



**PATIENT**

Bella Astrue

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

14 Years

**WEIGHT**

8.7 Lbs.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Sarah Green

**HOSPITAL NAME**

Healing Spirit AH

**REFERRING VET**

Sarah Green

**INVOICE**

13153

**DATE**

12/26/21

**PRESENTING CLINICAL SIGNS**

History: Presented due to tenesmus, recent hyporexia. Rectal stricture palpated on exam 2 months ago, had been defecating normally since then with the use of a stool softener. Prior history of pica, none observed recently.

Abnormal PE/Chem/CBC/UA Results: Soft unformed feces in colon. Previously described stricture palpated approximately 4 cm orad to the anus, small amount of frank blood associated with palpation.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Multifocal cortical infarcts and mineralization were noted in both kidneys. The right kidney measured 2.8 cm. The left kidney measured 2.8 cm.

**Adrenal Glands**

The regions of the **adrenal glands** revealed no evident pathology.

**Spleen**

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

**Liver**

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

**Gastrointestinal**

The **upper gastrointestinal tract** was unremarkable. The colon in this patient revealed concentric thickening just caudal to the cystourethral junction, serosa to serosa measured approximately 1.0 cm. However, concentric thickening of the submucosal layer was noted. appeared to be tapering cranially and caudally. Neoplastic criteria not met. Prior to the stricture, hypertrophied muscularis noted.



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**Pancreas**

Bella Astrue

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

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**ULTRASONOGRAPHIC FINDINGS**

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DSH

- Colonic stricture. Chronic colitis pattern. Minor potential for emerging colonic neoplasia/carcinoma
- Moderate degenerative renal changes with cortical infarcts and remodeling

**SEX**

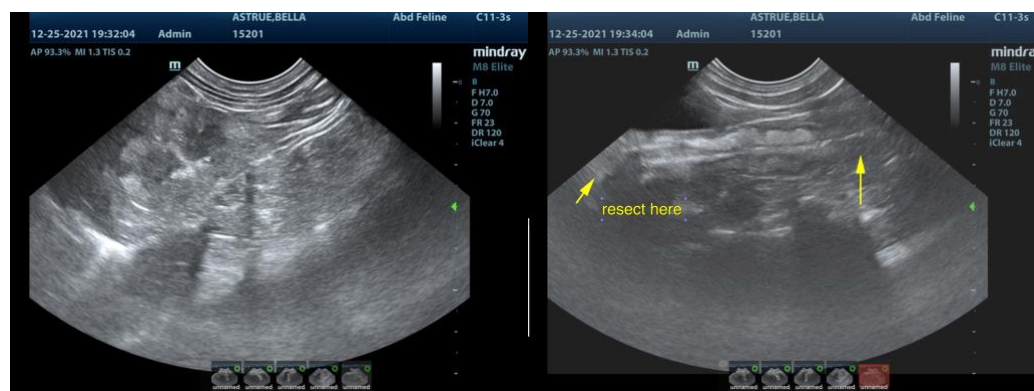
Spayed Female

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Subtotal colectomy recommended in this patient. Resection of approximately 5 cm of the descending colon recommended.

**AGE**

14 Years

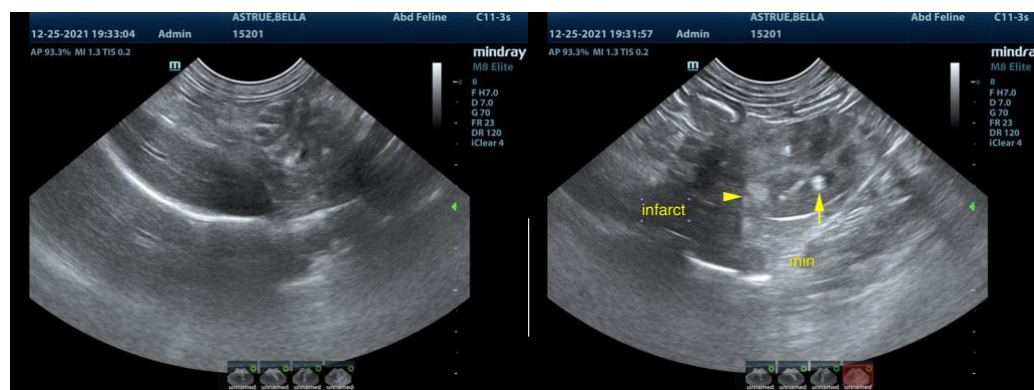


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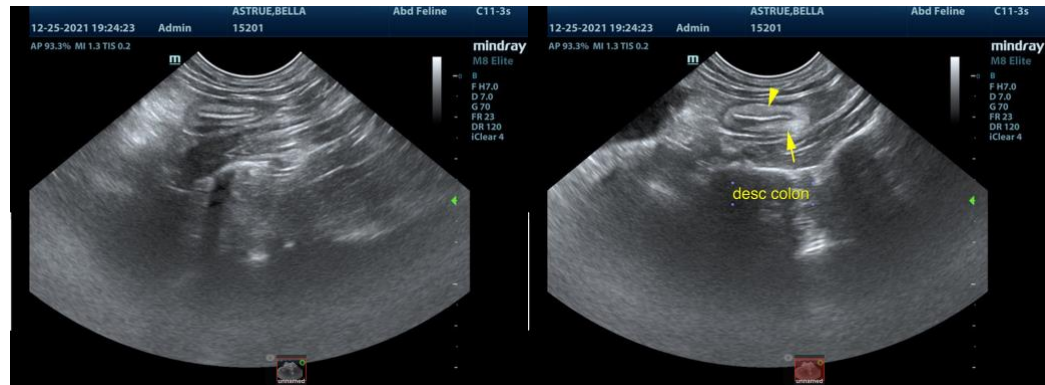
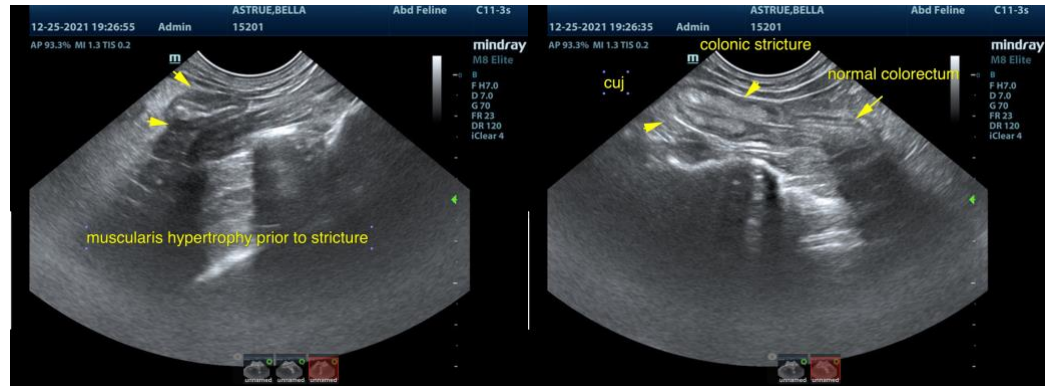
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**IMAGING PERFORMED BY**

Sarah Green

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.

**HOSPITAL NAME**

Healing Spirit AH

**Eric Lindquist**, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
info@SonoPath.com

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