



**PATIENT PRESENTING CLINICAL SIGNS**

Missy Bettis She didn't eat at all Thursday night. She looked better Friday morning but didn't eat very much and has continued to go down hill. Yesterday she didn't barely move. She will go look at the food but won't eat any. She did lick the food this morning and Peggy thinks that she is interested but not eating.

**SPECIES** Abnormal PE/Chem/CBC/UA Results: PE: MILD TO MODERATE TARTAR, MINIMAL GINGIVITIS. No masses. Full healthy hair coat. UA: Specific Gravity 1.028 pH 6.5 Sediment was quite CBC: Monocytes 0.96 K/uL Basophils 0.16 K/uL Chem: IDEXX SDMA 15 ug/dL Chloride 112 mmol/L ALT 504 U/L AST 189 U/L ALP 67 U/L Bilirubin - Total 0.4 mg/dL Bilirubin - Unconjugated 0.3 mg/dL Total t4 was normal. Fecal Antigen Screen & Flotation: Negative

**BREED**

Domestic Shorthair

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**SEX**

**Urinary System**

Spayed Female The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

**AGE**

15 years

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 4.11 cm. The right kidney measured 3.34 cm.

**WEIGHT**

8.76 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**Adrenal Glands**

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.63 cm. The right adrenal gland measured

**IMAGING PERFORMED BY**

Carissa Rhoades

**HOSPITAL NAME**

Elizabeth AH

**Spleen**

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

**REFERRING VET**

Dr. Anderson

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**Liver**

The **liver** revealed slight coarse architecture. Mildly increased portal markings were noted. The gallbladder and common bile duct were unremarkable. Tortuous cystic duct was noted and was followed to the pancreatic duct. The common bile measured 0.3 cm.

**DATE**

1/18/22



**PATIENT**

**Gastrointestinal**

Missy Bettis

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**Pancreas**

The **pancreas** was coarse in architecture and mildly heterogenous. Remodeling from prior insults or low grade inflammation is possible.

**SEX**

Spayed Female

**ULTRASONOGRAPHIC FINDINGS**

Cholangitis liver pattern, non-specific.

**AGE**

15 years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Subxiphoid palpation is recommended to assess for pain-solicited response. If pain is noted low grade pancreatitis is suspected. There was no evidence of obstructive disease noted with the common bile duct. The pancreatic duct was also mildly dilated. A clinical trial of the following may prove effective with pain management. Other causes of the clinical signs such as orthopedic, thoracic and CNS disease should also be considered. FNA of the liver could be considered for further definition of inflammatory cell type.

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**Triaditis/Pancreatitis protocol**

Part or all of this protocol may be considered based on your clinical impression of the patient:

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Recommend pain management when anorexic with **Buprenorphine** (0.01-0.02 mg/kg IM or SC), clinical trial of **Zithromax** (50 mg sid/cat x 10 days, 3 weeks if bartonella +), **Prednisolone** (0.5-2 mg/kg tapering over 1 week to minimal effective dose), and **B12 injections** if weight loss (Cyanobalamine 250 mcg sub-q once-weekly x six weeks, then every other week for six weeks and then once-monthly, long-term if necessary), **novel-protein or hydrolyzed diet** (*Hydrolyzed diets have been shown to be more effective in dietary intolerance case management compared to hypoallergenic diets*) or the **magical Purina DM** (changing protein source is crucial and may need rotation every 6 months if clinical signs recur) Diet trials is a whatever works phenomenon. If vomiting becomes a persistent issue then endoscopy would be warranted and/or recheck sonogram to assess more emerging disease. One diet does not work for all patients so different trials may be necessary or protein source rotation every 6 months as new sensitivities develop.

