

**DATE PRESENTING CLINICAL SIGNS**

10/25/22

Constipation.

PATIENT

Simba Nastvogel

Current Medications: None listed.

Date of Previous IntraPet Ultrasound: 1/16/18. See attached.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

*Stool within the colon obscures portions of the abdomen.

BREED

Domestic shorthair

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is mildly distended. A small amount of suspended echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

SEX

Male, neutered

The left kidney is normal size (4.33 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

AGE

8/7/2008

WEIGHT

12..5 lbs.

The right kidney is normal size (4.31 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

INTERPRETED BY

Andrea Nicastro, DVM,
 Diplomate ACVIM
 (Small Animal Internal
 Medicine)

Adrenal Glands

The left adrenal gland is upper limits of normal in size (0.50 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is upper limits of normal in size (0.50 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

HOSPITAL NAME

Animal Clinic of
 Whiteford

Spleen

The spleen is normal in size (0.88 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. Numerous varying sized irregular hyperechoic nodules are observed throughout the organ. Splenic vasculature is normal.

REFERRING VET

Dr. Everhart

Liver

The liver is subjectively normal in size with normal contours and structure. There is 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. No pathological hepatic lymphadenopathy observed. The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

INVOICE

14146

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic

wall is normal. The colonic lumen is diffusely distended with shadowing fecal material. No obstructive disease is noted.

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen

Trace free fluid is observed. A 0.61 cm mesenteric lymph node is visualized.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Colon distended with fecal material
- Trace free fluid

Secondary Findings:

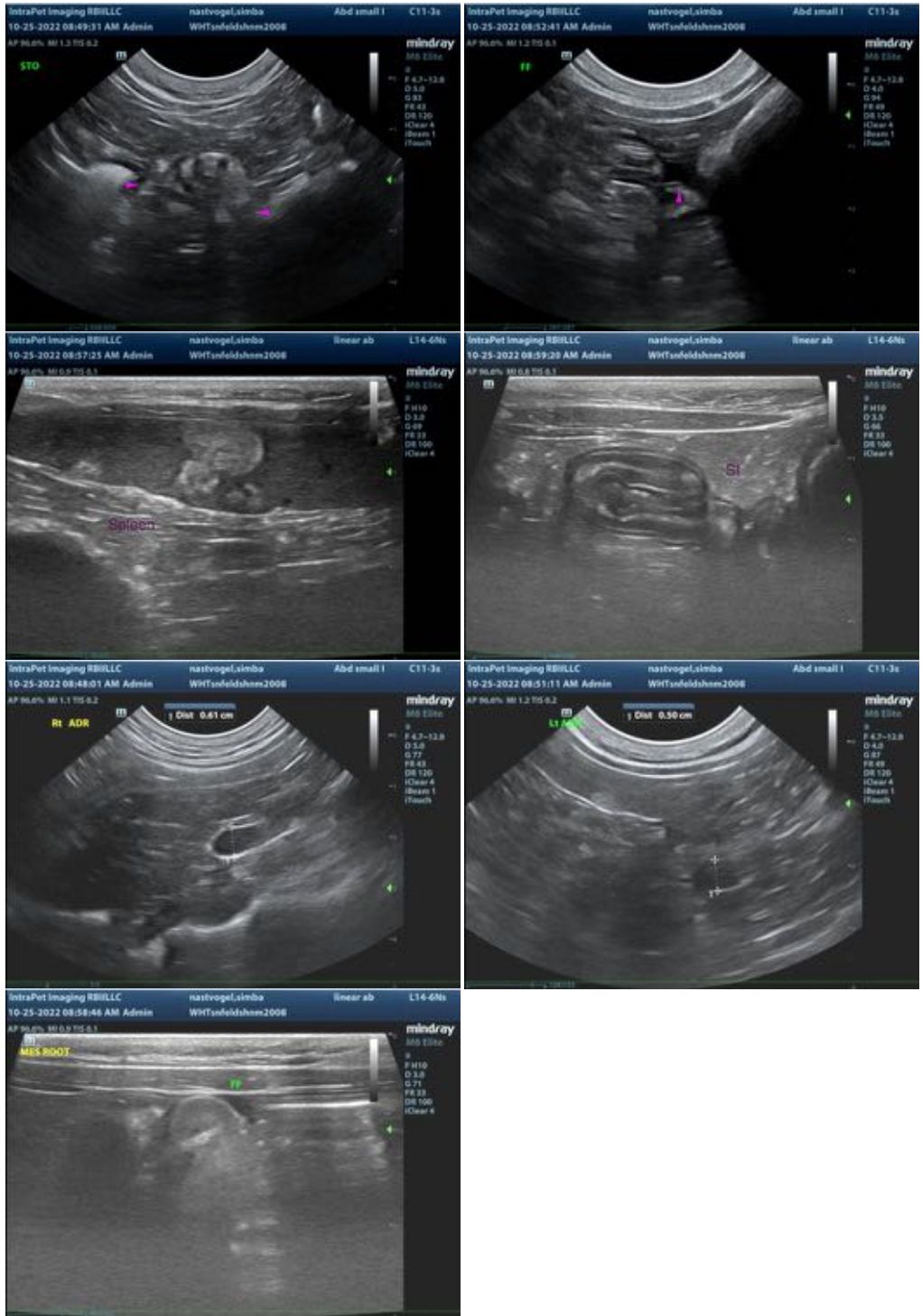
- Minor, bilateral, age-related renal changes
- The hyperechoic splenic nodules trend toward the benign (i.e., myelolipomas) with a lower possibility of emerging tumors. Changes are similar to the previous sonogram.
- The prominent mesenteric lymph node is likely reactive.

*An obvious cause for the patient's constipation is not identified in this study. Idiopathic megacolon is a primary concern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider a repeat ultrasound following deobstipation to evaluate for pathology that may have been missed due to the patient's full colon.
- If the patient does not respond to medical management of the constipation (i.e., enemas, fiber supplementation, Miralax or Lactulose +/- Cisapride), a subtotal colectomy should be considered.





The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

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