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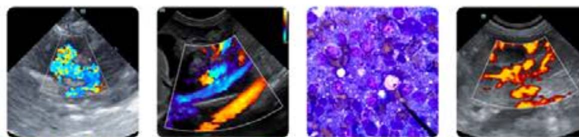


Clinical Sonography & Telecytology

Educational Teleconsultation Services™

PATIENT

Frankie McGinnis

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

16 Years 1 Month

WEIGHT

10.9 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Dr. Ryan Moreno

HOSPITAL NAME

Seven Fields Veterinary Hospital

REFERRING VET

Dr. Chelsea Pearson

INVOICE

72780

DATE

12/26/25

PRESENTING CLINICAL SIGNS

Chronic history of Constipation alongside suspect IBD with more recent constipation episodes this past Fall. Potential for Megacolon per last hospital on urgent care. Current medications include Miralax, Fortiflora, Mirtazapine (PRN), budesonide, amlodipine, and felimazole. Has a new heart murmur grade 2/6.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended, and the urinary bladder wall appears thin and smooth. The urine is anechoic. Normal appearance of the bladder neck and proximal urethra. There are no calculi and no evidence of inflammatory or neoplastic changes.

The left kidney measures 2.88×2.28 cm, with a cortical thickness of 0.34 cm in the sagittal plane. The renal cortex is slightly increased in echogenicity. The corticomedullary ratio is normal, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths, or hydronephrosis. Color Doppler shows a normal pattern.

The right kidney is normal in shape and size, measuring 4.11×2.13 cm, with a cortical thickness of 0.36 cm in the sagittal plane. The renal cortex is normal in echogenicity. The corticomedullary ratio is normal, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths, or hydronephrosis. Color Doppler shows a normal pattern.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. The left adrenal gland measures 0.20 cm at the cranial pole and 0.21 cm at the caudal pole. The right adrenal gland measures 0.24 cm at the cranial pole and 0.25 cm at the caudal pole.

Spleen

Splenic thickness is 0.88 cm. The parenchyma demonstrates normal echogenicity and a fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

Liver

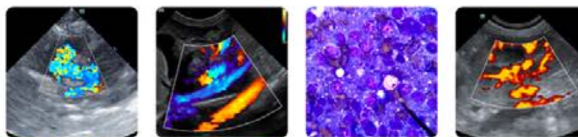
The liver is subjectively normal in size, with sharp edges and a regular contour. The liver parenchyma appears uniform and isoechoic compared to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is observed.

The gallbladder lumen is normally distended. The wall is thin, and the contents are primarily anechoic. No evident dilation of the cystic duct or common bile duct is observed.

Gastrointestinal

The stomach is empty and folded, with preserved wall layering. Gastric wall thickness and pyloric measurements could not be reliably obtained.

The duodenum measures 1.72 mm. The jejunum measures 1.76–1.89 mm (mucosa: 1.24 mm; submucosa: 0.28 mm; muscularis propria: 0.28 mm). The ileum measures 1.12 mm, with preserved wall



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layering.

The ileocecal junction was not visualized.
No signs of inflammation, ileus, or foreign material are identified.

The colon is diffusely distended and filled with a large amount of fecal material, producing marked distal acoustic shadowing. Colonic wall thickness measures approximately 0.86 mm, with preserved wall layering throughout. Only a short segment, presumed to be the proximal colon, contains minimal content and gas.

Pancreas

The pancreas could not be clearly visualized in its entirety; however, the pancreatic regions that were assessed show no evidence of inflammation.

Free Abdomen

No abdominal effusion or peritonitis is observed. Cranial mesenteric lymph nodes measure approximately 3.36 mm in thickness and have normal shape and echogenicity. Ileocecal lymph nodes are not visualized. The iliac trifurcation is normal.

PRIMARY FINDINGS

- Diffuse colonic fecal loading with severe luminal distension and distal acoustic shadowing.
- Left kidney: Small, slightly irregular, and increased renal cortical echogenicity.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

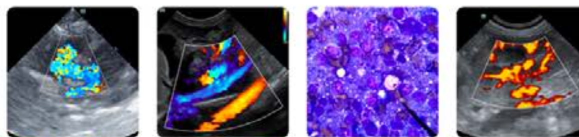
Abdominal ultrasonography reveals moderate colonic distension with fecal material throughout most of the colon, resulting in significant distal acoustic shadowing. Despite the severe fecal loading, the colonic wall thickness remains within normal limits and normal wall layering is preserved, with no evidence of focal mural thickening, obstructive mass, or loss of stratification. These findings are most consistent with chronic functional constipation, and in the context of the patient's long-standing history and prior clinical suspicion, are highly suggestive of early or developing megacolon, rather than an acute obstructive process. Only a short segment of the proximal colon contains minimal content and gas, further supporting reduced colonic motility and impaired fecal propulsion.

The small intestine appears within normal limits, with preserved wall thickness and layering, and no signs of inflammatory or infiltrative disease. The ileocecal junction was the only area not visualized.

The left kidney is reduced in size compared to the right and demonstrates mild cortical irregularity with increased cortical echogenicity. This unilateral pattern is most consistent with chronic, localized renal change and may reflect early or subclinical chronic kidney disease affecting the left kidney in this geriatric cat.

Recommendations:

- Continue and optimize medical management of chronic constipation, including osmotic laxatives, dietary modification, and prokinetic support as clinically indicated.



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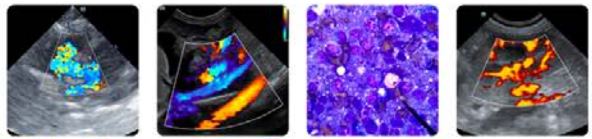
- Given the severity and chronicity of fecal accumulation, ongoing monitoring for progression to irreversible megacolon is recommended, particularly if response to medical therapy becomes inadequate.
- Serial abdominal imaging or radiography may be considered to monitor colonic diameter and fecal burden, especially if clinical signs worsen or acute obstipation recurs.
- Routine monitoring of renal parameters is advised, given mild renal cortical echogenicity changes and the patient's advanced age.



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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.

info@SonoPath.com