



PATIENT

Toffee Yaseen

SPECIES

Feline

BREED

Turkish Angora

SEX

Spayed Female

AGE

1.5 Years

WEIGHT

2.5 kg

INTERPRETED BY

Kathleen Sennello DVM,
 MS, Diplomate ACVIM
 (Small Animal Internal
 Medicine)

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Hamilton Region
 Emergency VC

REFERRING VET

Dr. Yaseen

INVOICE

72278

DATE

1/16/26

PRESENTING CLINICAL SIGNS

1- Inappetence 2- Hypodipsia 3- Pyrexia Current Medications VF PLA @ 17mls/hr for 12 hours (reassess at 8am). Emavert 1mg/kg IV q 24 hours. Ondansetron 0.5mg/kg IV q12 hours. Metronidazole 10mg/kg IV q12 hours. Enrofloxacin 5mg/kg IV q 24 hours.

Abnormal PE/Chem/CBC/UA Results: Values 5- Pre-regenerative anemia 6- Hypoproteinemia 7- Monocytosis 8- Toxic neutrophils 9- Severely elevated CPL Primary Question to Be Answered in This Exam 1- Internal haemorrhage 2- GI obstruction 3- Peritonitis 4- Functional ileus 5- IBD 6- Other

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (2.5 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.66 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.27 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.31 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (0.54 cm), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.



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The gall bladder lumen is moderately distended. The wall appears hyperechoic and somewhat prominent. Luminal contents are mild and likely incidental at this time. The cystic/proximal common bile duct appeared mildly dilated and tortuous, measuring at 0.29 cm.

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Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.36cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

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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. Duodenum wall measures 0.20 cm. Jejunum wall measures 0.15 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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The descending colon appears significantly distended with non-formed fecal material. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

WEIGHT

2.5 kg

The pancreas is focally prominent, hypoechoic and mottled in the left limb. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

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There is a scant amount of echogenic free fluid visualized near the apex of the urinary bladder. No significant lymphadenopathy is noted. The omentum is hyperechoic around the left limb of the pancreas and in the region of the urinary bladder.

Other

There is some irregular, thickened tissue visualized between the colon and the urinary bladder. Based on the recent ovariohysterectomy, inflammation in the region of the uterine body is suspected +/- adherence to the bladder wall.

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ULTRASONOGRAPHIC FINDINGS

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- Prominent, hypoechoic vascular caudal left limb of the pancreas – Findings are concerning for focal pancreatitis.
- Prominent gallbladder wall with a dilated/prominent proximal bile duct – The significance of this is uncertain. Recommend continued monitoring.
- Caudal abdominal inflammation, echogenic scant free fluid, and thickened tissue in the region of the uterine body.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a small triangle of echogenic free fluid visualized at the apex of the urinary bladder. There is some inflammation in this region and there is thickened, abnormal tissue visualized in the region of the urinary bladder and colon, most consistent with inflammation of the uterine body. Recommend sampling of this free fluid. If intracellular bacteria are visualized, surgical explore should be considered. The nature of these changes is not clear. This could represent significant inflammation, infection, etc.



