

**DATE PRESENTING CLINICAL SIGNS**

1/25/22

History: Presenting Complaint: Not Eating; Not Urinating; Vomiting. Date: 01-23-2022 Notes: Not eating or drinking since Tuesday/Wednesday (4-5 days ago); no urination/BM in at least 4 days. No change in food given; does not seem lethargic to owner. She has been eating crunchy treats just not her cat food. Jan 6 had routine wellness exam; found ear infection; treated with Tresaderm for 10 days. Hx of dental disease; had 2 teeth pulled last year. Owner said Bella gets very nervous in the car and starts panting anytime she is transported and goes to vet. Assessment: Ddx mild gastroenteritis, IBD, pancreatitis, hepatic disease, renal disease, Thyroid disease, open.

**PATIENT**

Bella Shimmel

**SPECIES**

Feline

Current Medications: Gabapentin, Convenia (1/24), Vitamin B12, Pantoprazole, Cerenia.

Lab Results: Attached separately.

**BREED**

DSH

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

**SEX**

Spayed Female

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System****AGE**

1/23/17

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. 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 were noted. Ureteral papillae were normal.

**WEIGHT**

9.2 Pounds

The **kidneys** presented subtle irregular contour. This may be a normal variant or possibility of history of infarcts. The right kidney measured 4.03 cm. The left kidney measured 4.01 cm.

**INTERPRETED BY**Eric Lindquist, DMV  
DABVP, Cert. IVUSS**Adrenal Glands**The regions of the **adrenal glands** were unremarkable.**IMAGING PERFORMED BY**

Rachel Brilhart RDMS

**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 were noted.

**HOSPITAL NAME**Animal Emergency  
Hospital**Liver**

The **liver** presented mild increased portal markings and coarse architecture. The gallbladder and common bile duct were unremarkable. History of inflammatory hepatopathy likely. Minor hepatic enlargement present. Hepatic lymph nodes were mildly enlarged, reactive, measuring 1.5 cm x 0.8 cm.

**REFERRING VET**

Dr. Martinoli

**Gastrointestinal****INVOICE**

35068

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.

## Pancreas

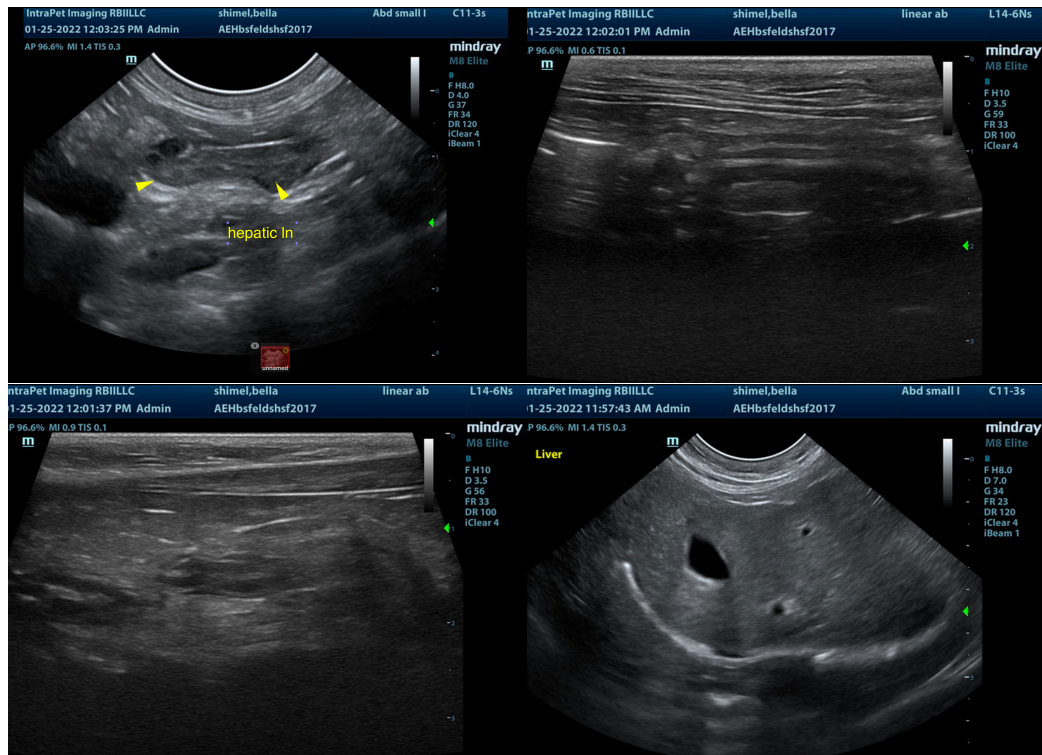
The **pancreas** was mildly enlarged, hypoechoic and mildly irregular, measuring 1.15 cm in width in the left limb. Pancreatic duct dilation noted at 0.19 cm. Minor areas of enhanced mesentery noted around the pancreas, suggestive for pancreatitis.

