



PATIENT

Khalissi Newell

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

11 Years

WEIGHT

6.1 lbs

INTERPRETED BY

Kathleen Sennello DVM,
MS, Diplomate ACVIM
(Small Animal Internal
Medicine)

IMAGING PERFORMED BY

Meghan Morse, LVT,
CVT

HOSPITAL NAME

Kingston Animal
Hospital

REFERRING VET

Dr. Turner

INVOICE

72384

DATE

1/22/26

PRESENTING CLINICAL SIGNS

Chronic constipation, low normal HCT, kidney changes on rads. Wt loss.

Current meds: Lactulose and Miralax

Abnormal PE/Chem/CBC/UA Results: USG 1.032

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (3.22 cm). Overall echogenicity is slightly hyperechoic with mildly reduced corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.3 cm). Overall echogenicity is slightly hyperechoic with mildly reduced corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.47 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.30 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (0.70 cm), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.



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Gastrointestinal

The stomach contains moderate shadowing ingesta. It measures at a normal thickness of <0.36cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. Visualization of the stomach is somewhat limited due to interference with shadowing ingesta and shadowing from the nearby full colon.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal to moderate fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Duodenum wall measures 0.25 cm. Jejunum wall measures 0.20 cm. Visualized peristalsis appears appropriate. No focal lesions are visualized. Some areas of small intestine show moderate fluid distention. There is significant interference to full visualization of the abdomen secondary to a large amount of shadowing stool in the colon.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. There is a large amount of formed fecal material and gas extending throughout the colon. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The area of the pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Age related changes visualized associated with both kidneys.
- Mild to moderate fluid distention of the small intestine- Findings could be consistent with a non-fasted patient, delayed gastric emptying/ileus, etc.
- Large gas and shadowing stool visualized within the colon – Findings are most consistent with reported constipation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large amount of shadowing gas and stool in the colon, consistent with the reported constipation. This interferes with visualization of many areas of the abdomen, and the stomach appears slightly cranially displaced, making visualization challenging. No focal lesions are observed. The small intestine has areas of moderate fluid distention, possibly secondary to ileus(?).

Your therapy with Miralax is a good idea. This should be given chronically and consistently. If you're not obtaining a consistently soft stool, the dose should be increased.

Correlate with abdominal radiographs. If significant colon distention is present, you could combine this with Cisapride and fluids to ensure that the patient is well hydrated.



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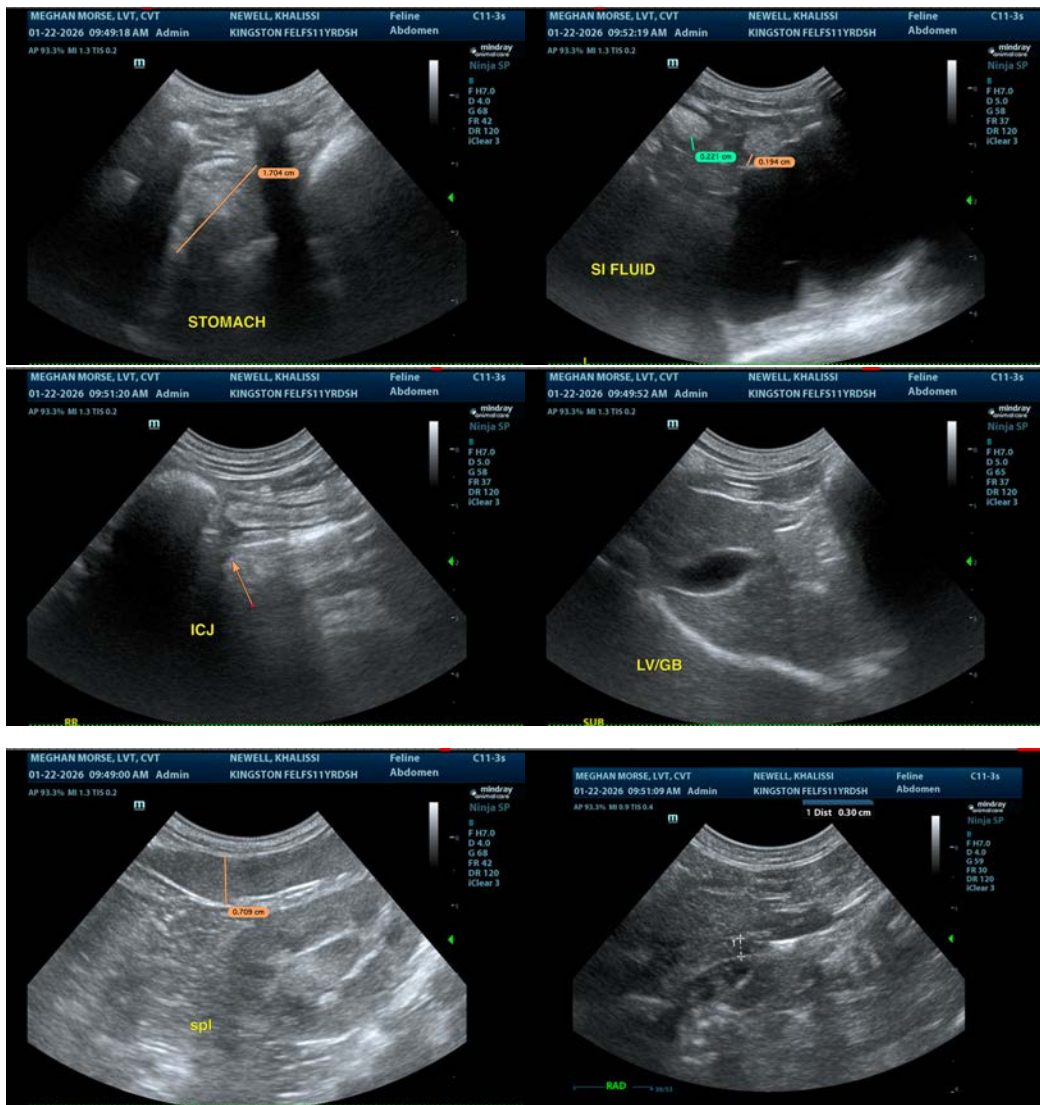
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If further evaluation for small intestinal disease is desired, you could consider a GI panel to Texas A&M for a qualitative fPLI, TLI, cobalamin and folate. If this is indicative of underlying small intestinal disease, you may consider switching to a hydrolyzed protein prescription diet with added insoluble fiber. If weight loss is persistent, consider repeat imaging (ideally with less stool in the colon), as biopsies of the GI tract may eventually be warranted.





