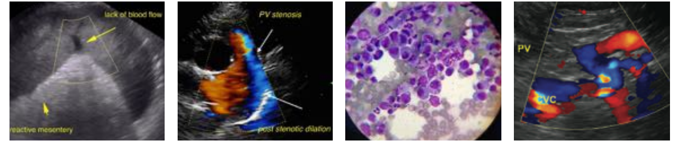


SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT

Asher Pennridge AH

SPECIES

Feline

BREED

Ragdoll

SEX

Intact male

AGE

16.3 weeks

WEIGHT

1.8 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Carpenter

HOSPITAL NAME

Pennridge AH

REFERRING VET

Dr. Mehaffey

INVOICE

44160

DATE

5/3/23

PRESENTING CLINICAL SIGNS

History: Hx: 16.3 week old Ragdoll MI 1.8# Sedated with gabapentin Surrendered by breeder to the hospital at 6 weeks of age for constipation/inability to defecate, being cared for by a technician. Same breeding parents had another kitten in a different litter that had a colonic stricture that needed to be broken down by a surgeon. Rads showed severe constipation/almost obstipation and was hospitalized for a week on lactulose, miralax, enemas, fluids, and empirically dewormed. Constipation improved but continues to have thin stool/straining with paste like stool and at times has diarrhea. Bloodwork during Hospitalization: HCT29% WBC 35,000 Neut 24,000 Monocytes 2700 Eos 3100 Phos 6.9 TP low 5.9 Alb 2.4 Glob 3.4 alb: glob ratio 0.7 ALP 65 Total t4 1.4 Felv/fiv NEG/NEG Fecal NOS. Wast started on injectable B12, metronidazole for diarrhea/colonic inflammation, and short course low dose prednisolone. Switched to i/d wet and dry. Recheck last week - no weight gain, failure to thrive. Intermittent diarrhea. Recheck fecal NOS. Recheck CBC the same except has bands now. Was started on Clavamox. Is currently on clavamox, metronidazole, and i/d diet.

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 3.0 cm beyond the cystourethral junction and appeared normal. 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 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. Slight pinpoint mineralization was noted. The left kidney measured 2.5 cm. The right kidney measured 2.7 cm.

Adrenal Glands

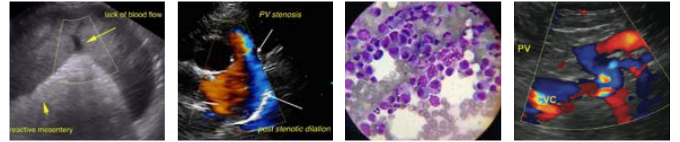
The regions of the **adrenal glands** were imaged with no evidence of pathology.

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 was noted. The spleen measured 0.39 cm.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of



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congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal

The stomach was filled with ingesta. Transit of chyme in the small intestine appeared to be normal. Small intestinal structure appeared to be normal. The ileocecal junction was free of evident pathology. The video clip performed at 9:02:54 revealed a hypoechoic area that appeared to be colon and measured 1.0 cm. The resolution was poor and I cannot differentiate this from artifact. Further imaging of this area is warranted with adjustment of contrast. The descending colon in the pelvis appeared to be unremarkable.

Pancreas

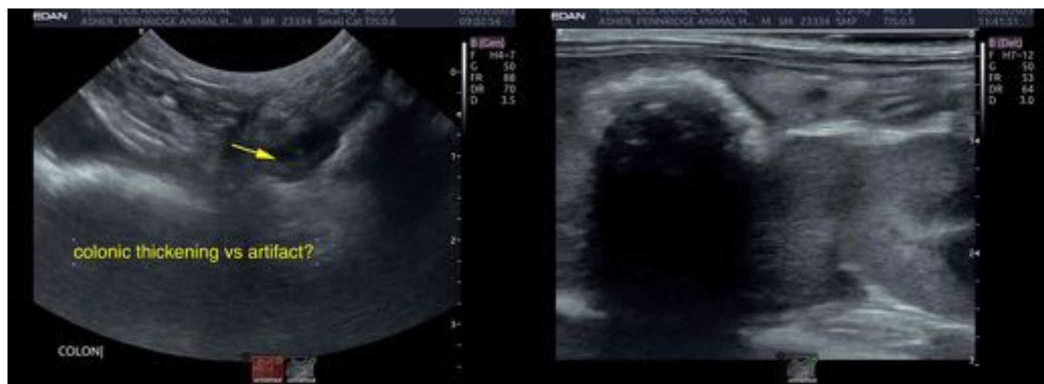
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain 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.

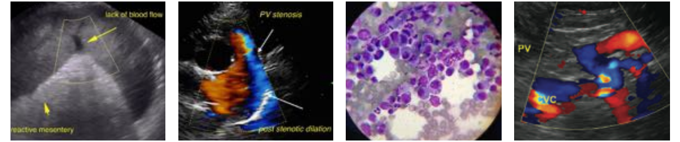
ULTRASONOGRAPHIC FINDINGS

Colonic stricture, further imaging is necessary.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Colonic carcinoma versus granuloma or colitis. Round cell neoplasia is possible especially given the low albumin level; however, further imaging is necessary for definition.





