

IMAGING PERFORMED BY

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DATE PRESENTING CLINICAL SIGNS

12/2/21 History: Megacolon developing, mild pancreatitis.

PATIENT

Frankie Kendzierski

Current Medications: Lactulose 2mL po q 8 hours, Docusate sodium 50mg 1 po q 24 hours, Cisapride 2.5mg 1 po 12 hours.

Lab Results: Minimal elevation of fPL.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Propofol IV.

Stat Report: Not requested.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

DSH

SEX

Neutered Male

AGE

11/3/13

WEIGHT

17.6 Pounds

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 (4.78 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of 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 (4.3 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal in size measuring 0.49 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 0.49 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.

IMAGING PERFORMED BY

Rachel Brillhart RDMS

Spleen

The spleen is normal/borderline enlarged in size (the spleen measured 1.0 cm, normal is <1.0 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. The size of the spleen is likely normal for this large cat.

HOSPITAL NAME

Warm & Fuzzy VC

REFERRING VET

Dr. Urie

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.

INVOICE

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The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. 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. The duodenum measured as normal (between 0.13-0.38cm in wall thickness) and the jejunum measured as normal (between 0.15-0.36cm.) 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 colon appears distended with heavily shadowing fecal material. It measures at approximately 3.0 cm in diameter with no evidence of decreased wall layering or thickened colonic wall. Findings are most consistent with the reported megacolon.

Pancreas

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. Pancreatic duct measures 0.2 cm.

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.

PRIMARY FINDINGS

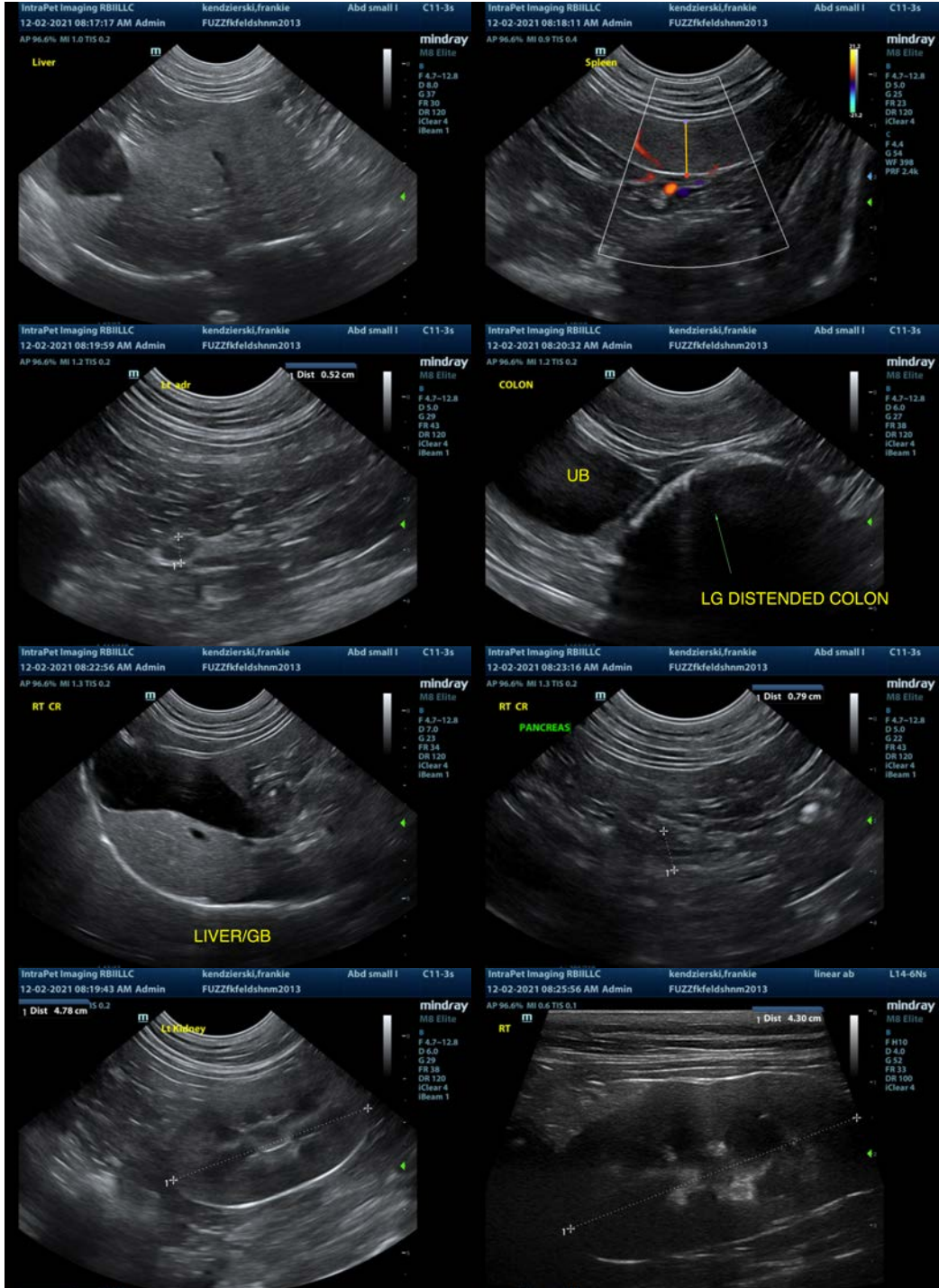
- Large, fecal distended colon – No pathology is noted associated with the colonic wall, and no obstruction is evident. Correlate with abdominal radiographs. Findings are most consistent with megacolon.

SECONDARY FINDINGS

- Prominent spleen – The spleen appears large but normal in appearance. This could be normal in this large cat.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No significant lesions are observed on this scan. The colon is distended with fecal material, and based on the history, a megacolon is suspected. Recommend abdominal radiographs to make sure there is no obvious pelvic narrowing or an indication of a mass effect in that area (none is observed on the scan today). I prefer Miralax over Lactulose, as I feel it is just as effective or maybe more so, and not as messy, as the cat will often eat it when it's mixed with its canned food. Start at 1/8 to ¼ tsp twice daily and titrate up to effect.





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.

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