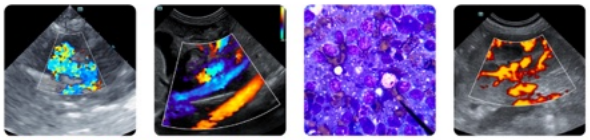


PATIENT

Mittens Ilacqua

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

8 years

WEIGHT

4.35 kg

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Patrick Hennigan, DVM

HOSPITAL NAME

Mattydale AH

REFERRING VET

Dr. Hennigan

INVOICE

69464

DATE

12/19/25

PRESENTING CLINICAL SIGNS

History: Chronic hx of constipation and needing enemas. Patient on miralax and just started Cisapride. CBC/Chem/TT4 - wnl Evaluation of abdomen to seek any underlying etiologies.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended. The bladder wall appears thin and smooth. The urine is predominantly anechoic with scant suspended echogenic material. The bladder neck and proximal urethra have a normal appearance. No uroliths or evidence of inflammatory or neoplastic changes are identified.

The left kidney is normal in shape and size, measuring 3.58×2.29 cm, with a cortical thickness of 0.35 cm in the sagittal plane. The right kidney is normal in shape and size, measuring 3.54×2.32 cm, with a cortical thickness of 0.40 cm in the sagittal plane. In both kidneys, the renal cortex is isoechoic relative to the liver parenchyma. The corticomedullary ratio is normal, and corticomedullary definition is preserved. A medullary rim sign is present bilaterally. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler evaluation demonstrates normal renal perfusion patterns.

Adrenal Glands

Both adrenal glands demonstrate normal shape and echogenicity. The left adrenal gland measures 0.27 cm at the cranial pole and 0.26 cm at the caudal pole. The right adrenal gland measures 0.29 cm at the cranial pole and 0.33 cm at the caudal pole.

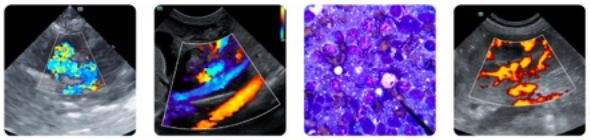
Spleen

Splenic thickness measures 0.59 cm. The splenic parenchyma demonstrates normal echogenicity and a fine, homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

Liver

The liver is subjectively normal in size, with sharp margins and a regular contour. The hepatic parenchyma is uniform and isoechoic relative to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is identified.

The gallbladder lumen is normally distended. The gallbladder wall is within normal limits. The lumen contains a moderate amount of biliary sludge, with a wall-dependent artifact noted.
The common bile duct measures up to 2.52 mm. No evidence of biliary obstruction is observed.



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Gastrointestinal

The stomach is empty and folded, with preserved wall layering and a mural thickness of up to 2.68 mm. The pylorus measures 3.30 mm.

The jejunum measures up to 2.25 mm, with normal wall layering (mucosa 0.93 mm, submucosa 0.45 mm, muscularis propria 0.27 mm). The ileum measures 1.95 mm, with preserved wall layering (mucosa 0.55 mm, submucosa 0.59 mm, muscularis propria 0.67 mm). The ileocecal junction is not clearly visualized. No evidence of obstruction, ileus, or foreign material is identified.

The colon measures approximately 0.64–0.73 mm in wall thickness and contains formed fecal material, which does not appear impacted at the time of examination.

Pancreas

The pancreas is not clearly visualized in its entirety; however, the pancreatic regions evaluated do not demonstrate ultrasonographic evidence of active inflammation.

Peritoneal Cavity

No abdominal effusion or evidence of peritonitis is identified. Cranial mesenteric and ileocecal lymph nodes are not visualized, and the surrounding mesentery appears unremarkable. The iliac trifurcation is normal.

ULTRASONOGRAPHIC FINDINGS

- Medullary rim sign in both kidneys, with otherwise preserved renal size and architecture
- Moderate biliary sludge within the gallbladder
- History-consistent colonic functional abnormality (chronic constipation), without current fecal impaction or structural colonic dilation

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Abdominal ultrasonography does not reveal a focal obstructive, neoplastic, or inflammatory lesion to account for the patient's long-standing constipation. The colon doesn't appear markedly distended at the time of examination, and fecal material is abundant but not clearly impacted, suggesting effective partial medical management rather than resolution of the underlying disorder.

The overall gastrointestinal appearance, including preserved wall layering and thickness throughout the small intestine, and the absence of regional lymphadenopathy, supports a functional colonic motility disorder rather than a primary infiltrative or mechanical cause. In this clinical context, the findings are most consistent with chronic idiopathic constipation / early functional megacolon, a common condition in cats that may progress over time despite periods of apparent improvement on medical therapy.

