



PATIENT PRESENTING CLINICAL SIGNS

Eleanor Petho obstipated , febrile

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline **Urinary System**

BREED 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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

SEX The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 3.75 cm. The right kidney measured 3.8 cm.

Intact Female **Adrenal Glands**

AGE 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 0.41 cm. The left adrenal gland measured 0.47 cm.

1 Year 9 Months **Spleen**

WEIGHT 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.

8.2 Pounds **Liver**

INTERPRETED BY 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.

Eric Lindquist, DMV **Gastrointestinal**

DABVP, Cert. IVUSS The upper **gastrointestinal tract** was empty. The colon was repleted to the ileocecal junction with hard stool. Obstipation likely.

IMAGING PERFORMED BY **Pancreas**

Diane McFadden 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.

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Maniar

INVOICE

40433

DATE

8/15/22



PATIENT

Eleanor Petho

ULTRASONOGRAPHIC FINDINGS

- Obstipation colonic pattern, unremarkable abdomen otherwise

SPECIES

Feline

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IV fluid support and plasma expanders with enema warranted and reassessment of radiographs to ensure adequately liberated. Supportive care for infectious agents should be considered, given the fever history. If obstipation continues, then subtotal colectomy may be necessary.

BREED

DSH

SEX

Intact Female

AGE

1 Year 9 Months

WEIGHT

8.2 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

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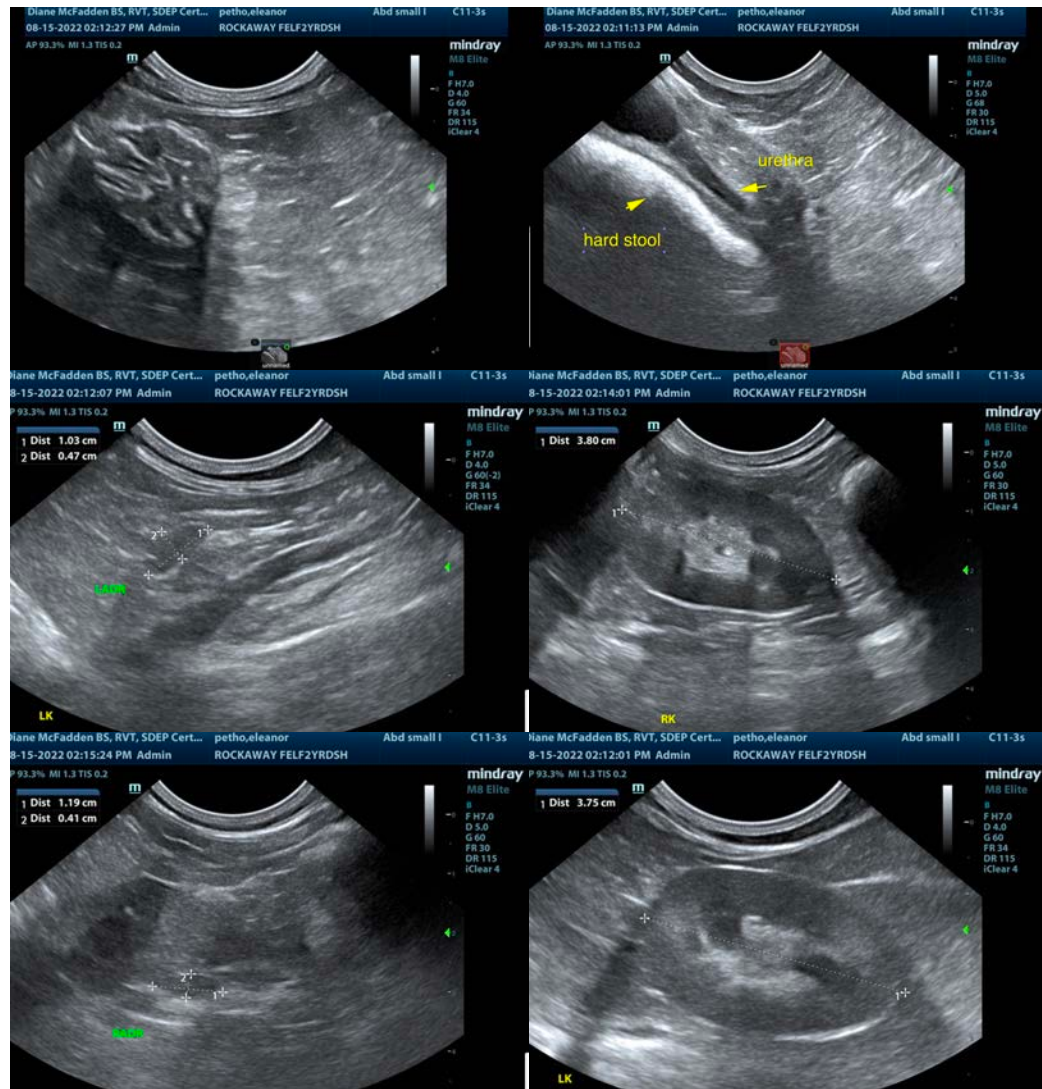
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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