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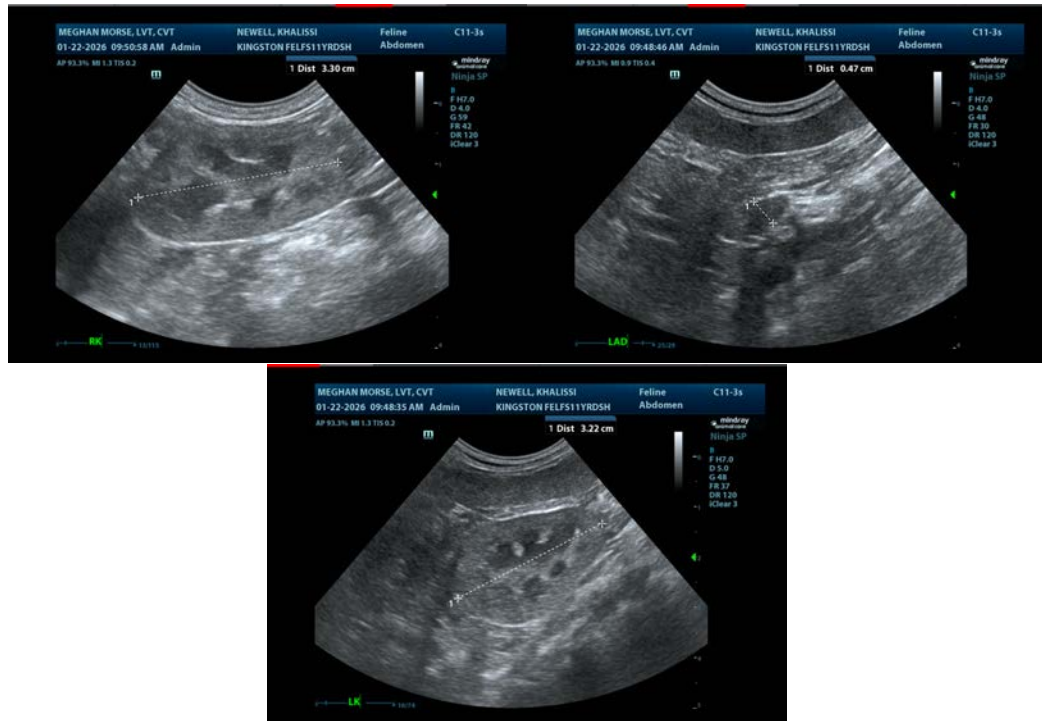
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)

info@sonopath.com