

**PATIENT PRESENTING CLINICAL SIGNS**

Halo Olson

History: Constipation issues began in summer of 2019 and have worsened to the point of triple treatment with MiraLAX, Cisapride, and Lactulose, with an enema every few weeks or so. Patient goes about 48 hours between bowel movements. Current Medications: MiraLAX 1/4 to 1/2 teaspoon q 24 hrs Lactulose 1 mL BID, Cisapride [10mg/mL] compounded solution; 2.5mL TID No lab work performed within last year.

**SPECIES**

Feline

Abnormal PE/Chem/CBC/UA Results: No recent radiographs (5/2021) - colon full; many fecal balls in descending colon; no other abnormal findings.

**BREED**

Siamese Mix

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*Urinary System*

**SEX**

Female spayed

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is mildly distended. Luminal contents are mostly anechoic. 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.

**AGE**

2017

The left kidney is normal size (3.28 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. Pinpoint hyperechoic cortical foci are visualized. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**WEIGHT**

The right kidney is normal size (3.50 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. Pinpoint hyperechoic cortical foci are visualized. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**INTERPRETED BY**

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

*Adrenal Glands*

The left adrenal gland is normal size (0.78 cm length; 0.22 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.58 cm length; 0.29 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**IMAGING PERFORMED BY**

Amanda Crook, SDEP  
Certified Clinical  
Sonographer

*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. A few small hyperechoic nodules are observed throughout the organ. Splenic vasculature is normal.

**HOSPITAL NAME**

Rivers Edge Pet  
Medical Center

*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 mildly distended. The wall is normal in thickness. A small amount of aggregated echogenic partially dependent debris is observed within the lumen. The cystic and common bile ducts are normal.

**REFERRING VET**

Dr. Fulton

**INVOICE**

12037

*Gastrointestinal*

**DATE**

9/7/21



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The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is minimally 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 ileocecal colic junction and colonic wall are normal. The colonic lumen is mostly gas distended. 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 (0.13 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. A few prominent lymph nodes are observed adjacent to the ileocecal colic junction, the largest measuring 0.99 cm in length.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings:**

- An obvious cause for the patient's constipation is not identified in this study. An underlying metabolic issue or idiopathic megacolon are considerations.

**Secondary Findings:**

- Bilateral chronic renal changes with dystrophic mineralization.
- The hyperechoic lesions adjacent to the splenic vessels are most consistent with myelolipomas. Although a neoplastic process within the spleen cannot be excluded, it is considered unlikely in this patient.
- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Baseline labwork including a CBC chemistry panel and urinalysis is recommended to assess the patient's metabolic function. If lab results are unremarkable and the patient continues to have constipation issues despite current medical therapies, referral to a board-certified veterinary surgeon can be considered to discuss a subtotal colectomy.

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Medicine)