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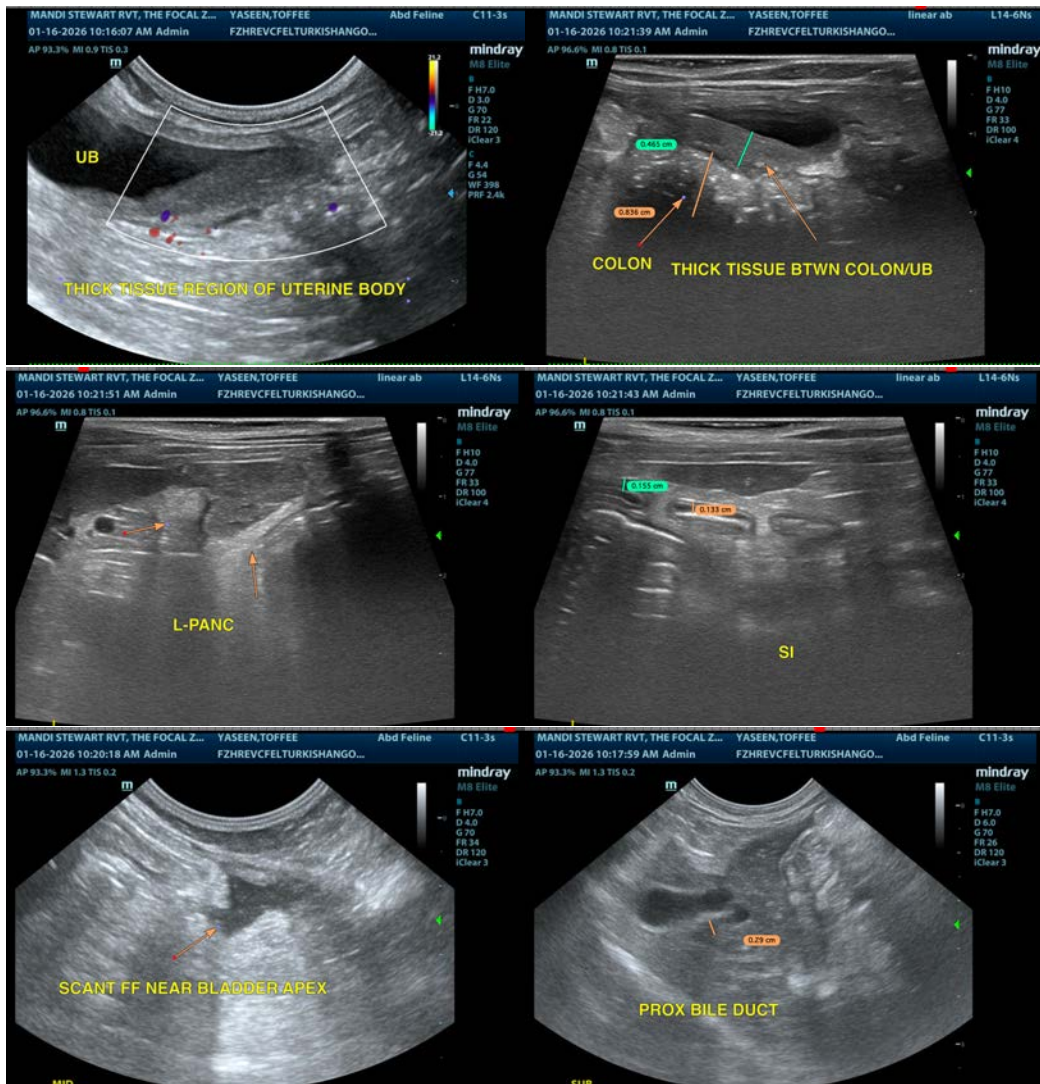
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The colon appears significantly distended with non-formed fecal material. The significance of this is uncertain.

The caudal left limb of the pancreas is focally hypoechoic, vascular and irregular. Given the PLI elevations, focal pancreatitis is suspected. Consider a fine needle aspirate of this region for further evaluation.

No significant changes were visualized associated with the GI tract. There is no evidence of an obstructive pattern. While an ingested foreign body or focal gastrointestinal lesion cannot be definitively ruled out, this is not strongly suspected.

Options at this time include continued supportive care with close monitoring, or if the patient is stable enough, re-explore to ensure there is no evidence of an abscess, inflamed tissue that needs debridement, a stump pyometra, etc. Close evaluation of the uterine body region would be warranted.





