



**PATIENT**

Bitsy Tenerife

**SPECIES**

Feline

**BREED**

DLH

**SEX**

Spayed Female

**AGE**

13 Years

**WEIGHT**

3.6 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Hayley Biederbeck

**HOSPITAL NAME**

Lomsnes VH

**REFERRING VET**

Dr. Hayley Biederbeck

**INVOICE**

14437

**DATE**

3/21/22

**PRESENTING CLINICAL SIGNS**

History: Inappetance, having to make food more enticing. More clingy which she typically does when not feeling well. Not losing weight U/S done in 2017 (sent to sonopath)-enlarged spleen and pancreatic nodule. Is on pred for chronic vaginitis (did u/s, vaginal cytology and was intensely irritated so tx with pred and helped), gabapentin for arthritis -I increased gabapentin last week when saw cat and is doing better since then (pancreatitis??) Gaba 50mg 1/2 tab TID Prednisolone 5mg 1/2 tab EOD Aventi GI powder SID

Abnormal PE/Chem/CBC/UA Results: Abdomen is sl doughy on palpation but no masses or nausea. Grade 2-3dd on few remaining teeth. Doing u/s to make sure pancreatic nodule/enlarged spleen haven't changed since 2017 before we do a dental CBC/Chem/u/a done in Sept and normal

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

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.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 3.5 cm.

**Adrenal Glands**

The regions of the **adrenal glands** revealed no evident pathology.

**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.

**Liver**

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

**Gastrointestinal**



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The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable.

### Pancreas

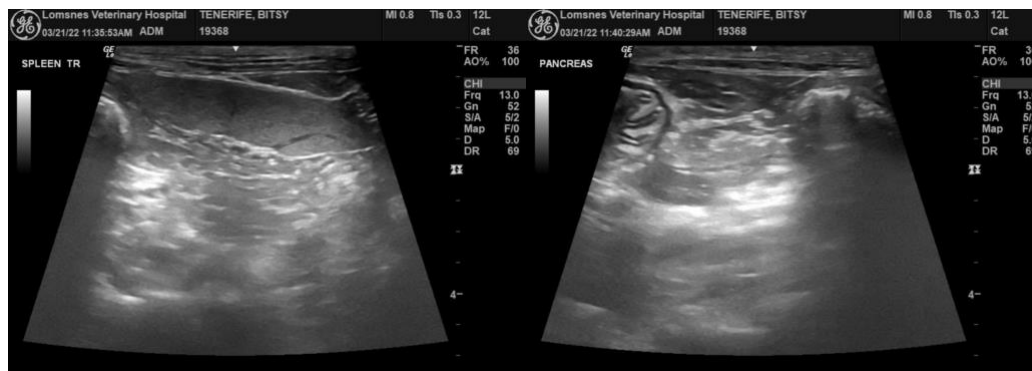
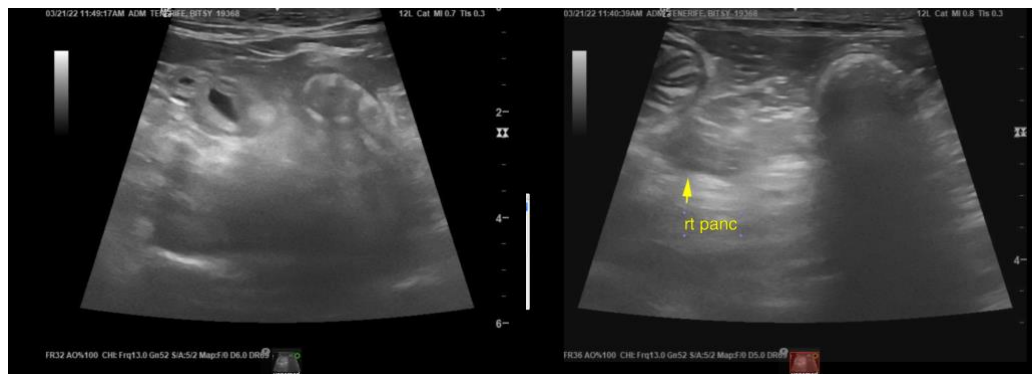
A hypoechoic, irregular region was noted in the right limb of the **pancreas**. Hyperechoic enhanced surrounding mesentery was noted around the right pancreatic limb. Subxiphoid palpation is recommended to assess for pain or discomfort associated with the pancreas.

