

PATIENT PRESENTING CLINICAL SIGNS

Jacklyn Sarfati

Species: feline Gender (altered?): female spayed Age: 11y Weight (in lbs): 7.5 lbs Breed: domestic shorthair Chief Concern/Provisional Diagnosis: P has been having intermittent constipation starting on about 4 weeks ago. We first saw her for the issue on 9/7/2021. O has been giving lactulose 0.75 ml TID-QID since 9/7/21. O is stating that she is pooping every 2 days. Diagnosis: 9/7/2021 ddx: UTI 9/15/2021 ddx: constipation, obstipation FLUTD vs bladder stones History/Physical Findings: Mentation: BAR BCS: 5/9 Euhydrated MM Pink, capillary refill time less than 2 seconds. Heart auscultates normally, no murmur or arrhythmia noted. Lungs auscultate normally. Hair coat appears healthy. OU appears normal. AU are clean in visible ear canal. Nose appears normal. Mouth appears to have grade 2/4 periodontal disease. LN are WNL. Abdomen palpates loosely but did appreciate a palpable colon. No pain response on palpation. No signs of lameness. Summary of Laboratory Abnormalities: comprehensive panel and CBC performed on 9/15/21. Elevated Ca levels, mild hypercalcemia, all other values WNL. Radiographic Abnormalities: Appreciated some fecal matter in the colon. Appreciated an enlarged bladder but no obvious stones. Current Therapy and Medications: lactulose 0.75 ml PO TID-QID attempting

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

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WEIGHT

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Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Moderate particulate, nondependent sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The area of the aortic trifurcation was free of pathology.

INTERPRETED BY

R. McKenzie Daniel, DVM,
DABVP (Canine and Feline)

The bilateral kidneys presented normal size and overall margination. Both kidneys exhibited uniform mildly hyperechoic cortex yet maintained a 1:3 cortex / medulla ratio with pinpoint areas of medullary mineral. No evidence of pyelectasia was noted. The left kidney measured 3.2 cm in length. The right kidney measured 3.3 cm in length.

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.37 cm width. No overt pathology was noted in the area of the right adrenal gland.

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Spleen

REFERRING VET

Dr. Plateman

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. The spleen measured 0.65 cm width.

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Liver/ Gallbladder

DATE

9/24/21

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were



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normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material. The gastric body wall width measured 0.25 cm.

BREED

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material. The jejunum wall width measured 0.20 cm. The duodenum wall width measured 0.23 cm. The ileocolic wall width measured 0.22 cm.

SEX

FS

The visualized, proximal, transverse and descending colon walls were sonographically unremarkable without evidence of mural hypertrophy with intact wall layering. The colon appeared to exhibit subjective mild generalized distention containing formed feces and luminal gas. The proximal colon wall width measured 0.1 cm. The descending colon wall width measured 0.15 cm.

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Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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DABVP (Canine and Feline)

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Moderate urinary bladder sediment
- Bilateral mild interstitial nephrosis renal pattern - early to mild chronic renal changes, potential for nonspecific nephritis such as interstitial nephritis
- Sonographically unremarkable gastrointestinal tract with formed feces and gas in colon

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

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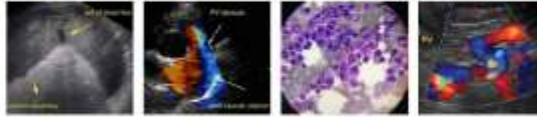
No overt evidence of gastroenterocolic structural pathology was noted. Continued conservative therapy for constipation is recommended.

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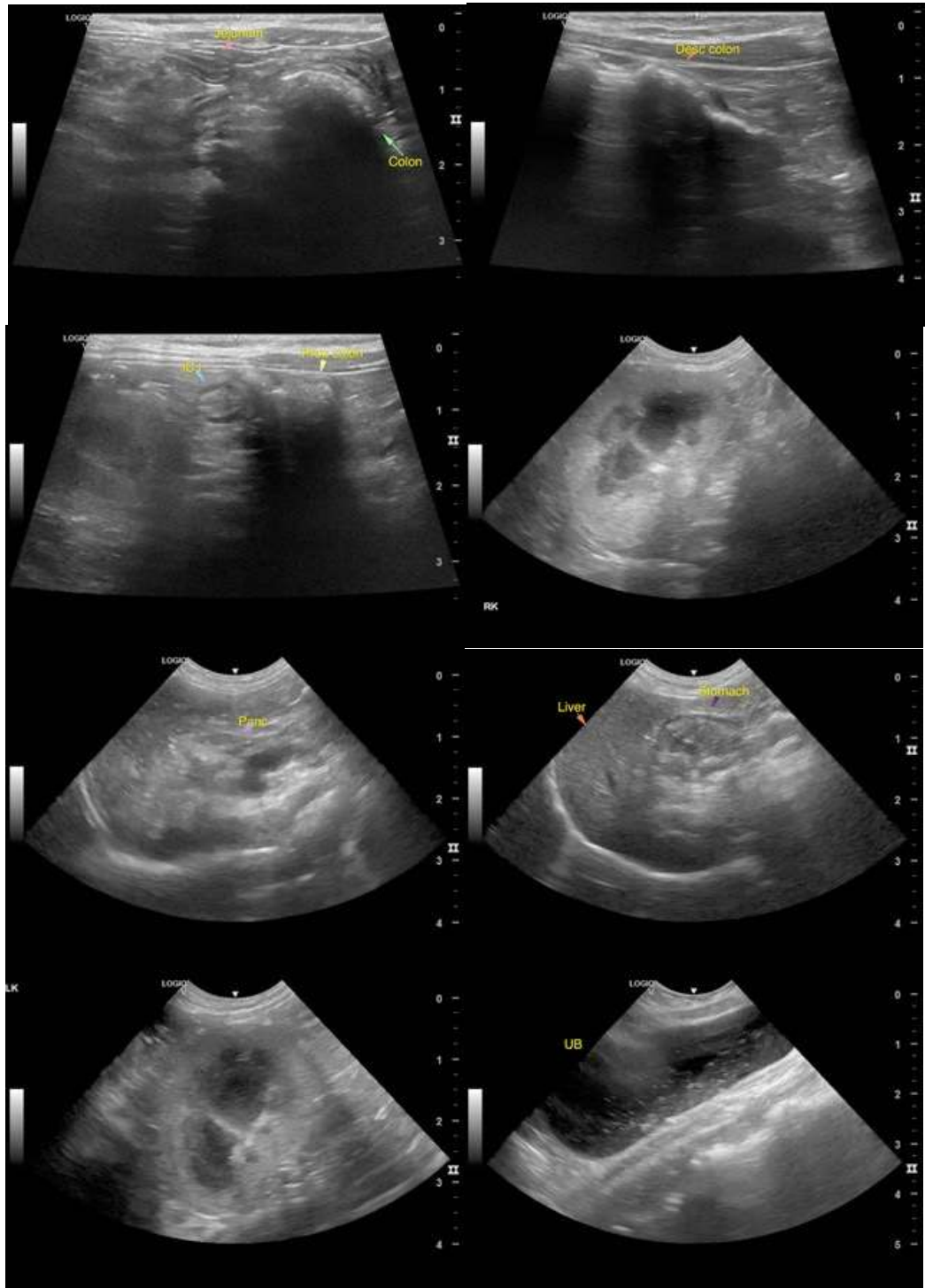
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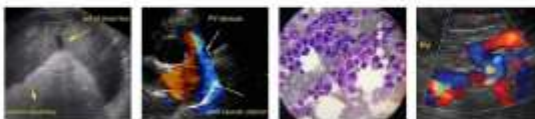
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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