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**PATIENT**

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**SEX**

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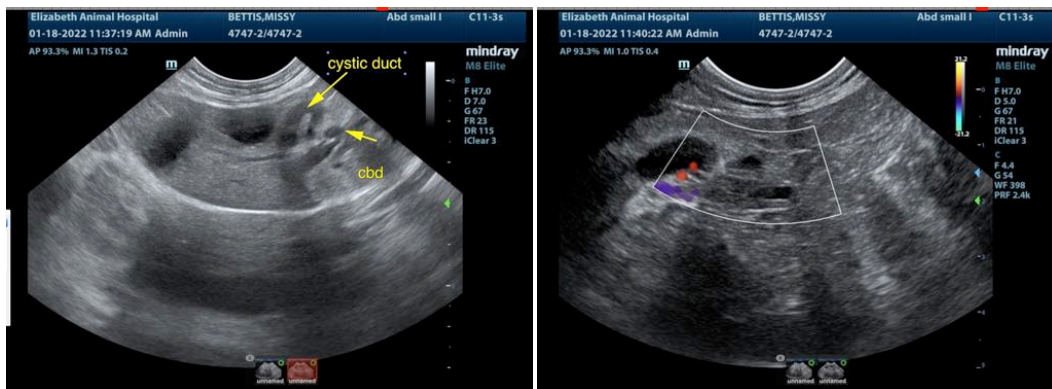
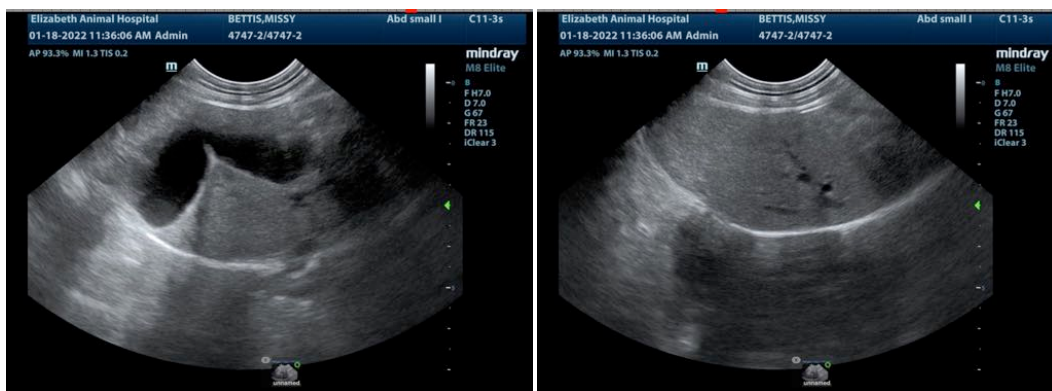
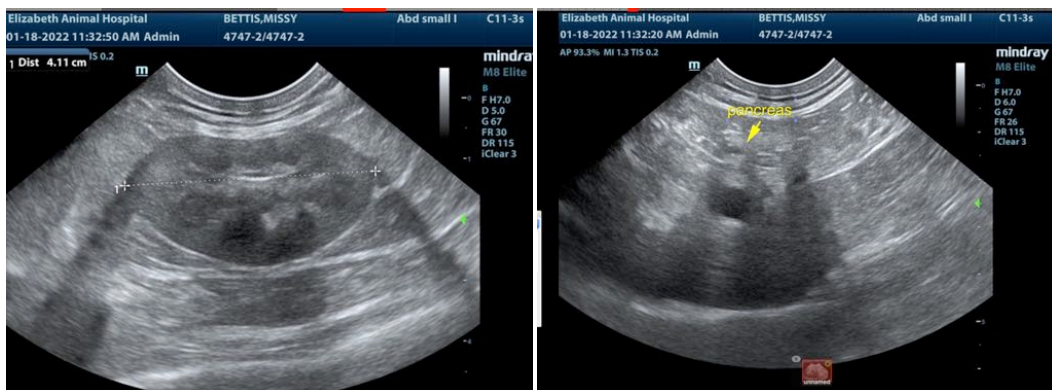
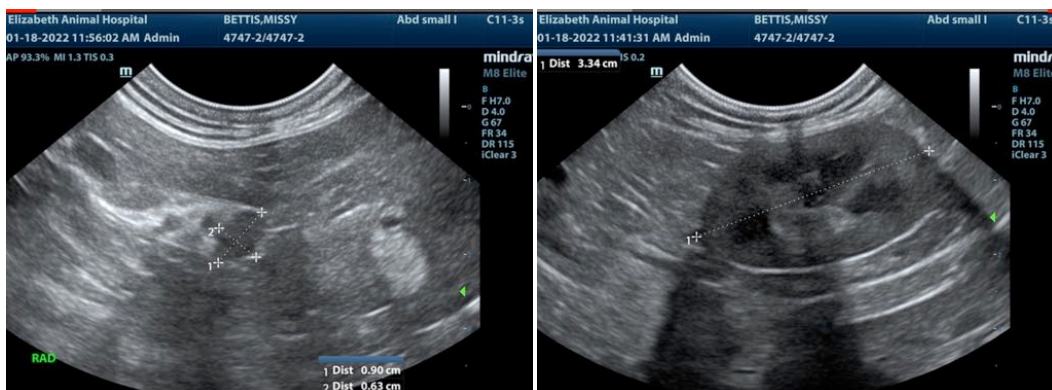
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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