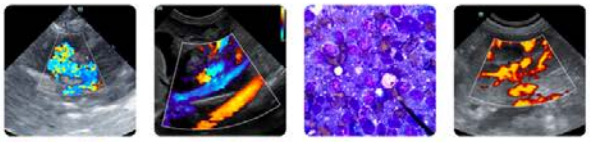


PATIENT

Will Feral Marino

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered Male

AGE

5 Years

WEIGHT

9.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Gabriel Ferrier, DVM

HOSPITAL NAME

Pulse: Pet Ultrasound

REFERRING VET

Dr. Jose Cruz

INVOICE

71909

DATE

11/18/25

PRESENTING CLINICAL SIGNS

Presented as a referral for an abdominal ultrasound to evaluate urinary and GI tract. Pt presented to rDVM with history that pt has not defecated in 5 days and 2 weeks prior had a UTI. Pt had dilation of the bladder on radiographs and wanted to further evaluate and possible constipation. Pt is on enrofloxacin, convenia and lactulose. Pt have a history of having some type of neurological problem (trembling) for the past 2 yrs and even the specialist could not have determine the problem and seems to have gotten worse.

Abnormal PE/Chem/CBC/UA Results: Bloodwork and radiographs attached as supporting documents.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately/significantly 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 (3.61 cm). Overall echogenicity is normal with adequate 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 (3.76 cm). Overall echogenicity is normal with adequate 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 0.45 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.

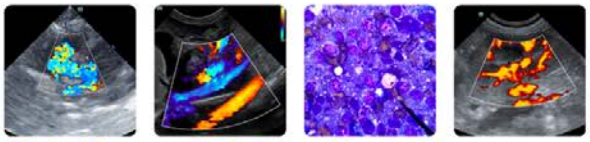
The right adrenal gland is normal in size measuring 0.42 cm at the cranial pole and 0.42 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (0.63 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.



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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.

Gastrointestinal

The stomach contains minimal luminal contents. 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. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal 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 0.27 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 ascending colon is fluid distended with non-formed fecal material. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The pancreas is hyperechoic and mottled in the right limb. 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

- Mild pancreatic remodeling in the right limb of the pancreas.
- Non-formed liquid fecal material visualized within the colon.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No significant lesions are visualized associated with the urinary bladder. It appears moderately to significantly distended with no stones or mass lesions. The trigone appears normal, and the proximal urethra appears normal. Consider gently passing a urinary catheter to determine if there is any physical impediment to urine flow. If not, consider a functional obstruction (upper motor neuron bladder, detrusor atony,etc.).

No evidence of constipation is visualized on today's exam (no evidence of constipation on radiographs submitted). There is some fluid visualized within the proximal colon, possibly consistent with diarrhea or a recent enema. Correlate the lack of defecation with the patient's eating habits (is it straining?) and radiographs prior to the enema.

Consider consultation with the veterinary neurologist previously consulted, looking for neurologic causes of fecal and urinary retention (spinal lesion, tail traction injury, underlying neoplasia, dysautonomia, etc.). Recommend urine culture and urinalysis, and if able to easily express the urinary bladder, continued expression to prevent over distention.

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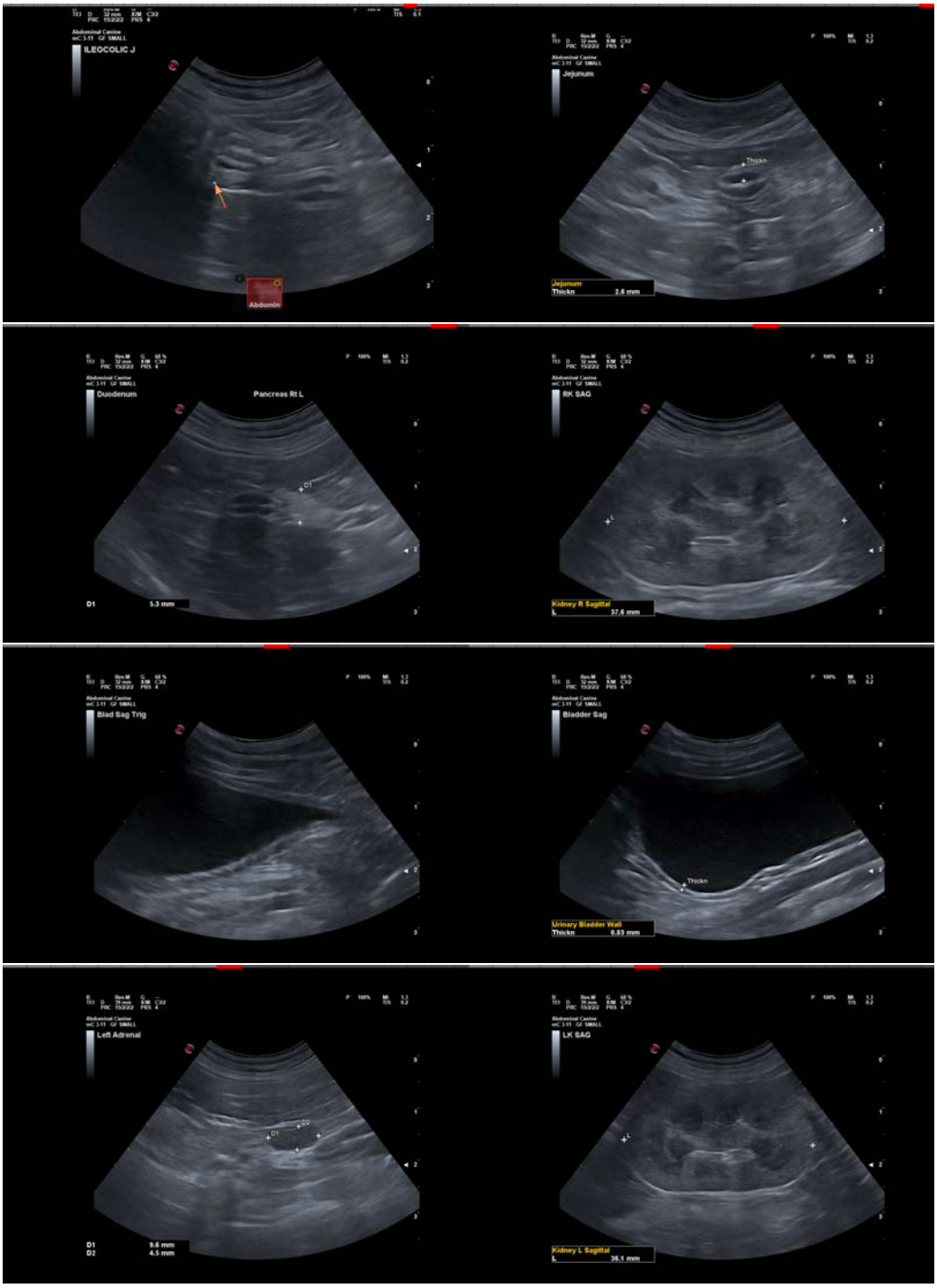

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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