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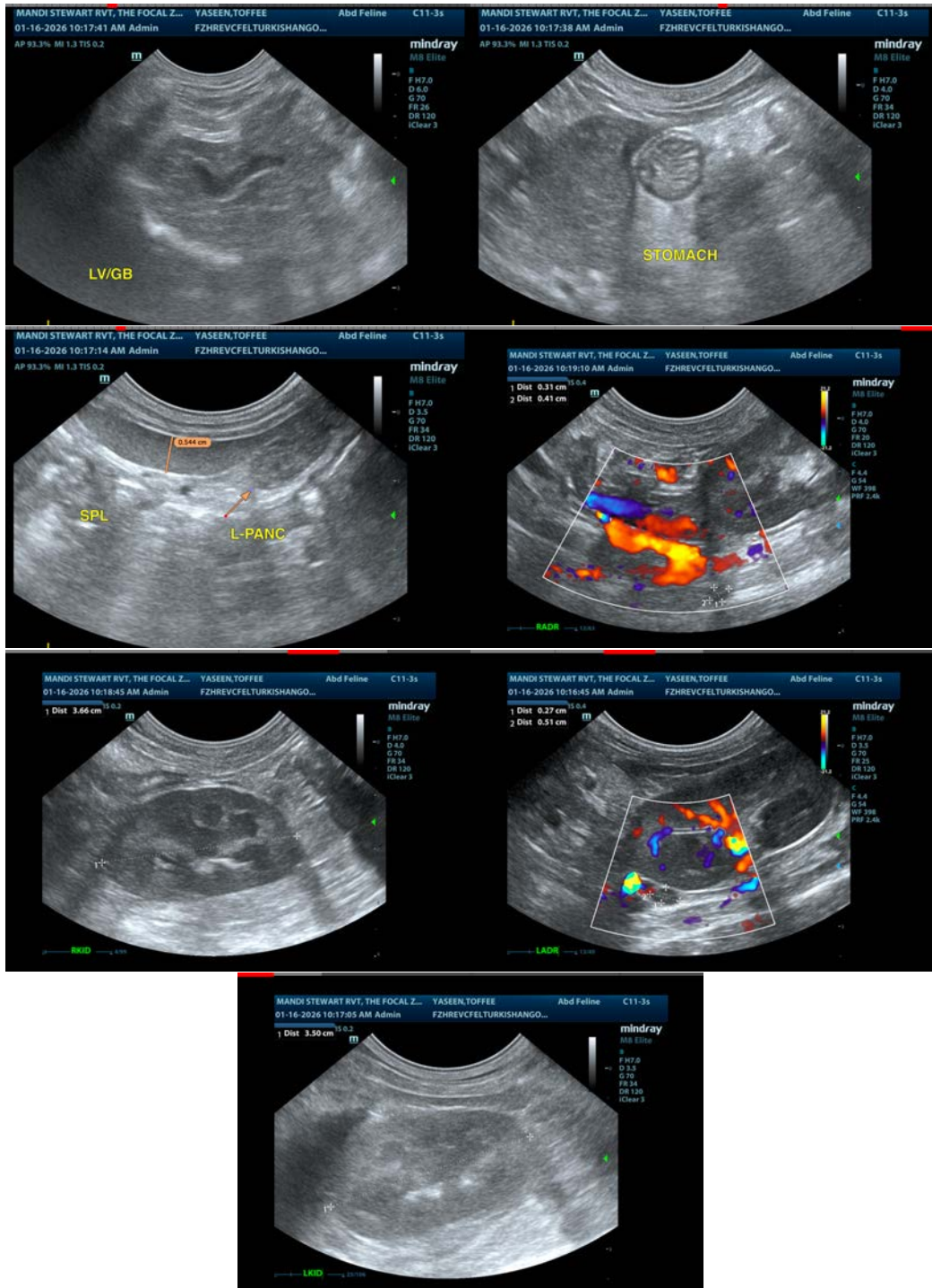
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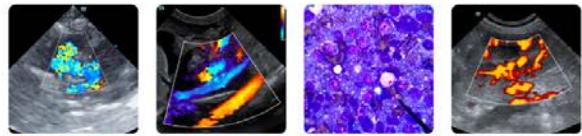
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)

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