



**PATIENT PRESENTING CLINICAL SIGNS**

Oakley Harris

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

History: Presented 2/25/22 for suspected issues urinating, going in and out of the box and posturing but not producing. Patient is FeLV+ and was treated on 2/22/22 with a convenia injection for a UTI discovered after submitting annual bloodwork. Patient has been doing well at home otherwise.

Performed radiographs and they showed a large amount of stool in the transverse and distal colon full of stool. Sent patient home and owner was monitoring. Patient returned 3/2/22 and had not used the litterbox at all on 3/1 and was being more needy than usual. Patient's abdomen was tense on palpation and there was some palpable stool. Her rectal exam did not reveal any overt masses or issues. Repeat x-rays showed continued constipation with many pieces of large stool. She passed 3 large pieces of stool after my rectal exam and 2 more pieces after an enema. Sent home rx for lactulose and miralax to be administered at home. Presented today for no defecation at home. Abdomen was less tense than yesterday and less stool as palpated, but still uncomfortable. Repeat lateral radiograph showed much less stool and smaller pieces in descending colon. A rectal exam was performed and patient defecated 3 pieces of normal size stool. Advised owner to continue miralax and lactulose pending u/s report.

**AGE**

6 years

**WEIGHT**

8.1 lbs

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is mildly distended. A small to moderate amount of suspended echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal size (3.44 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis.

The right kidney is normal size (3.53 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Goodman

**HOSPITAL NAME**

Evandale-Blue Ash Pet  
Hospital

**REFERRING VET**

Dr. Gogluizza

**Adrenal Glands**

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

**Spleen**

The spleen is normal in size (0.74 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.

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**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**



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The gastric lumen is mildly to moderately distended with ingesta. 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 segmentally dilated with fluid and chyme and appears hypomotile in some areas. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileoceccocolic junction and colonic wall are normal. The colonic lumen contains shadowing fecal material. There is no obvious evidence of an obstructive pattern.

**Pancreas**

There is no evidence of free fluid. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

**Free Abdomen**

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. Several prominent mesenteric lymph nodes are visualized, the largest measuring 2.17 cm in length.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

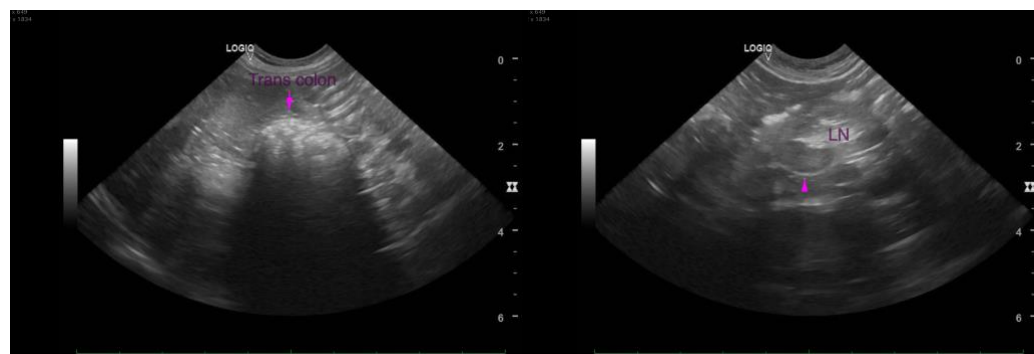
- Mild gastrointestinal ileus
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- An obvious cause for the patient's clinical signs is not identified in this study. It is unclear from the history whether the patient is exhibiting stranguria or straining to defecate, although dyschezia is favored.

**Secondary Findings**

- Urinary bladder debris

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- A CBC chemistry panel, urinalysis +/- culture and sensitivity is recommended to assess overall metabolic function and to further evaluate for a recurring urinary tract infection. If these results are unremarkable, continued empirical treatment for constipation is recommended.





