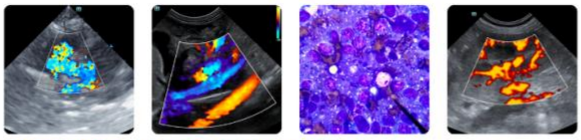


DATE

04/21/26

PATIENT

Brudgie Blessing

SPECIES

Feline

BREED

Siamese

SEX

Neutered Male

AGE

04/20/10

WEIGHT

8.6 pounds

INTERPRETED BY

Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Shannahan

INVOICE

15289

PRESENTING CLINICAL SIGNS

Patient History: Presents for straining in litter box. Patient History: - Client initially thought straining was related to defecation rather than urination - Observed straining with no stool production, repeatedly returning to litter box - Urinated normally in garden after leaving referring veterinarian (Northwind) and before arrival at emergency hospital - Blind and deaf - Indoor cat, supervised outdoor access in yard - Polydipsia: constantly drinking from fountain when awake - Sleeps frequently - Diet: wet food (eats all), some dry food (less than previously, change over years), 2 puree treats daily - Appetite: good, eating all wet food and some dry food - No abnormal vomiting (occasional grass-related vomiting) - Three seizure-like episodes over past 1-1.5 months: - Episodes characterized by shaking followed by becoming flaccid - Resolves when held or supported - Eats puree
treat immediately after episode - Returns to normal activity (jumping, drinking) shortly after - Most recent episodes: Friday and yesterday(small episode) - Radiographs from Northwind showed large amount of stool in colon and possible urethral opacity/crystals.

Current Medications: Ondansetron, Cerenia, Gabapentin, Buprenorphine.
Labwork Results: Labwork attached.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: STAT requested.
Imaging Performed by: Rachel Brilhart, RDMS.

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. Dystrophic mineralization was noted and non-obstructive at this time. The left kidney measured 3.77 cm in length. The right kidney measured 3.5 cm in length.

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 left adrenal gland measured 0.40 cm width. The right adrenal gland measured 0.35 cm width.

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

Variable **small intestinal** thickening was present with minor muscularis hypertrophy. Hard stool was present in the colon. Strong acoustic shadowing noted in the colonic content, consistent with dense, hard stool. Given the patient's history I suspect obstipation. The stomach was unremarkable. The colon was imaged approximately 3.0 cm distal from the cystourethral junction. To that point, there's no evidence of obstructive disease, yet cannot rule out colorectal pathology.

Pancreas

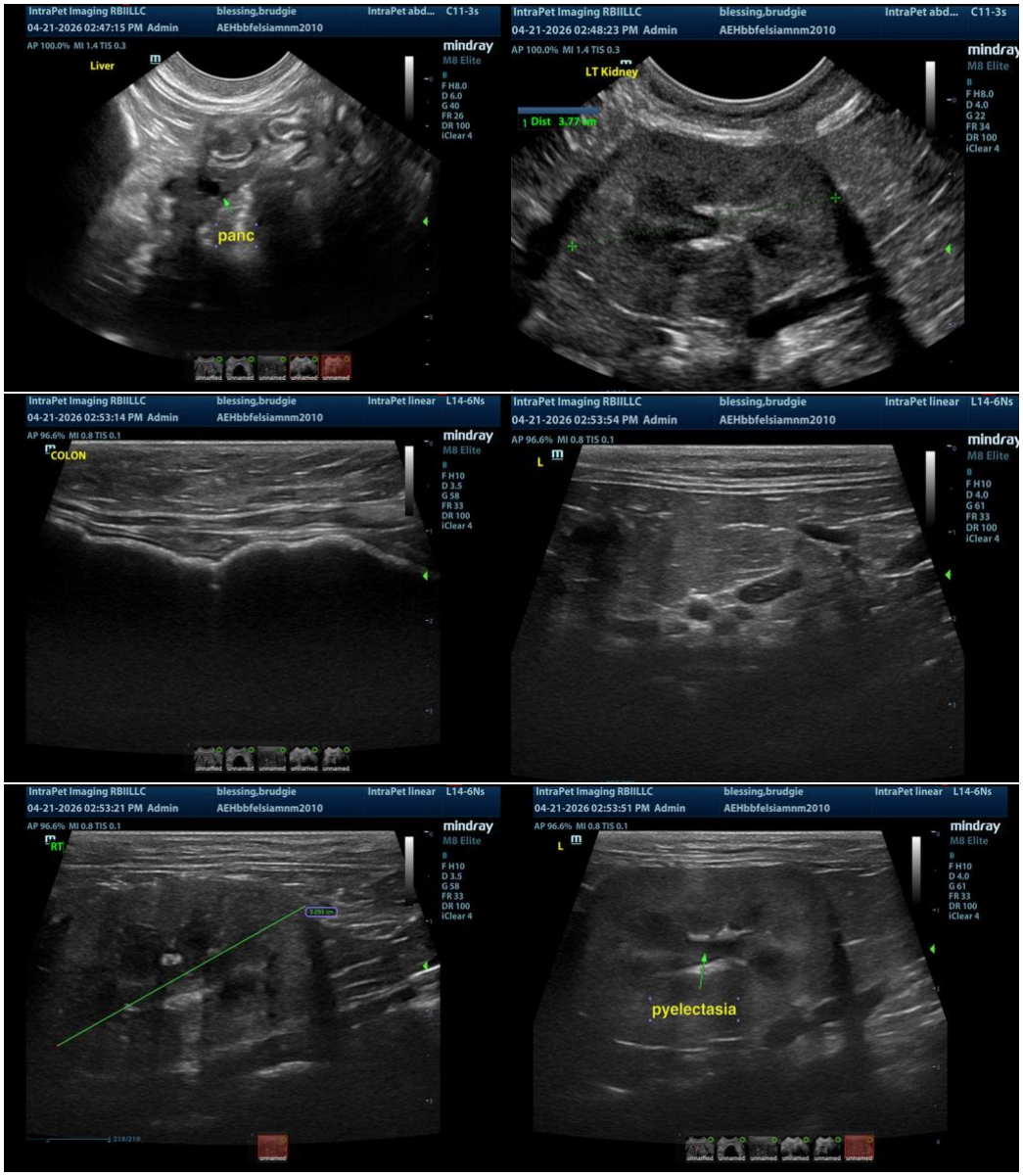
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