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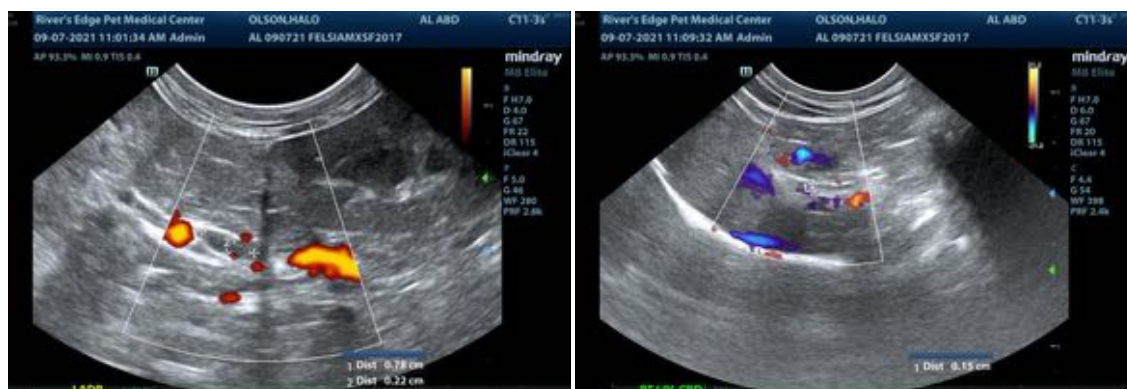
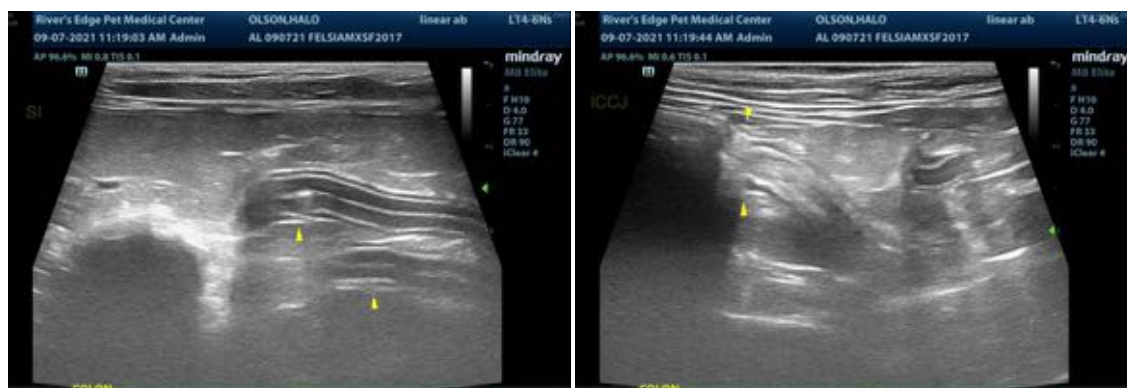
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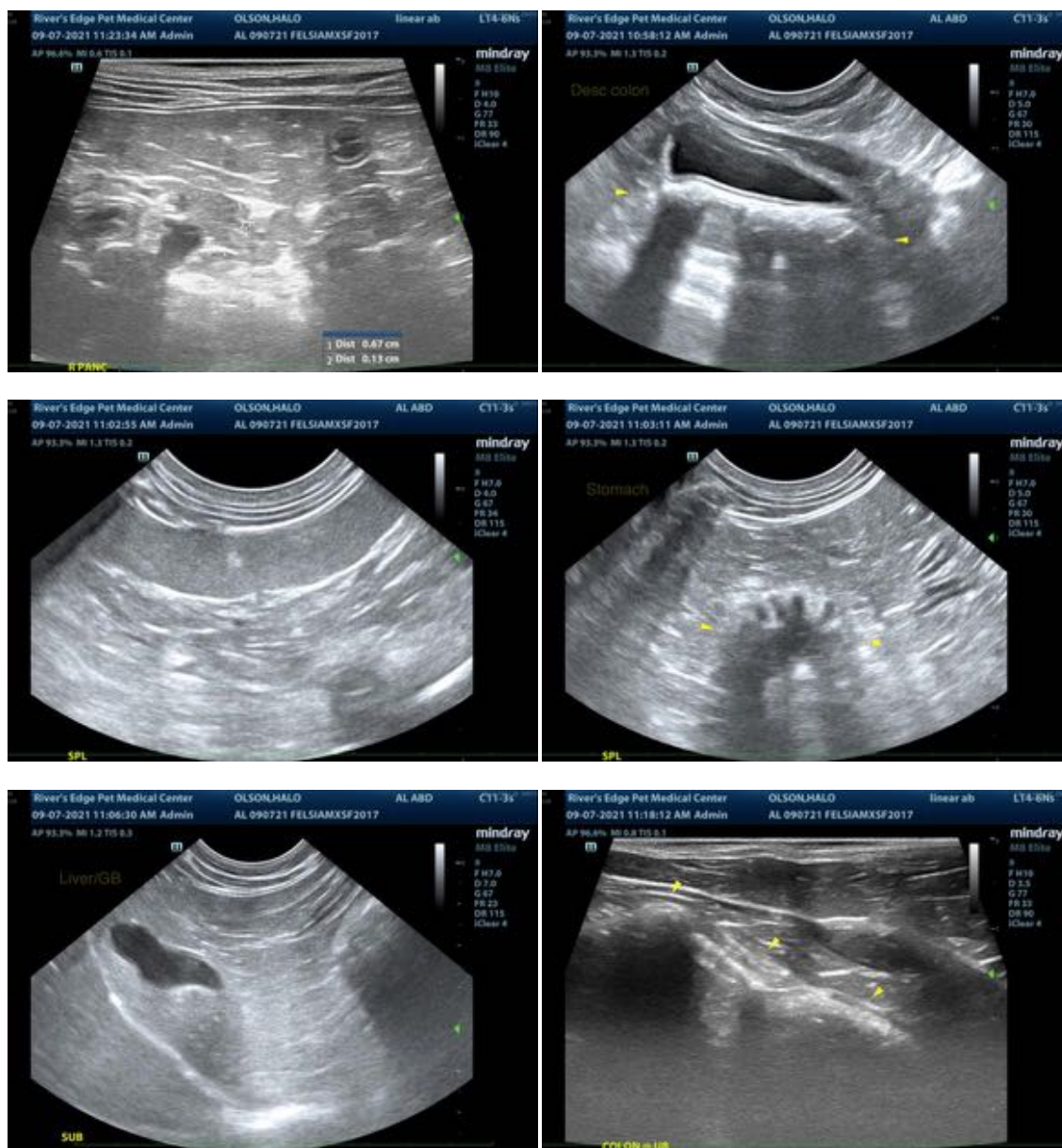
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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