



## DATE PRESENTING CLINICAL SIGNS

12/4/25

**Patient History:** 8/26/25 presented for vomiting. Dx with pancreatitis. Tx with 1/2 day of hospitalization, abdom x-rays normal, Cerenia, Dex SP, Buprenex, Convenia (for UTI) given in hosp, sent home with Buprenex, Cerenia and Mirtaz, p made full recovery. 9/26/25 presented again for vomiting. Tx as outpatient with SQF and Cerenia- p made full recovery. 11/28/25 p presented again for vomiting and decreased appetite o restarted Mirtaz and Cerenia they had at home, vomiting resolved; labs WNL

## PATIENT

Bella Connor

## SPECIES

Feline

**Current Medications:** Currently getting Cerenia 16mg 1/4 PO SID, Mirtaz 1.5inch strip SID both restarted 11/24/25

## BREED

DSH

**Labwork Results:** Labwork not attached, reported as: 8/26/25 Chem: --BUN: 56, --Crea: 2.2. CBC: --Hct: 52.6%  
--WBC: normal 7.53K, fPL: 6.1 consistent with pancreatitis (>5.4 consistent w/ pancreatitis). Urinalysis urine by cysto. Urine SG: 1.038, Ph 6.5, Protein 1+, Sediment: RBC > 50/hpf. Cocci present.. DDx: Pancreatitis. DDx: Azotemia, IRIS Stage 2 CKD. DDx: UTI. 11/28/25 CREA 1.3 0.8-2.4 mg/dL, BUN 32 16-36 mg/dL, Hct 48%

## SEX

Spayed Female

fPLi 4.8 (>5.4 consistent with pancreatitis)

**Date of Previous IntraPet Ultrasound:** No previous.

**Sedation:** Not required to complete full diagnostic ultrasound.

**Stat Report:** Not requested.

**Imaging Performed by:** Stephanie Warga RDCS, RVT.

## AGE

12/14/14

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

## WEIGHT

8.8 lbs

### Urinary System

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with incidental suspended lipid in a cat, possibly combined with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also present with echogenic debris. No masses or definitive cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

## INTERPRETED BY

Beth Johnson, DVM  
DACVIM

## HOSPITAL NAME

Timonium Animal  
Hospital

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. Left kidney measures 3.46 cm. Right kidney measures 3.36 cm.

## REFERRING VET

Dr. Brand

### Adrenal Glands

The right adrenal gland is normal in size (0.28 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

## INVOICE

72353

The left adrenal gland is normal in size (0.33 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

### ***Spleen***

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

### ***Liver***

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

### ***Gastrointestinal***

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Subjectively it appears diffusely full of firm, hard shadowing stool.

### ***Pancreas***

The pancreas that is observed appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

### ***Free Abdomen***

There is no visible free peritoneal effusion noted in these images.

There is no apparent pathologic lymphadenopathy noted in these images.

### **PRIMARY FINDINGS**

- Constipation can't be ruled out, although ultrasound is not the most specific diagnostic for constipation, and this finding should be interpreted in combination with any clinical signs and/or radiographic suggestion of constipation, as it could be normal patient variant.