- IBD GI pattern.
- Age-related renal changes with mineralizations.
- Age-related pancreatic changes.
- Hard stool consistent with obstipation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If suspicion of stricturing deep descending colon, then barium enema or CT with contrast would be appropriate. Medical management for obstipation with hydration and enema is recommended.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blessing,brudgie
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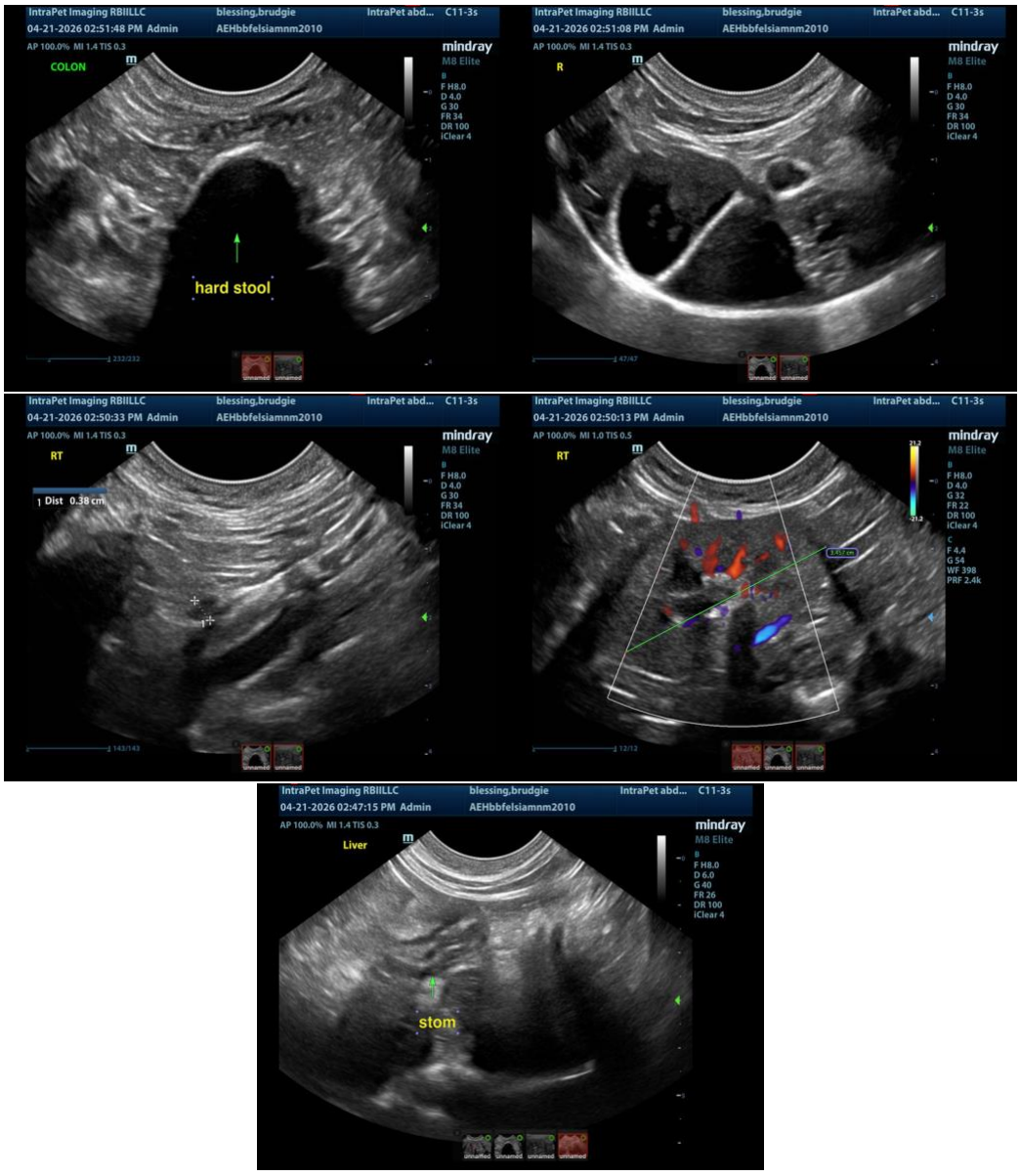

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS,

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