DATE

11/14/25

PATIENT

Daisy Maegerle

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

1/24/13

WEIGHT

7.12 lbs

INTERPRETED BY

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

HOSPITAL NAME

Greenbrier Veterinary Clinic

REFERRING VET

Dr. Boccanfuso

INVOICE

71831

PRESENTING CLINICAL SIGNS

Patient History: Presented for constipation initially in September. Placed on oral lactulose. Came back for follow up and needed an enema October 23rd and Nov 6th. Pet ended up at ER for not improving and needed GoLYTELY through NG tube to clear out the constipation. Screening BW in October showed mildly elevated liver enzymes. Screening rads unremarkable other than significant constipation but there was lack of detail in the cranial abdomen.

Current Medications: Lactulose - 2 ml q 8 hr - started in September, miralax 1/4 tsp SID started in Nov, cisapride 2.5 mg BID started at ER yesterday, oral gabapentin 100 mg prior to US
Labwork Results: Labwork not attached, reported as Senior panel with UA 10/23/25- ALT 266, AST 97 rest unremarkable. x-ray 11/6 - significant formed stools along descending colon and also transverse and ascending although abdominal detail isn't great. kidney stones noted, can't rule out a mass in the upper abdomen with lack of detail
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed by: Stephanie Warag RDCS, RVT.

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 (3.47 cm) with small non-obstructive nephroliths. 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, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.97 cm) with occasional non-obstructive mineralizations. Overall echogenicity is slightly hyperechoic with poor 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, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.48 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 0.38 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 (1.01 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 mildly heterogenous in echotexture with subtle, indistinct focal mottling. 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. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

Gastrointestinal
The stomach contains a large amount of 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. Large shadowing ingesta interferes with full evaluation of the stomach and some areas of the cranial abdomen.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal to moderate fluid/gas/ingesta 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 0.30 cm. Jejunum wall measures 0.22 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. The descending colon is distended with non-formed fecal material. There is no observed focal or generalized colon wall thickening or loss of layering. Colon wall measures 0.19 cm.

Pancreas
The left limb of the pancreas is prominent and hypoechoic as compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen
There is scant free fluid present. No lymphadenopathy noted. The omentum is generally of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Age related changes and small non-obstructive nephroliths visualized associated with both kidneys.
- Prominent, hypoechoic left limb of the pancreas – Findings are most consistent with pancreatic remodeling or mild chronic pancreatitis.
- Heterogeneous liver – Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipidosis or other hepatopathy.
- Moderate gallbladder debris – The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting. Incidental gall bladder debris is less common in cats.
- Significant gas, fluid, and ingesta shadowing of the stomach and small intestine – Correlate with feeding history. Intraluminal material interferes with evaluation throughout the abdomen.

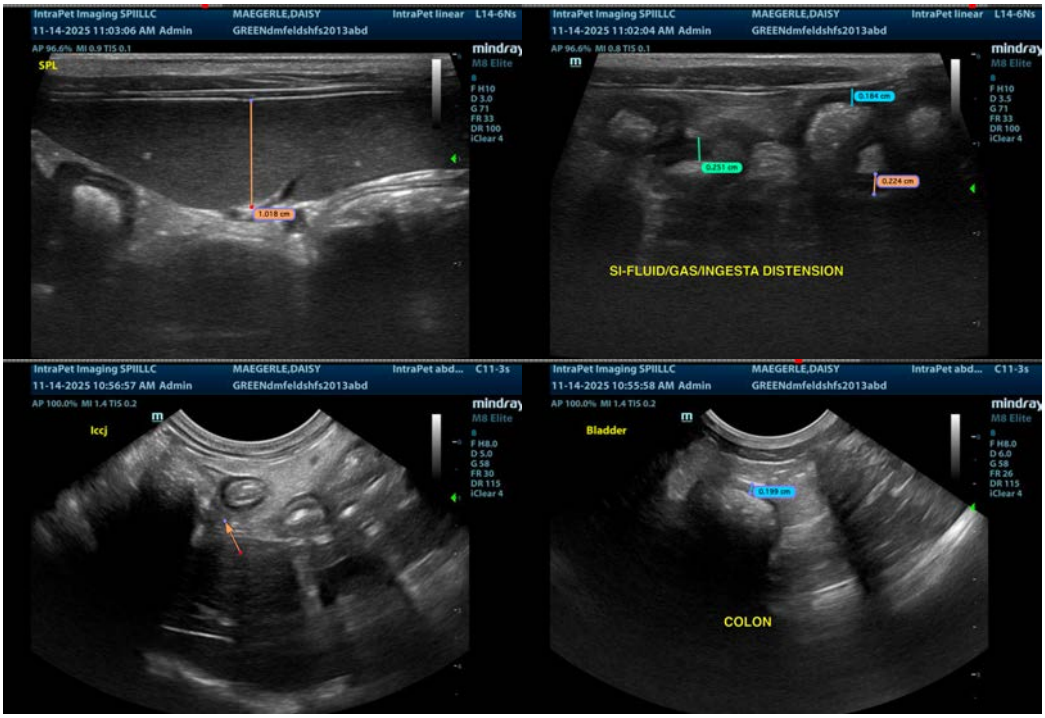
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