## SECONDARY FINDINGS

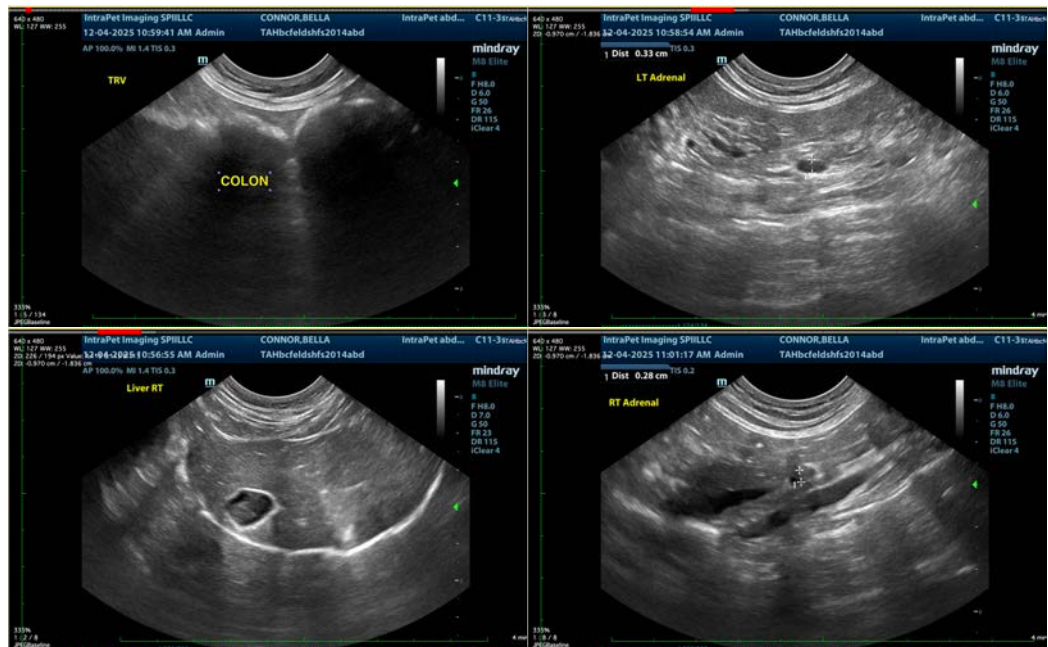
- Very mild gallbladder debris – Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness, however, it can also be associated with hepatobiliary disease in cats and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.
- Age related kidney changes.
- Very mild amount amount of echogenic urinary bladder debris.

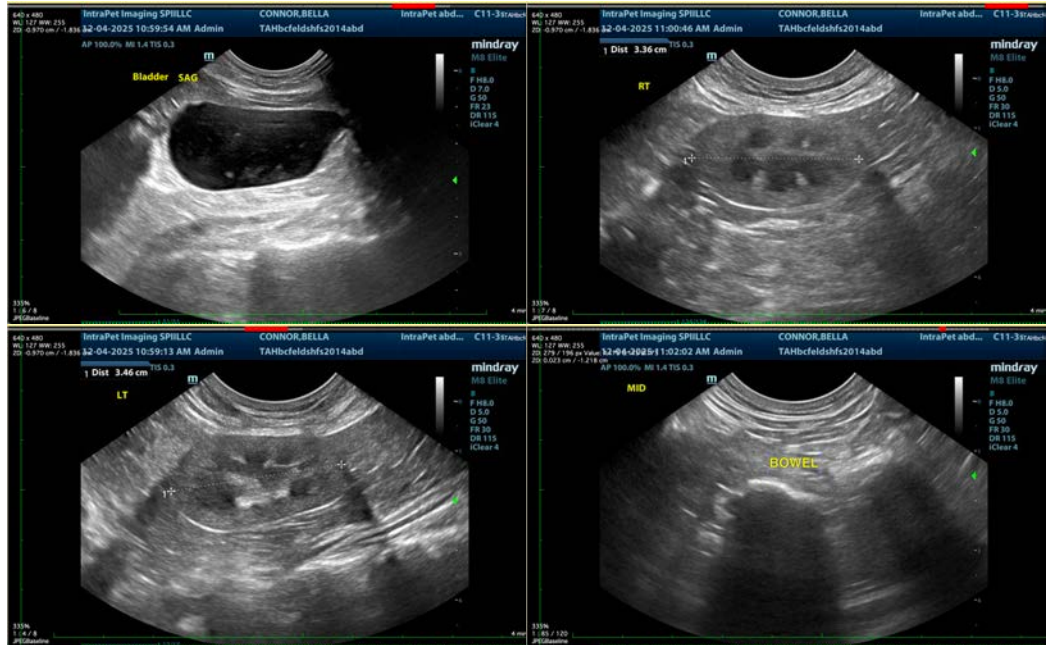
## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If constipation is suspected clinically or radiographically, medical management could be considered in the form of assessing hydration and rehydrating, if necessary, stool softeners if indicated, etc.

In the meantime, additionally, a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

Other than supportive/symptomatic medical management of clinical signs, further treatment recommendations are largely dependent on results of the above.





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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