**DATE PRESENTING CLINICAL SIGNS**

8.29.2022 History of chronic constipation. Recently, stool has been softer and defecating more frequently despite no change in medication or diet. Owner also notes behavioral change (grumpier). HX of LFL amputation. Unremarkable exam aside from obesity. Lateral rad not consistent with megacolon.

PATIENT

Biscocho Anzola Current Medications: Joint supplement once daily, Miralax 1/8tsp once daily, psyllium fiber pill once to twice daily
 Lab Results: 8/24: CBC/Chem/UA/T4 unremarkable.
 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

BREED

DSH

SEX

Neutered Male

AGE

8/25/2014

WEIGHT

6.38kg

INTERPRETED BY

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

HOSPITAL NAME

Nexus Veterinary
 Specialists

REFERRING VET

Dr. Steele

INVOICE

11517

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The **urinary bladder** is normal in thickness and the mucosal surface is smooth. The bladder is mildly to moderately distended with anechoic urine. A scant amount of echogenic debris is suspended 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 1-2 cm, are normal.

The **left kidney** is normal size (3.78 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.

The **right kidney** is normal size (4.22 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.

Adrenal Glands

The **left adrenal gland** is normal size (0.43 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The region of the **right adrenal gland** is evaluated. No obvious pathology is observed.

Spleen

The **spleen** is normal in size (0.87 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 ileoceccocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

Pancreas

The left limb of the **pancreas** is visible with normal curvilinear peripheral contours. The parenchyma is slightly hypoechoic 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 evidence of free fluid. One mesenteric **lymph node** is visualized, measuring 1.62 cm in length. Surrounding mesentery is slightly hypoechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

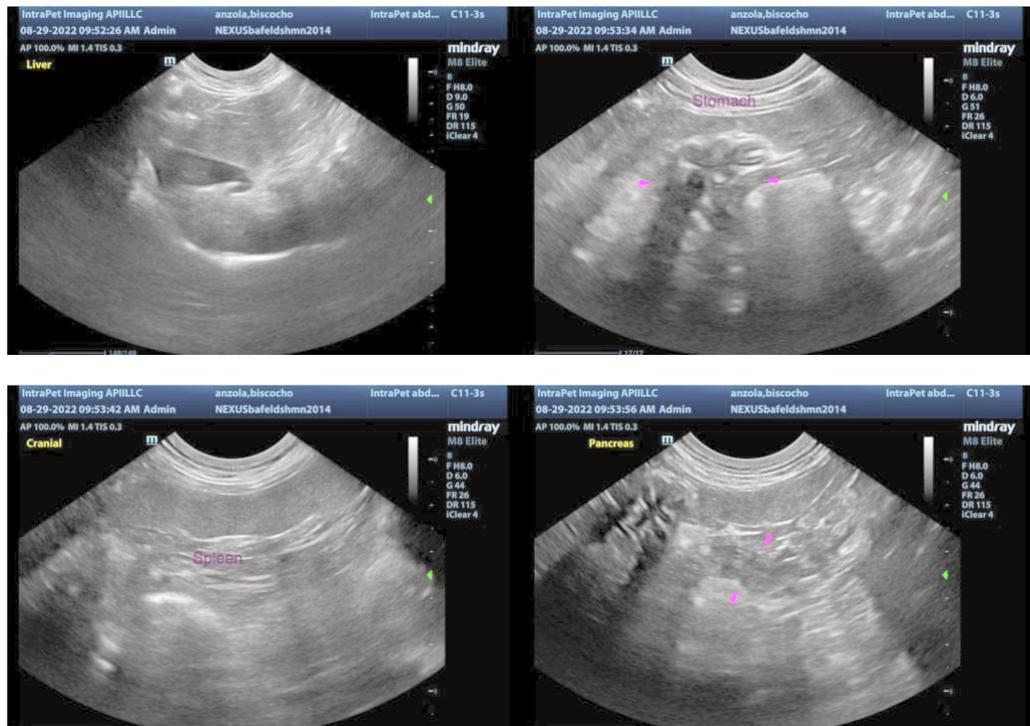
- Minor bilateral degenerative renal changes
- The prominent mesenteric lymph node is likely reactive with a lower possibility of emerging neoplasia.

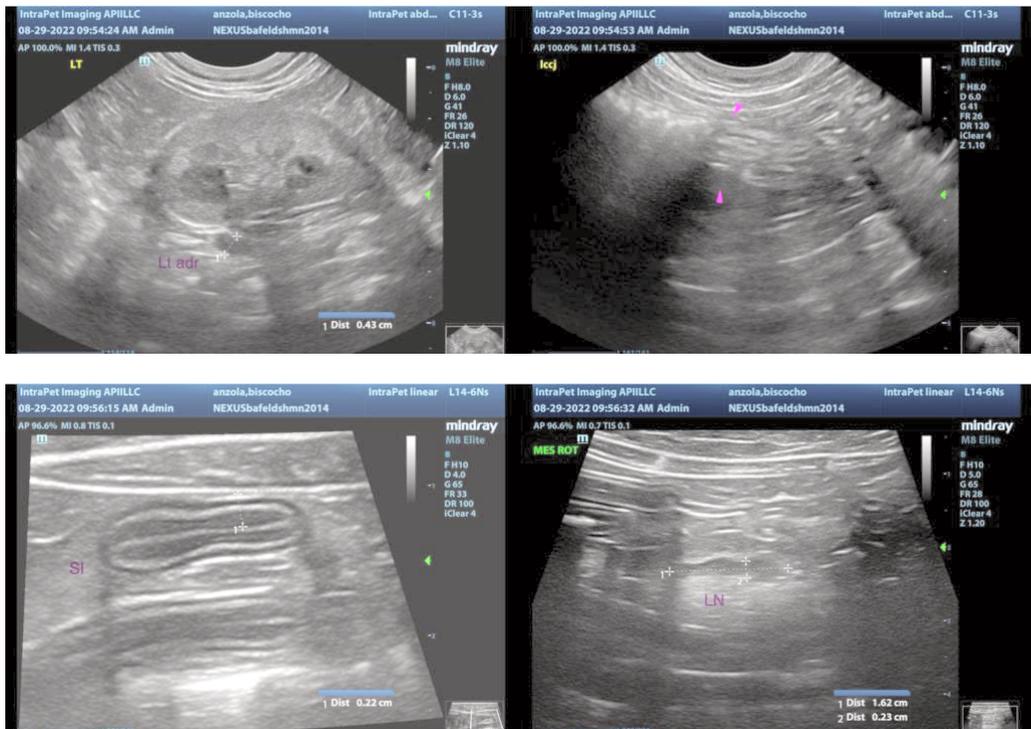
Secondary Findings

- Minor age-related pancreatic remodeling

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further diagnostic and treatment recommended are to be implemented by Dr. Cara Steele.





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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com