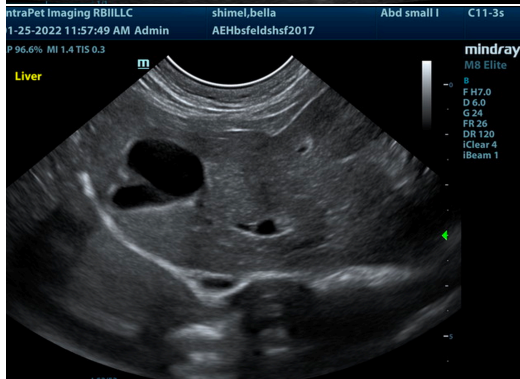
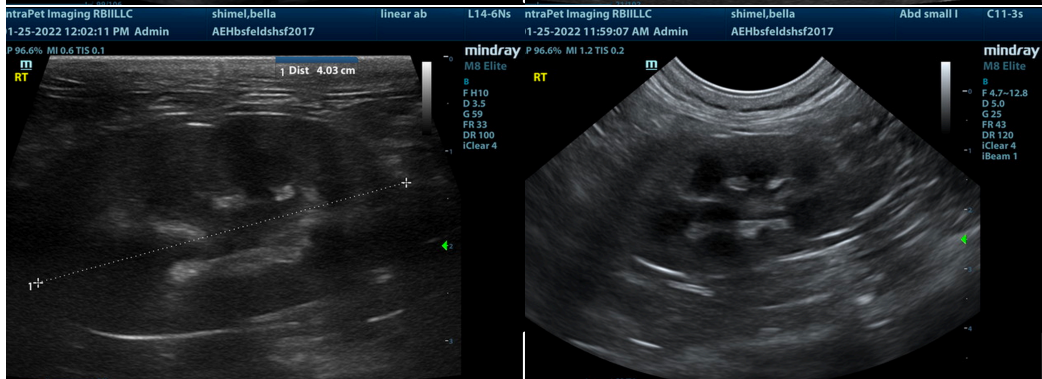
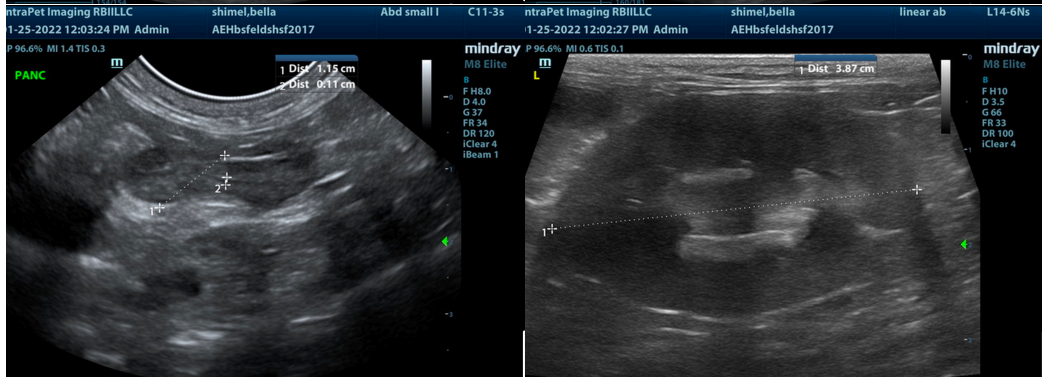
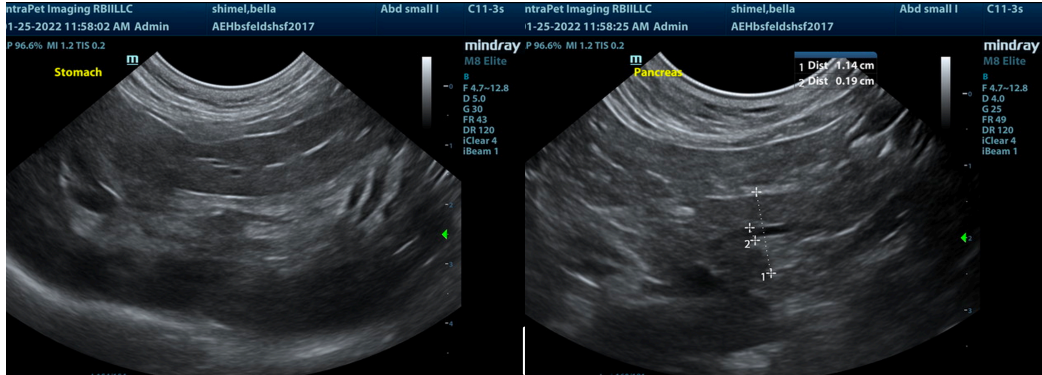
### ULTRASONOGRAPHIC FINDINGS

- Prominent, irregular pancreas with slight enhanced surrounding mesentery – suspect pancreatitis.
- Minor hepatic remodeling- consistent with history of cholangitis

### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Subxiphoid palpation is recommended to assess for pain or discomfort associated with the pancreas. Other causes of anorexia such as orthopedic pain, thoracic or CNS disease should also be considered, as the changes in the pancreas are fairly mild and subtle.





**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.

**Eric Lindquist**, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
[info@SonoPath.com](mailto:info@SonoPath.com)