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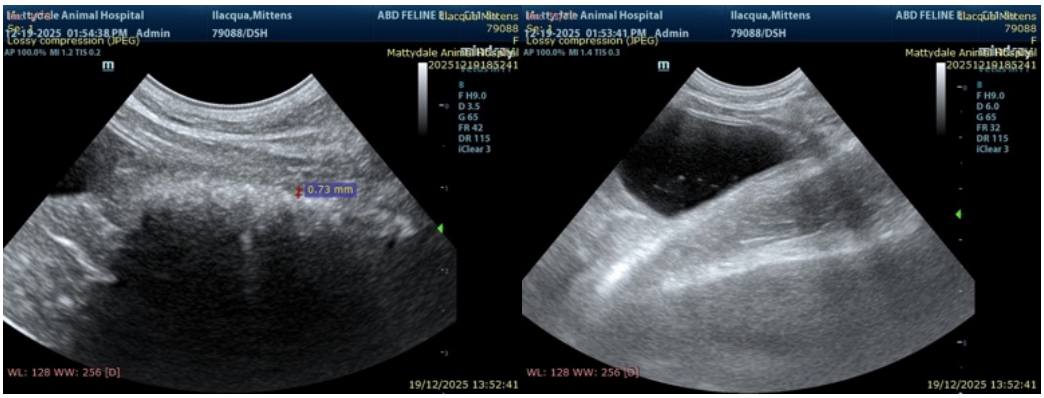
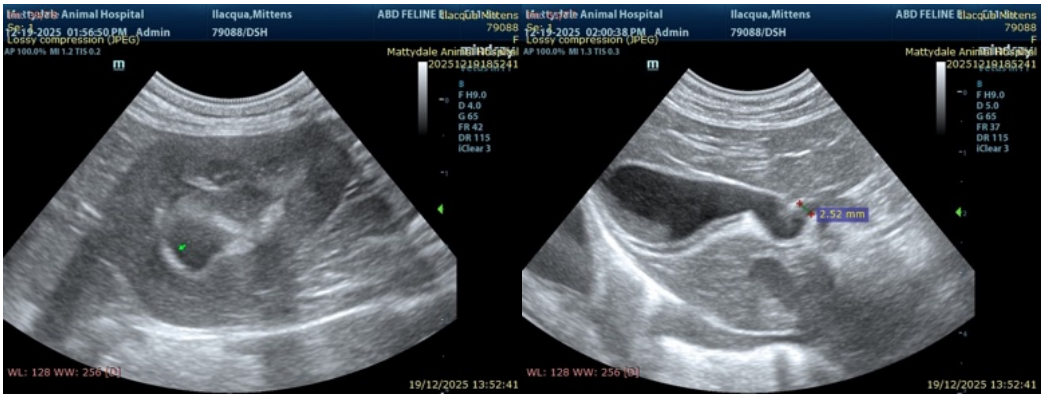
Renal findings are limited to the presence of a medullary rim sign, with preserved renal size, corticomedullary ratio, and echogenicity. In cats, this is a frequent and often incidental finding, and in the absence of azotemia or structural renal changes, it is considered unlikely to be clinically significant at this time.

The gallbladder contains a moderate amount of biliary sludge without ductal dilation or evidence of biliary obstruction. This finding is compatible with biliary stasis, which may be incidental or related to chronic gastrointestinal hypomotility and altered feeding patterns.

Recommendations

- Continuing medical management for chronic constipation.
- Clinical monitoring for progression toward megacolon, particularly if the frequency of enemas increases or response to medical therapy diminishes.





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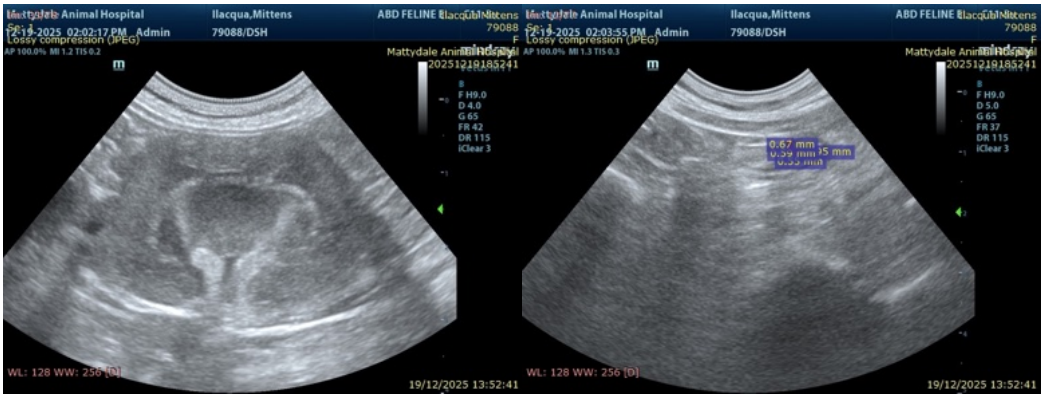

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Alicia Angosto Guerrero, DMV, PgDip, MSc.

MV Esp Ultrasound in Domestic and Wild Animals

info@SonoPath.com