

**DATE**

8/22/22

**PRESENTING CLINICAL SIGNS**

History: Recurrent constipation, painful bowel movement. Rectal palpation under sedation - NSF. Abdominal Rads- NSF. Inconsistent response to meds

**PATIENT**

Kato Merrill

Current Medications: Lactulose 2 mL by mouth twice daily.  
 Has also received strongid and droncit empirical treatment  
 Lab Results: CBC/Chem NSF.

**SPECIES**

Feline

Date of Previous IntraPet Ultrasound: No previous.  
 Sedation: Not required to complete full diagnostic ultrasound.  
 Stat Report: Not requested.

**BREED**

DSH

Imaging Performed By: Rachel Brillhart, RDMS.

**SEX**

Neutered Male

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

The **urinary bladder** revealed a trace amount of sand, measuring 0.7 cm.

**AGE**

2/14/15

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 right kidney measured 4.64 cm. The left kidney measured 4.55 cm.

**WEIGHT**

16 Pounds

**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 0.48 cm. The left adrenal gland measured 0.64 cm.

**INTERPRETED BY**

Eric Lindquist, DMV  
 DABVP, Cert. IVUSS

**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.

**HOSPITAL NAME**

Abbey AH

**REFERRING VET**

Dr. Kluttz

**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**

16993

**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. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

## Pancreas

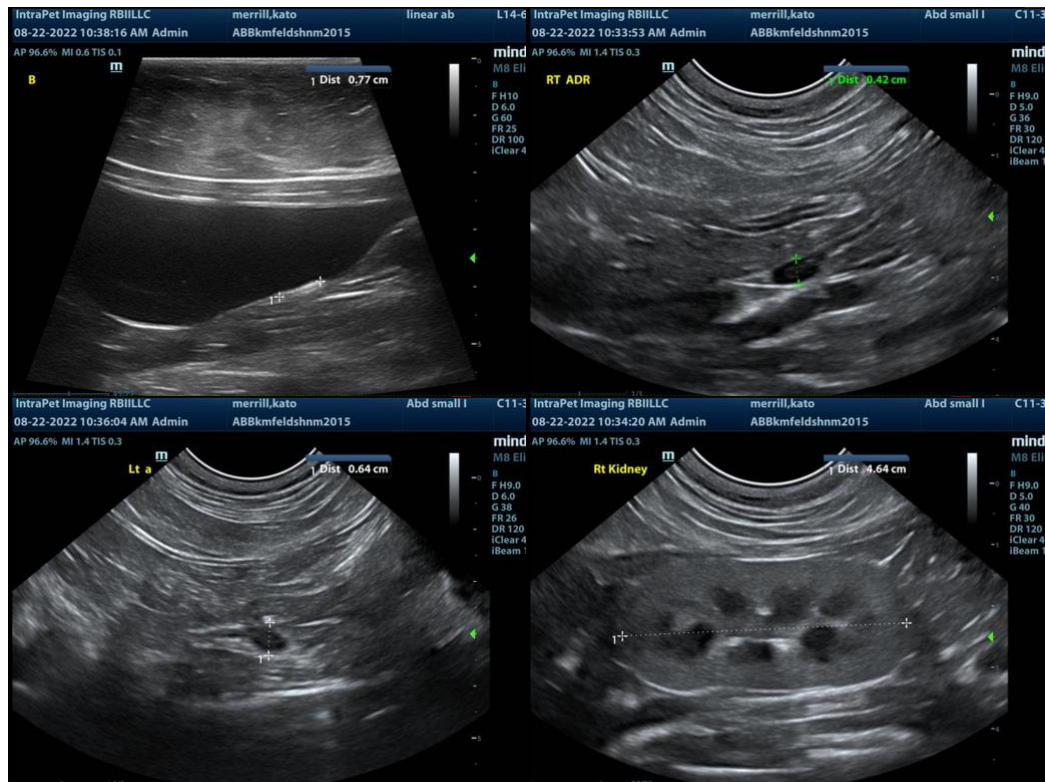
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

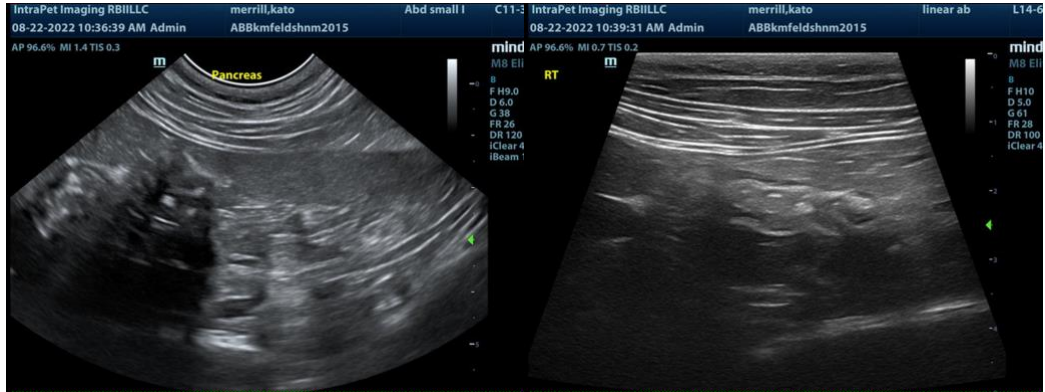
## ULTRASONOGRAPHIC FINDINGS

- Minor urinary bladder sand, nonobstructive

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of colonic mural disease. If obstipation is a persistent issue, then subtotal colectomy should be considered if medical management is not able to manage the issue. I recommend reassessment of the clinical history to ensure that periodic lower urinary tract obstruction is not an issue, given the minor bladder sand.





**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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