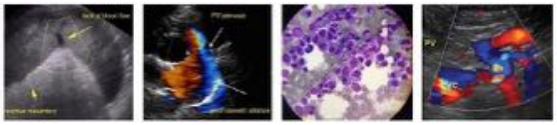


PATIENT

McGee Sweeney

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

AGE

11 Yrs.

WEIGHT

3.3 kg.

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Buck AH

REFERRING VET

Dr. Sommers/Galbraith

INVOICE

11916

DATE

8/19/21

PRESENTING CLINICAL SIGNS

History: Saw July 12 for no BM for 2 days. Colon was full and distended. Had an enema. Recently started Felimazole for hyperthyroid condition and the constipation seemed to start then. Aug 3rd returned, not acting like herself and was constipated again, mildly dehydrated. Gave SubCu fluids and sent Restoralax. Stopped Felimazole. Seen again Aug 7th for enema and xrays, large amount of stool removed. Seen for another enema on Aug 11. Current meds Lactulose, Buprenorphine and Cisapride. Abnormal PE/Chem/CBC/UA Results: CBC WNL in July. ALT 173. Hyperthyroid. USG 1.043. Trace proteinuria with inactive sediment. Last rads showed fair amount of stool in colon but not distended.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended. The wall is of appropriate thickness for the level of repletion. A small amount of echogenic debris is suspended within the lumen. No cystic calculi are observed. The region of the trigone is normal.

The left kidney is subjectively normal with a 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 hydroureter. Renal vasculature is normal.

The right kidney is normal size (3.39 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 hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.31 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

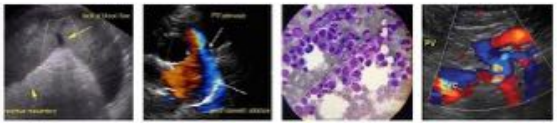
The spleen is normal in size (0.82 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

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



PATIENT

McGee Sweeney

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

AGE

11 Yrs.

WEIGHT

3.3 kg.

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Buck AH

REFERRING VET

Dr. Sommers/Galbraith

INVOICE

11916

DATE

8/19/21

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. No obstructive disease is noted.

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen

There is no evidence of free fluid. At least 2 prominent lymph nodes are observed adjacent to the ileocecal colic junction, the larger measuring 0.90 cm in length. Surrounding mesentery is mildly hyperechoic.

ULTRASONOGRAPHIC FINDINGS

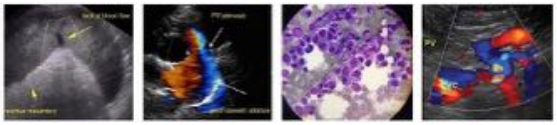
- The prominent mid-abdominal lymph nodes are likely reactive with a low possibility of infiltrative neoplasia.
- Minor age-related renal pathology.

*An obvious cause for the patient's recurring constipation is not identified in this study. Idiopathic megacolon, however, is a consideration.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider switching from Lactulose to Mirolax and initiating a high fiber diet, if not already doing so.
- Increasing the patient's water consumption +/- occasional subcutaneous fluid therapy may also be of benefit.
- Ultimately, if medical therapy fails, a subtotal colectomy may be warranted.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 infoethefocalzone.com

PATIENT

McGee Sweeney

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

AGE

11 Yrs.

WEIGHT

3.3 kg.

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Buck AH

REFERRING VET

Dr. Sommers/Galbraith

INVOICE

11916

DATE

8/19/21

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.

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

Andrea.nicastro@sonopath.com