

**PATIENT**

Oliver Robinson

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

13 Years

WEIGHT

6.14 Pounds

INTERPRETED BYBeth Johnson, DVM
DACVIM**IMAGING PERFORMED BY**

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Dr. Andrews

INVOICE

44957

DATE

2/8/23

PRESENTING CLINICAL SIGNS

Has been having d+ for a while now and owner says it looks like melted ice cream and every 2-3 days he will see blood in the stool, drinking fine, is eating but not his full amount Christian Robinson called and said that Oliver is eating and drinking less, is urinating, seems painful when he has a bm, stools are soft and bloody. this has been going on for the past 8-12 months.

Abnormal PE/Chem/CBC/UA Results: Feline senior panel revealed normal CBC and chemistries. UA revealed significant hematuria but cystocentesis sample. UA changes likely secondary to cysto sample

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder is moderately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or calculi are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Kidneys are bilaterally small, irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. There is no pyelectasia noted. A non-obstructive nephrolith is noted in the left kidney. The left kidney measures 2.97 cm. Several chronic infarcts are noted in the right kidney. The right kidney measures 3.22 cm.

Adrenal Glands

The right adrenal gland is normal in size (0.47 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.41 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

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The visible colon is normal in wall thickness (< 0.2 cm) and layering. It is subjectively overdilated with firm stool.

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Pancreas

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The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

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Free Abdomen

There is a scant amount of anechoic free fluid noted in the caudal abdomen.

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The mesenteric lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

ULTRASONOGRAPHIC FINDINGS

AGE

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- **Chronic Kidney Disease with a non-obstructive nephrolith in the left kidney and chronic infarcts in the right kidney** – This appearance of the kidneys is consistent with chronic kidney disease such as chronic glomerular or interstitial nephritis, chronic pyelonephritis, etc.
- **Subjectively overdilated colon with firm stool** – concerning for possible constipation.
- **Reactive mesenteric lymph nodes** – infiltrative neoplastic disease cannot be ruled out but is considered less likely.

WEIGHT

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Beth Johnson, DVM
DACVIM

The reported soft stool and straining to defecate, with occasional blood in the stool, may all be secondary to constipation with only occasional soft stool able to be passed around firmer stool. Constipation confirmation is recommended with abdominal radiographs as well as abdominal palpation, etc., which are more sensitive than ultrasound.

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Additionally, given that occasionally there is soft stool, further evaluation of digestion and absorption is recommended with a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory.

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If clinically the constipation is believed to be playing a role, then fluid support/hydration, possibly an enema, stool softeners, etc. are recommended to help alleviate the problem. If however constipation is not confirmed and the true clinical presentation is diarrhea, additional diagnostic recommendations include a fecal exam if not recently evaluated, as well as a fecal enteropathogen PCR panel to Texas A&M GI Laboratory.

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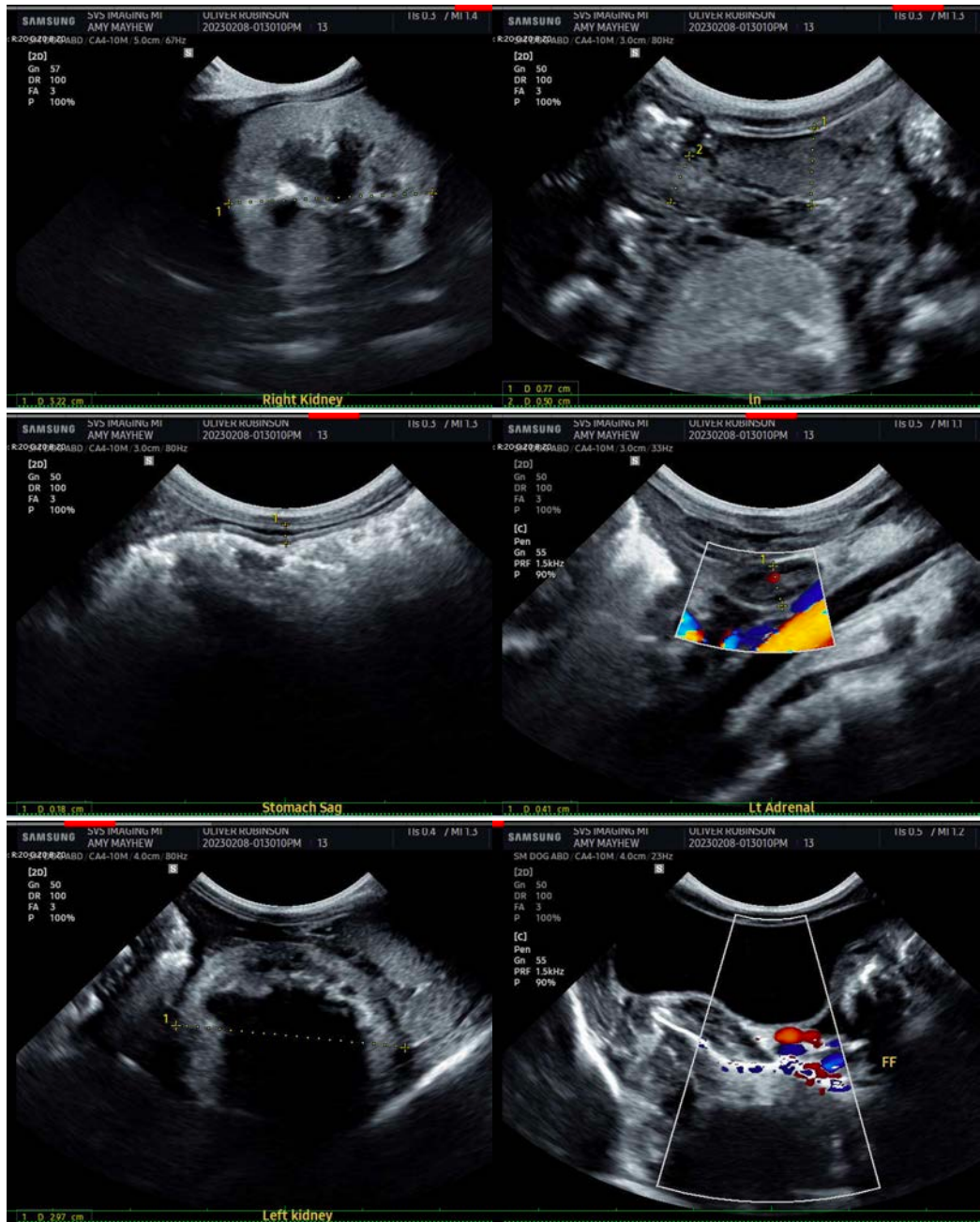
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM, DACVIM
Beth.Johnson@sonopath.com