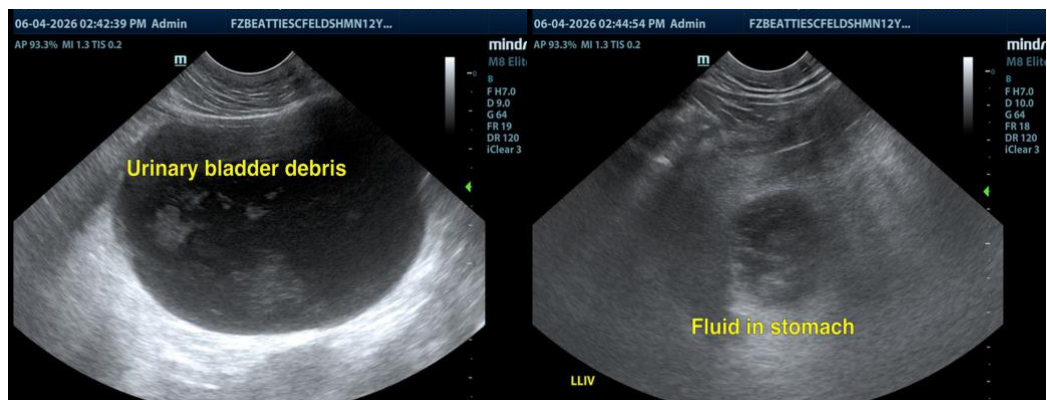
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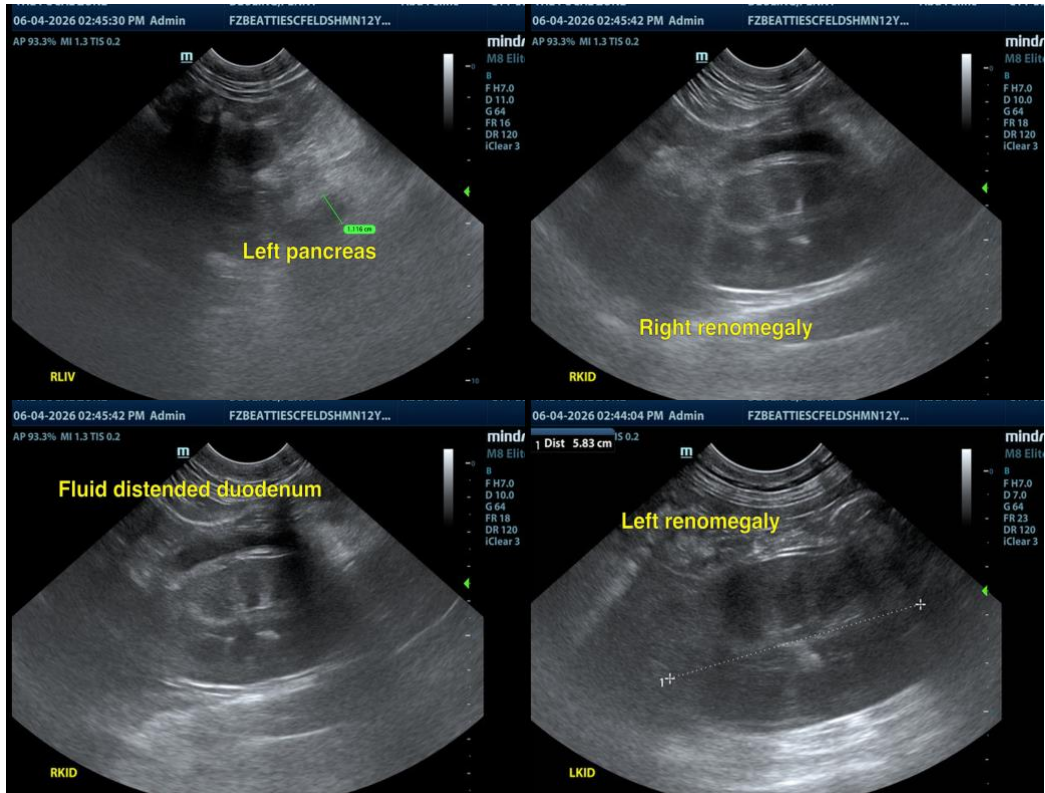
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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