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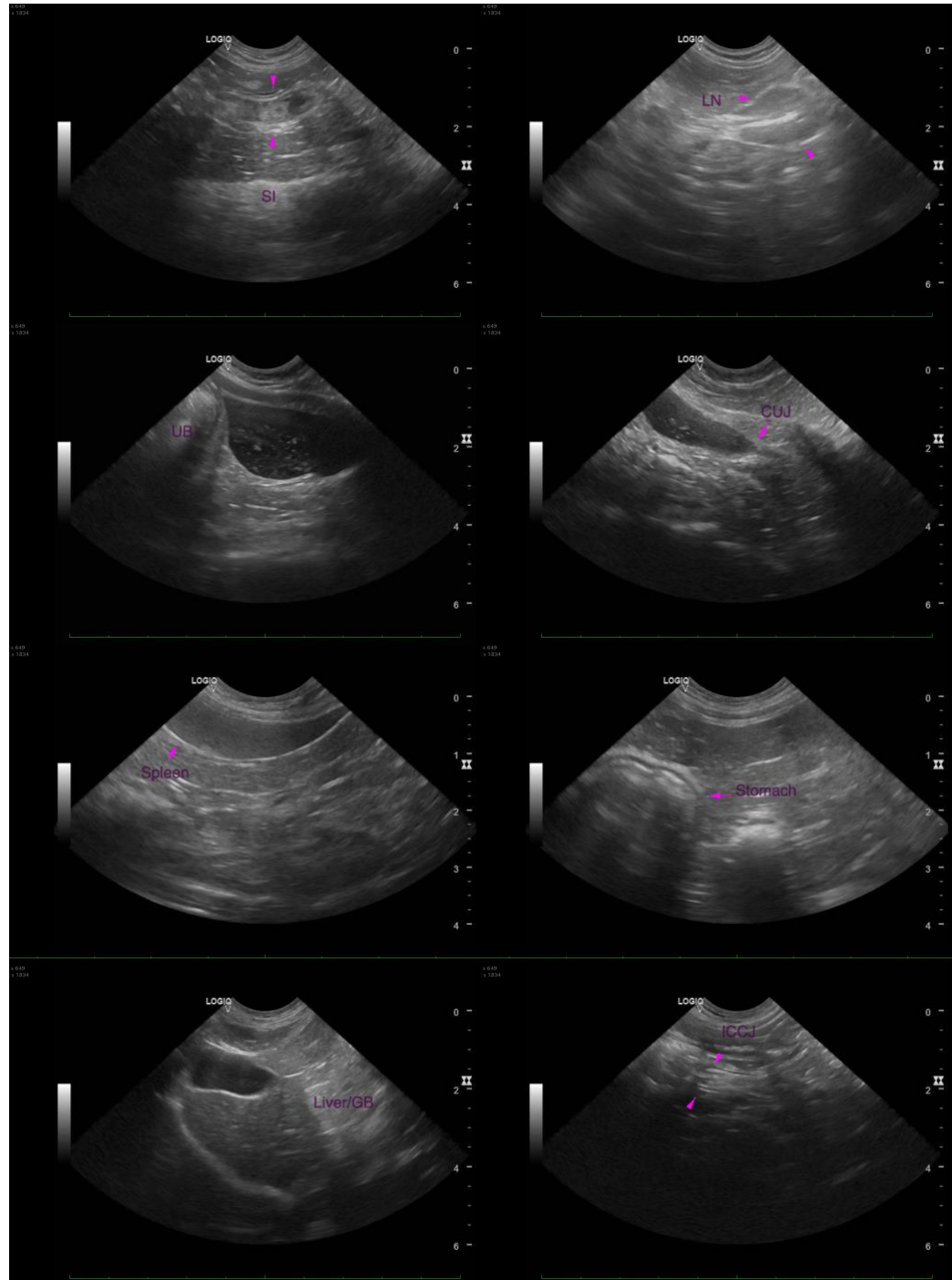
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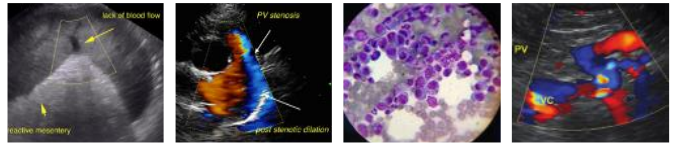
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



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