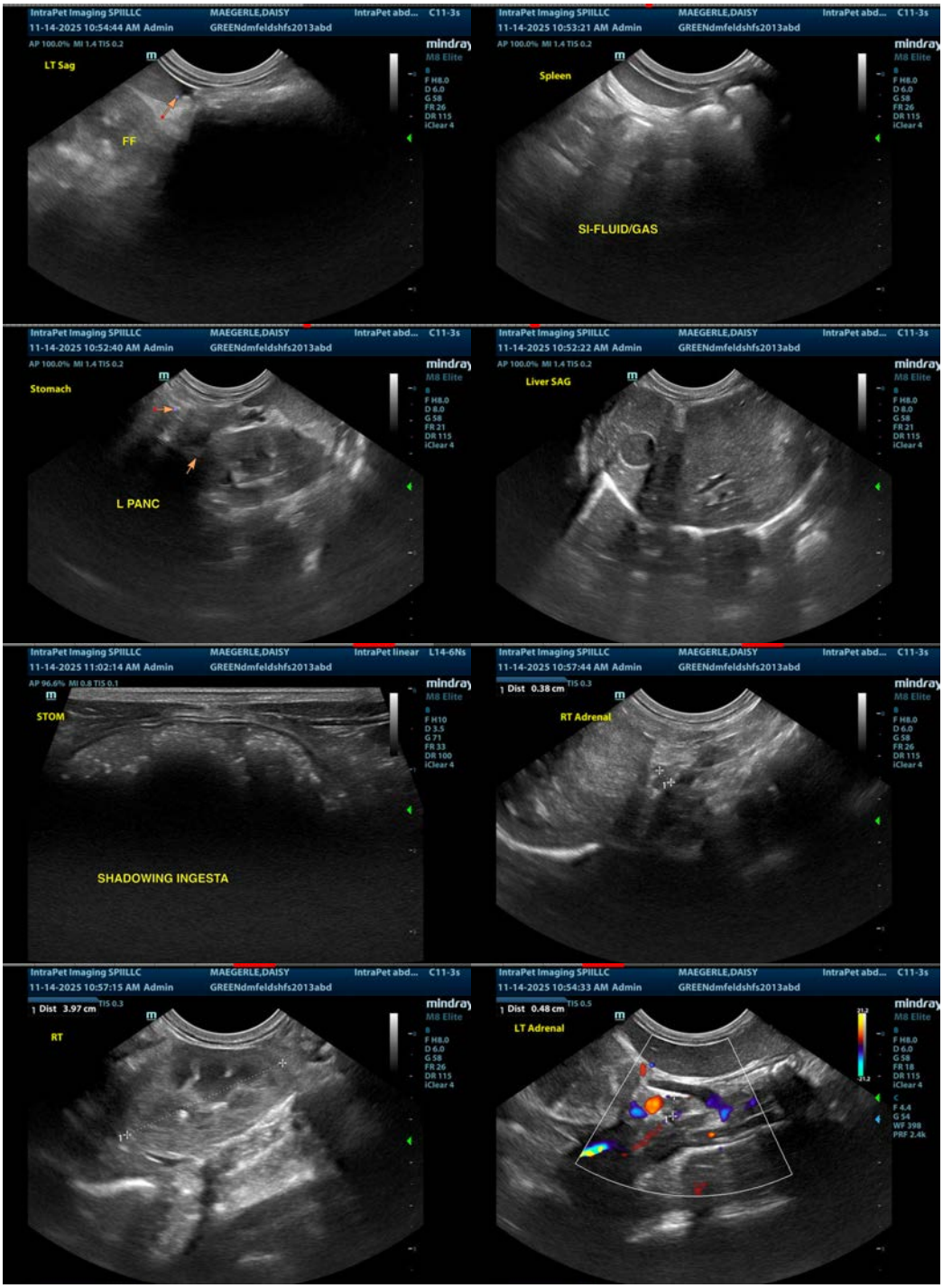
The stomach and small intestine appear significantly distended with ingesta, fluid and gas. Correlate with feeding history. If the patient was adequately fasted, this could indicate a generalized ileus. No focal lesions were visualized associated with the GI tract, but full evaluation was not possible.

The left limb of the pancreas appears slightly prominent and hypoechoic. Correlate with a PLI level. Findings are most consistent with chronic pancreatic remodeling, although mild inflammation is possible.

The ALT elevation could be secondary to a reactive hepatopathy due to the colonic disease/retained fecal material. If it is persistent (recheck once constipation is under control), then further evaluation of a primary hepatopathy could be considered with a liver function test +/- fine needle aspirate of the liver. If liver values continued to rise of liver function is very abnormal, then biopsies of the liver may be warranted for histopathology and cultures.

Current treatment for constipation is appropriate with Miralax, Cisapride, a high fiber diet, hydration support if needed, etc. Hopefully this combination will help to manage this patient clinically.

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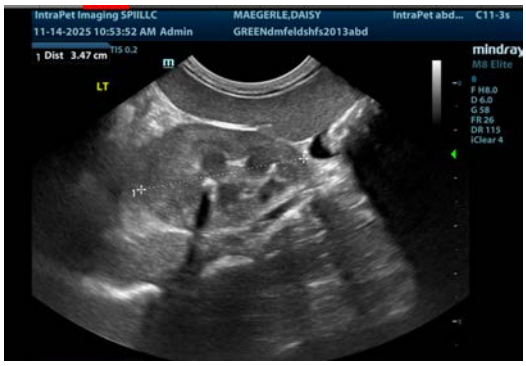

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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