

**DATE PRESENTING CLINICAL SIGNS**

9/30/21 History: Bleeding from rectum started 9/18/2021. History of Constipation.
PATIENT Vomited hairball, hairball in feces. Passed dry hard stool with blood
 no palpable masses in rectal exam.

Baloo Schow

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

2009

WEIGHT

13.4 Pounds

INTERPRETED BY

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

HOSPITAL NAME

Jacksonville VH

REFERRING VET

Dr. Burk

INVOICE

13385

Current Medications: LRS SQ fluids, Convenia injection 9/22/21,
 Royal canin GI food, Miralax 1/8-1/4 tsp SID.

Lab Results: HCT 31.1, Retic 61.6, Platelets 171k (normal),
 GHP amylase >2500 otherwise normal.

Radiographs: gas, ingesta and radiodense material in stomach. feces and gas in colon.

Date of Previous IntraPet Ultrasound: No previous

Sedation: not needed

Stat Report: not requested

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 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 2 cm, are normal.

The left kidney is normal size (4.23 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. Trace pyelectasia is present, measuring 0.16 cm in the longitudinal plane. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (4.25 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The region of the left adrenal gland is evaluated and no obvious pathology is observed.

The right adrenal gland is normal size (0.35 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.68 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 curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen with minor changes consistent with age-related remodeling. No focal

lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is mildly distended. The wall is normal in thickness. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly fluid 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. No obstructive disease is noted.

Pancreas

The right limb of the pancreas is visible 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, measuring 0.16 cm in diameter. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

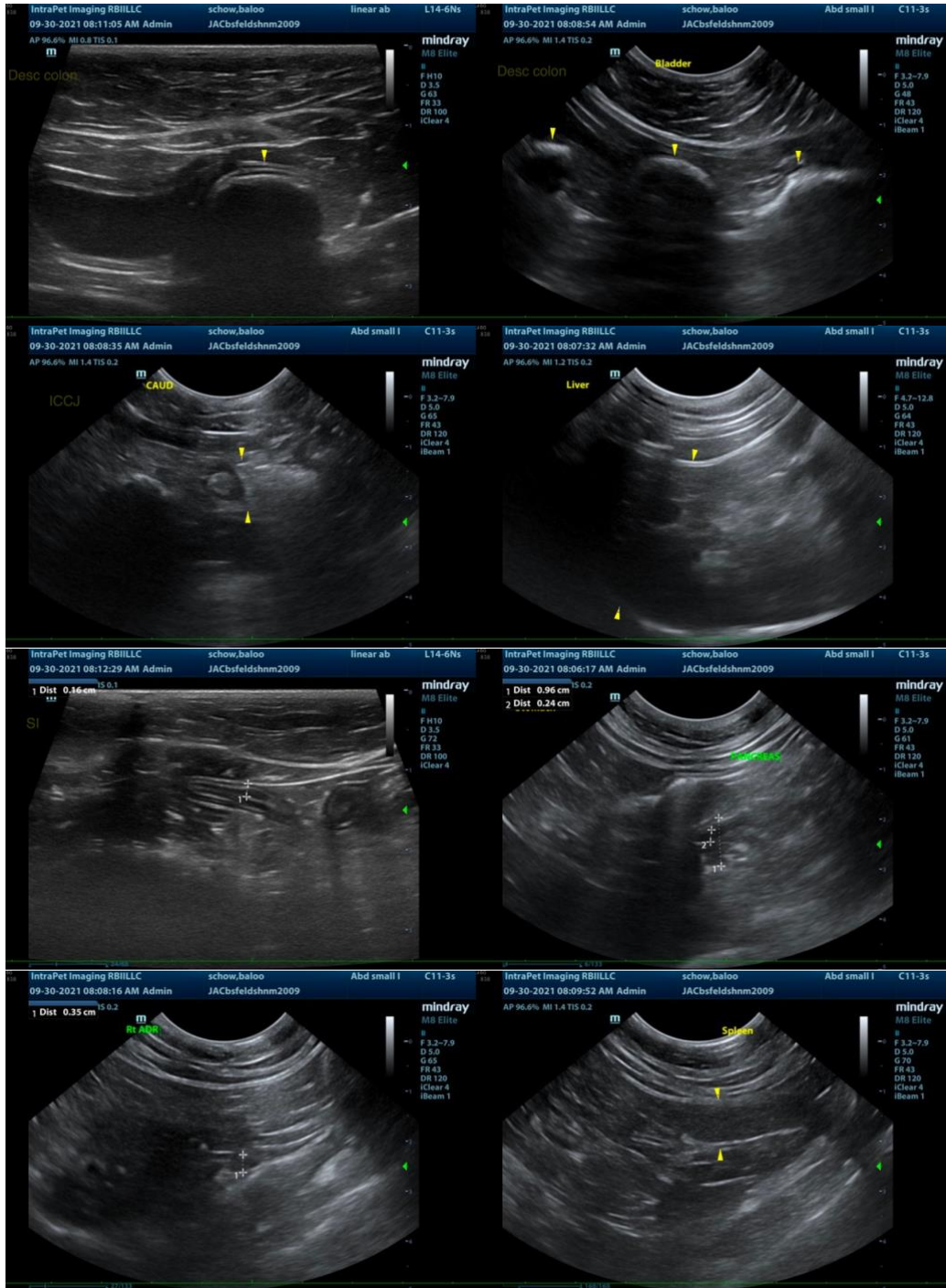
ULTRASONOGRAPHIC FINDINGS

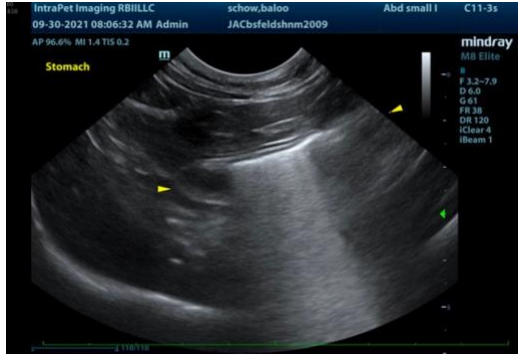
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- The hepatic changes are consistent with age-related parenchymal remodeling and are not considered clinically significant at this time.
- The trace pyelectasia in the left kidney may be secondary to age-related remodeling or pyelonephritis, correlation with clinical findings is recommended.

*An obvious cause for the patients' clinical signs is not identified in the study. Considerations include hard/abrasive stool due to trichobezoar, small colonic mucosal polyp or mass, GI parasitism, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- If clinical signs persist, a colonoscopy may be warranted. In the meantime, consider a fecal evaluation for ova and giardia.
- Three-view thoracic radiographs should be performed prior to anesthesia.





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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