



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Lucie Halfway Home	History of possible fb initial rads showed constipation (severe) constipation resolved r/o residual fb Current meds Metro Unasyn Lactulose
<b>SPECIES</b>	Abnormal PE/Chem/CBC/UA Results: none
Feline	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
<b>BREED</b>	<b>Urinary System</b>
DSH	Urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.
<b>SEX</b>	Left kidney is normal in size (3.7 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.
Spayed Female	Right kidney is normal in size (4.16 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.
<b>AGE</b>	<b>Adrenal Glands</b>
9 Months	The area of the adrenal glands is examined without evident adrenal pathology.
<b>WEIGHT</b>	<b>Spleen</b>
7.3	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.
<b>INTERPRETED BY</b>	<b>Liver</b>
Beth Johnson, DVM DACVIM	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.
<b>IMAGING PERFORMED BY</b>	<b>Gastrointestinal</b>
Jenn	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.
<b>HOSPITAL NAME</b>	<b>Referring Vet</b>
Rockaway AH	The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.
<b>REFERRING VET</b>	<b>Invoice</b>
Dr. Gannon	The visible small intestines are normal in wall thickness and layering. 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.
<b>INVOICE</b>	<b>Date</b>
21503	The visible colon is moderately subjectively overdistended with heterogenous echogenic granular luminal contents, most consistent with soft stool and fluid, potentially secondary to the enema.
<b>DATE</b>	
3/7/23	



**PATIENT**

Lucie Halfway Home

Foreign material can't be ruled out but the only dilated bowel loop is the colon, so if there is foreign material, it has made it to the colon.

**Pancreas**

**SPECIES**

Feline

The observed pancreas appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

**BREED**

DSH

**Free Abdomen**

There is no evidence of peritoneal effusion.

**SEX**

Spayed Female

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. This is a normal anatomic variant in a kitten.

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

9 Months

- Subjectively moderately distended colon with soft stool and liquid. Foreign material can't be ruled out in the colon, but isn't considered likely, and there is no small bowel or gastric obstructive pattern to suggest foreign body elsewhere.

**WEIGHT**

7.3

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

If this patient's clinical signs are improving, then continued medical management of the previously reported constipation is recommended.

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

Additionally, empirical deworming with a 5-day course of Panacur is recommended.

**IMAGING PERFORMED BY**

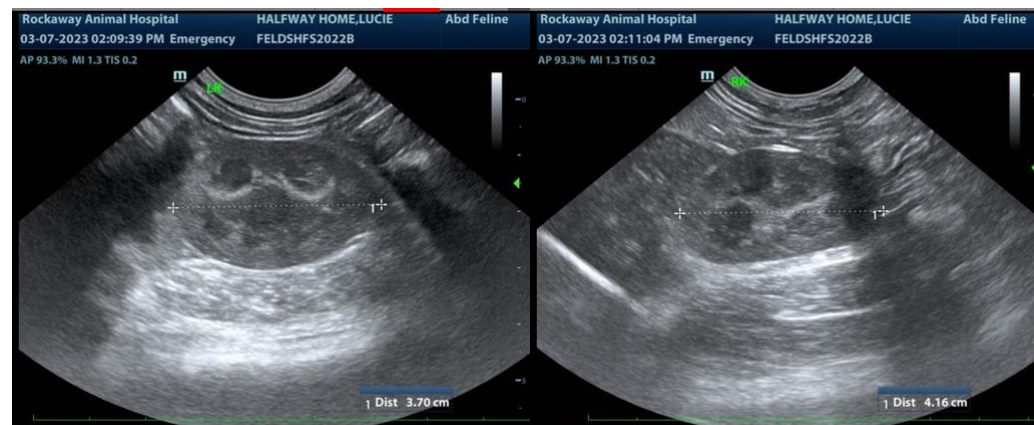
Jenn

If, however, clinical signs are still present, and those clinical signs are consistent with constipation, then a repeat enema or even sedated or anesthetized deobstipation may be warranted.

Additionally, fiber additives to the diet or transition to a fiber responsive colitis diet, if tolerated, is recommended.

**HOSPITAL NAME**

Rockway AH



**REFERRING VET**

Dr. Gannon

**INVOICE**

21503

**DATE**

3/7/23



**PATIENT**

Lucie Halfway Home

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

9 Months

**WEIGHT**

7.3

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Jenn

**HOSPITAL NAME**

Rockway AH

**REFERRING VET**

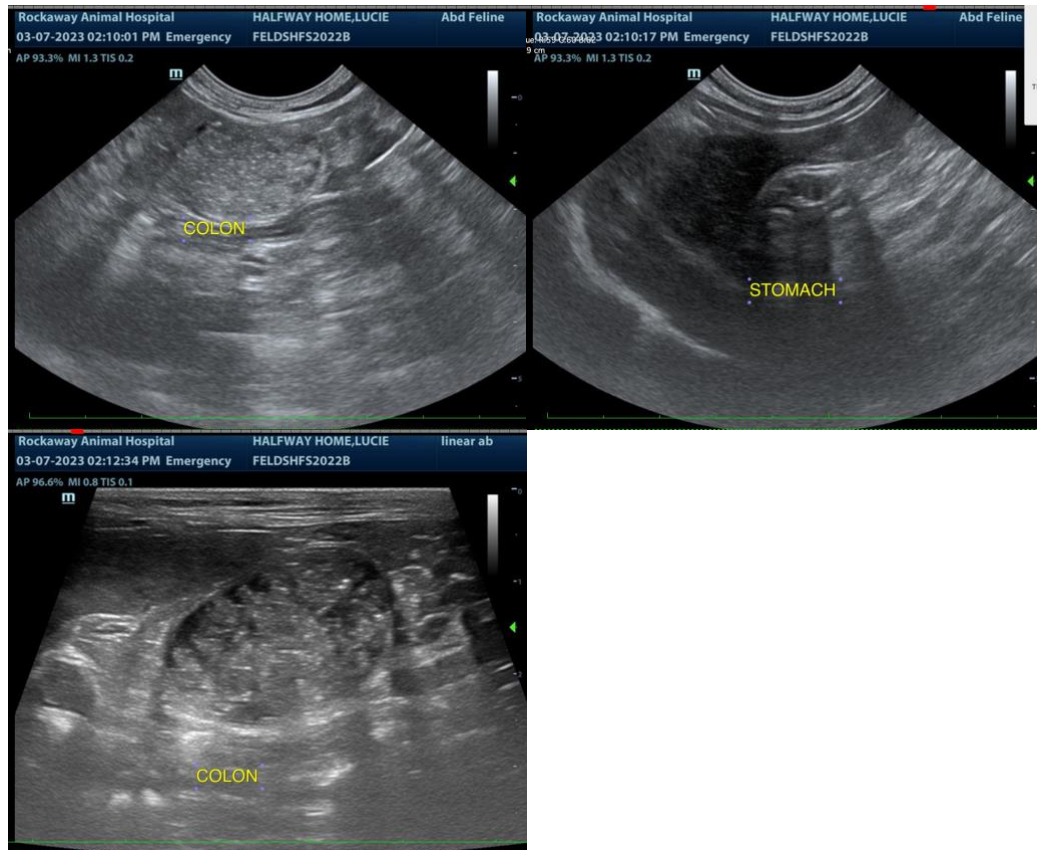
Dr. Gannon

**INVOICE**

21503

**DATE**

3/7/23



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.

**Beth Johnson, DVM DACVIM**

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