**DATE**

6/20/23

**PATIENT**

Oakley Trionfo

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered male

**AGE**

7/11/17

**WEIGHT**

9.25 lbs

**INTERPRETED BY**Eric Lindquist, DMV  
DABVP, Cert. IVUSS**HOSPITAL NAME**Cat Sense Feline  
Hospital**REFERRING VET**

Dr. Sinclair

**INVOICE**

47871

**PRESENTING CLINICAL SIGNS**

Oakley has had periods of constipation and obstipation that is probably megacolon. He is walking more slowly than usual. Radiographs on 6/12 showed significant gas in the colon and an odd gas pattern where it just suddenly cuts off. I am concerned about a possible sliding colonic intussusception. Follow up rad the next day showed stool getting through into the distal colon. Oakley has feline hyperesthesia syndrome and tail mutilation. He is currently on many meds to control it.

Current Medications: Gabapentin 100mg TID, Phenobarbital 16mg BID, Amitriptyline 5mg BID, Keppra 125mg TID.

Radiographs: See attached.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The **urinary bladder** was mildly over distended with debris. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** were normal in size and contour. Mildly increased cortical echogenicity was noted, yet was structurally unremarkable otherwise. The right kidney measured 3.78 cm. The left kidney measured 3.87 cm.

**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.

**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.

**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**

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. The colon was over distended with stool, yet no evidence of mural pathology. The mesenteric lymph nodes were reactive and measured 2.0 x 0.5 cm.

## 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.

## ULTRASONOGRAPHIC FINDINGS

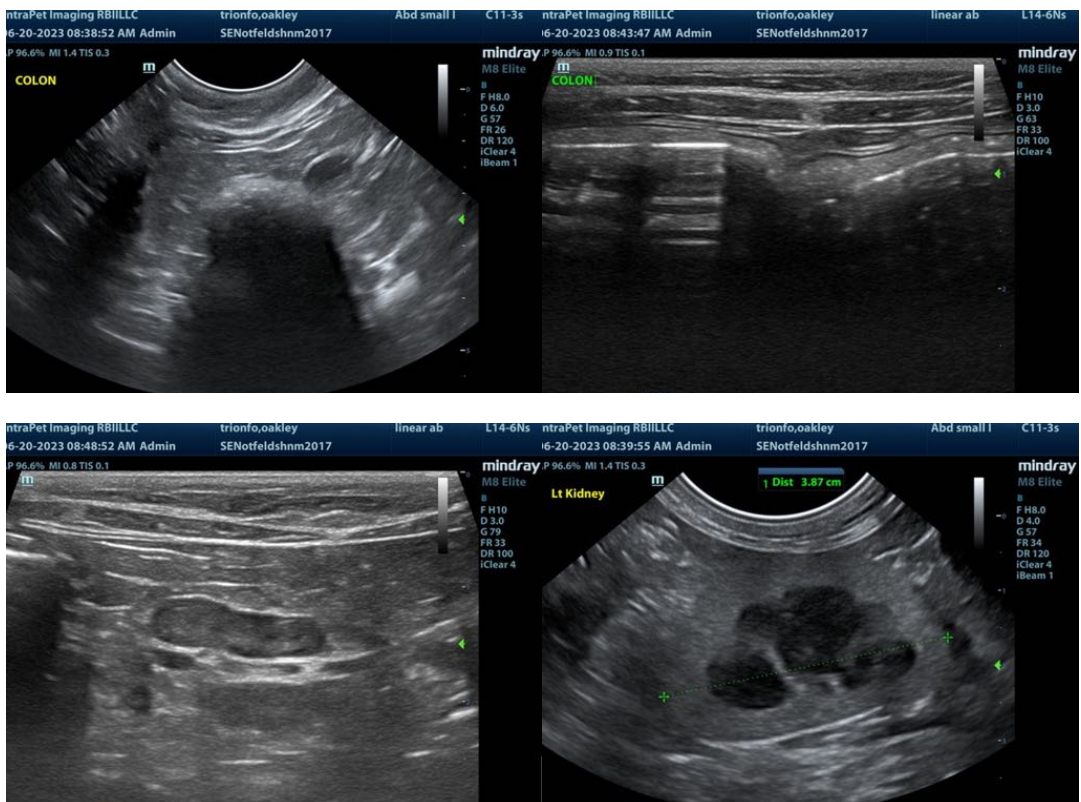
Idiopathic megacolon without significant disease.

Slight mesenteric lymphadenopathy, reactive.

Bladder debris and over distension.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The colon did obscure some visibility in the acoustic windows. If medical management is not able to manage this patient then subtotal colectomy would be recommended. Assessment for concurrent UTI is indicated.





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.

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