

**DATE PRESENTING CLINICAL SIGNS**

12.19.2022 Cat had no BM last week and was given enema. She has only had a very small BM this week, radiographs showed something pushing in intestines near kidney.

**PATIENT**

Phoebe Koler

Current Medications: Psyllium.  
 Date of Previous IntraPet Ultrasound: No previous.  
 Sedation: Not required to complete full diagnostic ultrasound.  
 Stat Report: Not requested.  
 Imaging Performed By: Andi Parkinson, BS, RDMS.

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****BREED**

DSH

**SEX**

Spayed Female

**AGE**

5/29/2015

**WEIGHT**

9.8 lbs

**INTERPRETED BY**

Andrea Nicastro,  
 DMV, Diplomate  
 DACVIM (Small  
 Animal  
 Internal Medicine)

**HOSPITAL NAME**

Cat Hospital Towson

**REFERRING VET**

Dr. Slaughter

**INVOICE**

11880

**Urinary System**

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 1-2 cm, are normal.

The left kidney is normal size (3.70 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (4.21 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

**Adrenal Glands**

The region of the adrenal glands is evaluated. No obvious pathology is observed.

**Spleen**

The spleen is normal in size (0.89 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

**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.

**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 ileoceocolic junction and colonic wall are normal. Shadowing fecal material is observed within the colon. There is no obvious evidence of an obstructive pattern.

### **Pancreas**

The left limb of the pancreas is normal in size with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

### **Free Abdomen**

There is no obvious evidence of free fluid. A 0.52 cm colic lymph node is visualized. Surrounding mesentery is slightly hyperechoic.

## **ULTRASONOGRAPHIC FINDINGS**

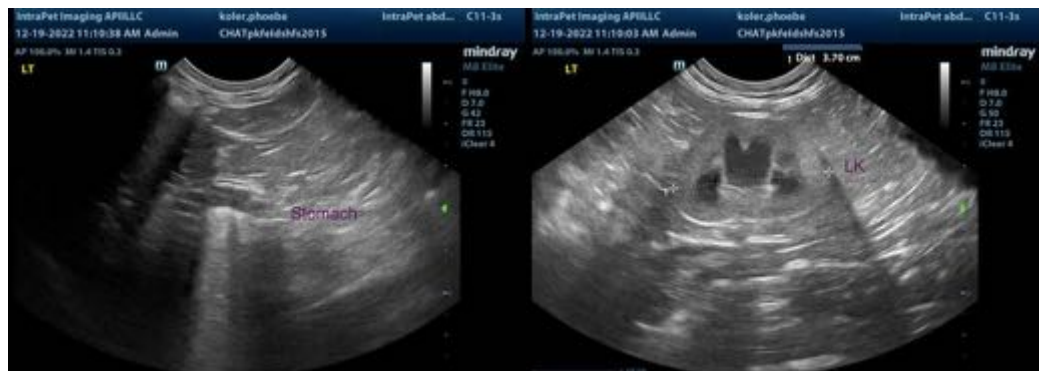
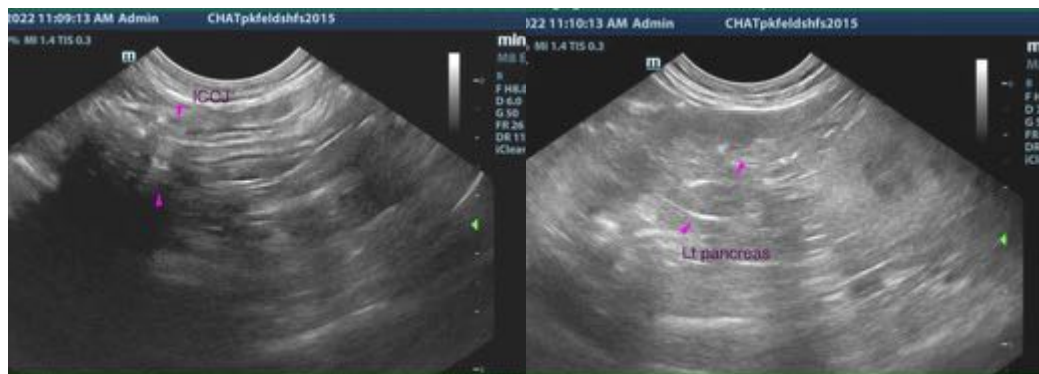
### **Primary Findings**

- The pancreatic changes are most consistent with age-related remodeling.
- The prominent colic lymph node is most likely reactive with a lower possibility of emerging neoplasia.

\*An obvious cause for the patient's constipation is not identified in this study. Considerations include underlying metabolic issue, dehydration, idiopathic megacolon, other.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Baseline lab work, including a CBC, chemistry panel, urinalysis and T4, is recommended to assess overall metabolic function.
- Continued supportive care for constipation is recommended.





**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.

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