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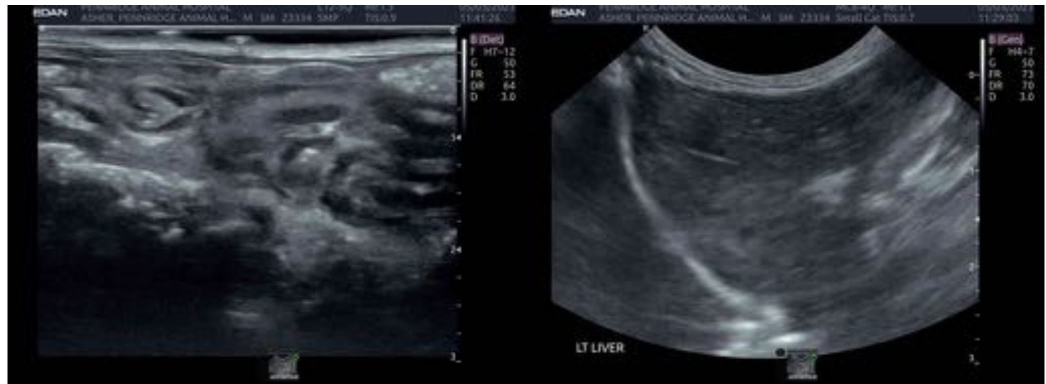

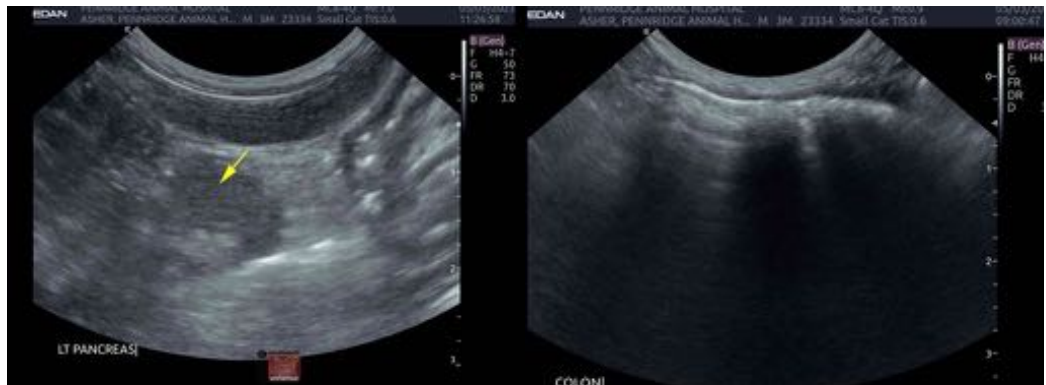

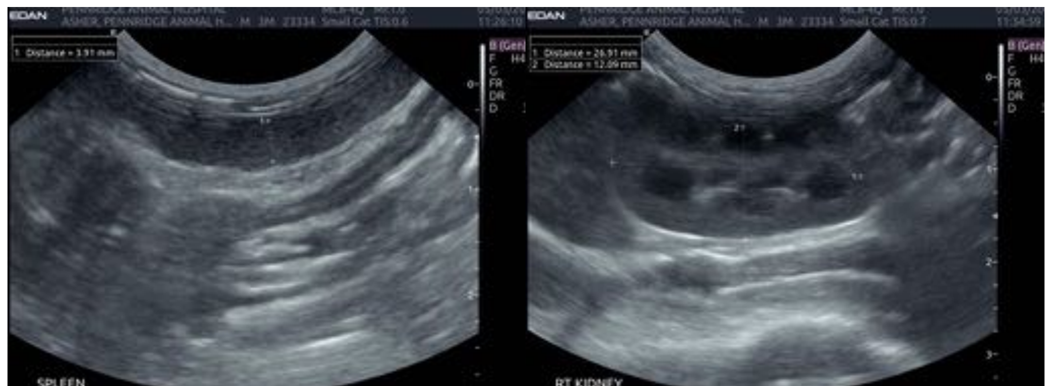

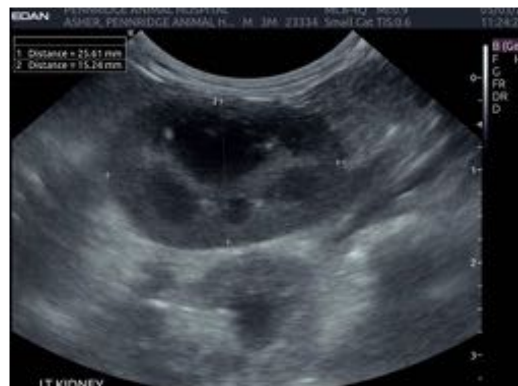

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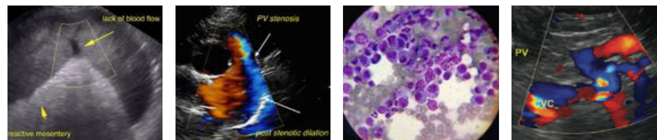

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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