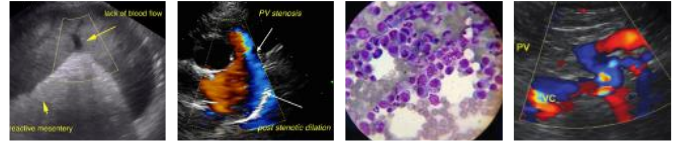
### ULTRASONOGRAPHIC FINDINGS

- Geriatric abdomen
- Suspect right pancreatitis in the right pancreatic base. Hypoechoic, irregular region noted in the right limb of the pancreas.

### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Subxiphoid palpation recommended. Pain management, IV fluid support and broad-spectrum antibiotics all indicated. Prednisolone may be suppressing a more significant presentation yet no obvious neoplasia noted.





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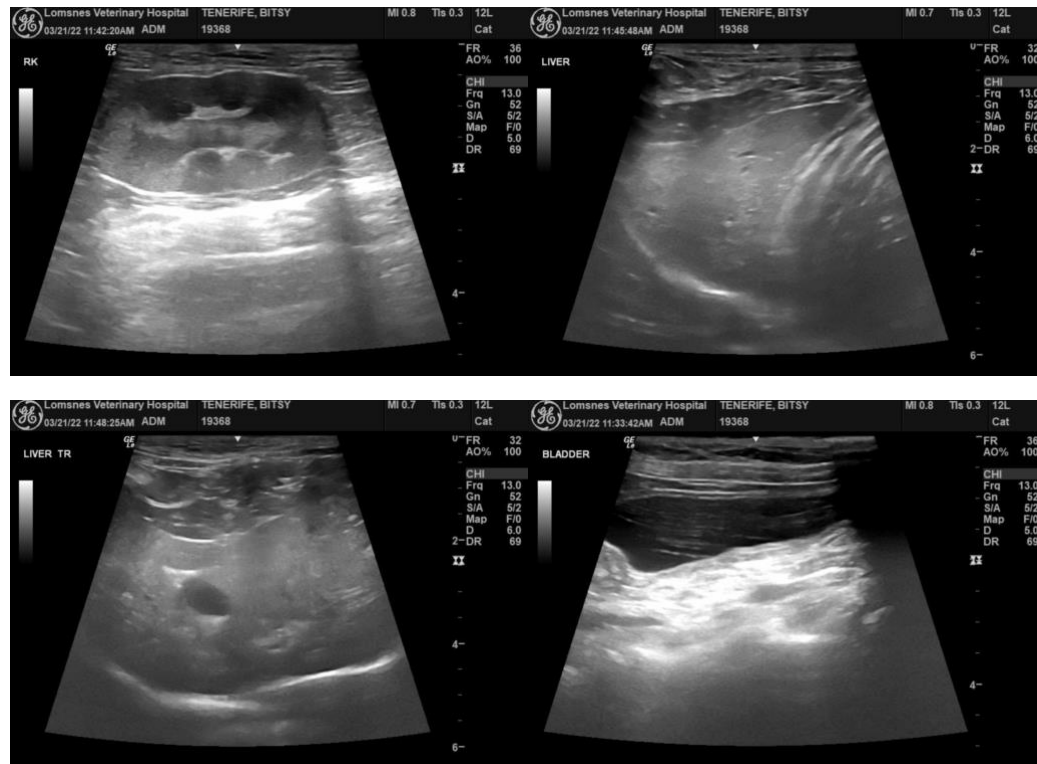
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Eric Lindquist**, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
info@SonoPath.com