



PATIENT PRESENTING CLINICAL SIGNS

Pepper Weilandt

History: Anorexic x 5 days, Constipation, Megacolon, Has received a couple enemas , passed some stool and was on IV fluids at 24 hour ER facility over the weekend. Still dehydrated now. Still Not eating well, Received Convenia injection on Sat, .Started Zeniquin yesterday , On Cisapride, Miralac, Mirataz WBC 27,170 /uL, Glucose 166 mg/dL , ALT 191 U/L , Tbili 0.6 ug/dL BW from 03/25 UA sample obtained today- submitted.

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

12 years

WEIGHT

10.9 lbs

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. The ureters were not visible which is normal. Bladder debris was noted in this patient. No evidence of inflammatory or neoplastic changes was 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 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. The left kidney measured 4.3 cm. The right kidney measured 4.15 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 0.43 cm. The left adrenal gland measured 0.5 cm.

IMAGING PERFORMED BY

Dr. Ammeraal

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 was noted.

HOSPITAL NAME

Sova AH

REFERRING VET

Dr. Sova

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.

INVOICE

43526

DATE

3/28/23



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Gastrointestinal

The stomach was empty as was the upper small intestine. Descending colon was filled with hard stool and continued up to the transverse colon. Minor hypertrophy was noted in the transverse colon, yet there was no evidence of masses.

SPECIES

Feline

Pancreas

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

Colon filled with hard stool with minor hypertrophy in the transverse colon.

Urinary bladder debris.

AGE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of obstruction noted, yet I cannot completely rule out an annular potential obstructive colonic lesion in the colorectum or distal colon, yet the visible colon in this patient was completely unremarkable. Pelvic CT would be ideal in this patient to ensure that occult pathology is not present in the distal, non-visible descending colon. Otherwise, subtotal colectomy is indicated based on clinical history and sonographic presentation.

WEIGHT

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INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

ABOUT SONOPATH CT SERVICES:

SonoPath CT Services are offered at the SonoPath Imaging and Veterinary Education Center, 141 Main St (rt 206), Andover, New Jersey, a 20-minute drive west on route 80/206 North from the route 80/287 interchange/Parsippany, New Jersey. More information can be found at <https://sonopath.com/resources/sonopaths-teleconsultation-services-and-sdep-certification/sonopath-ct-services>

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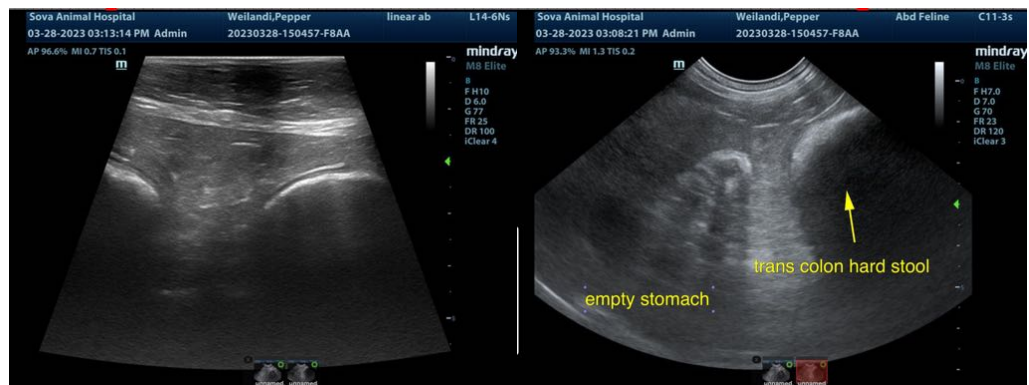
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

BREED

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

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