



**PATIENT**

Bellatrix Gebhart

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Female

**AGE**

11 Years 11 Months

**WEIGHT**

7.4

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Michelle Mack

**HOSPITAL NAME**

Northside VC

**REFERRING VET**

Dr. Michelle Mack

**INVOICE**

21749

**DATE**

3/23/23

**PRESENTING CLINICAL SIGNS**

History: Patient presented for lethargy, anorexia and bloating starting 48hrs ago. DDX: Anorexia / FAD R/O: Infectious Vs Neoplasia Vs Other - Suspect Anemia from FAD

Abnormal PE/Chem/CBC/UA Results: Blood Pressure: RF / 3 cuff / Sternal 146/110 (124) Chem: - SDMA: 15 > / GLOB: 5.6 > CBC: - WBC: 31.36 > / NEU: 23.82 > / MONO: 2.22 > / EOS: 3.04 >

**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 **left kidney** revealed mild degenerative changes, slight cortical infarct and mild pyelectasia. The left kidney measured 4.2 cm.

The **right kidney** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 3.9 cm.

**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 adrenal glands measured 0.4 cm each.

**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** revealed mild uniform enlargement with slight increased portal markings. The gallbladder and common bile duct were unremarkable. The cystic duct was tortuous, not overtly pathological.

**Gastrointestinal**

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**



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The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

## SPECIES

Feline

## Other

A 1.5 cm wide hypoechoic tubular structure was noted in the region of the **uterus**. I'm presuming this patient is intact female. This appeared thickened with peripheral inflammation.

## BREED

DSH

## ULTRASONOGRAPHIC FINDINGS

## SEX

Female

- Thickened uterus with peripheral inflammation- Metritis is suspected.
- Minor left renal pyelectasia
- Slight increased portal markings in the liver with tortuous cystic duct
- Age-related abdominal changes elsewhere

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

## AGE

11 Years 11 Months

Ovariohysterectomy should be considered in this patient, especially if any vaginal discharge is an issue. Urinary work up is warranted if not already performed. No other evidence of pathology responsible for the clinical signs.

## WEIGHT

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## IMAGING PERFORMED BY

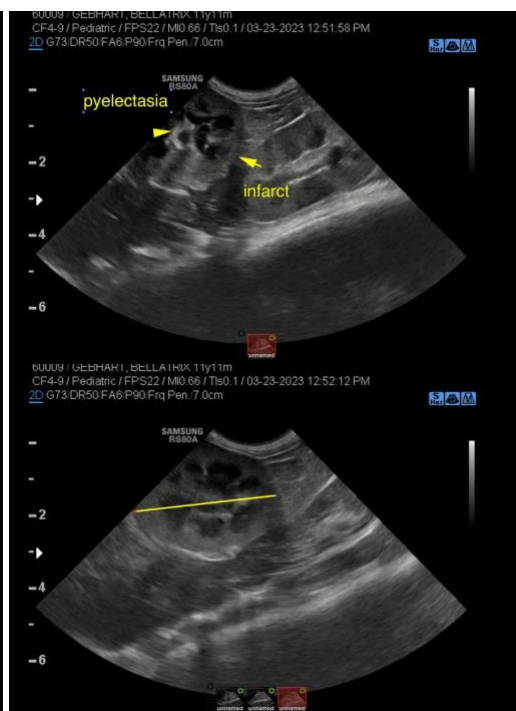
Dr. Michelle Mack

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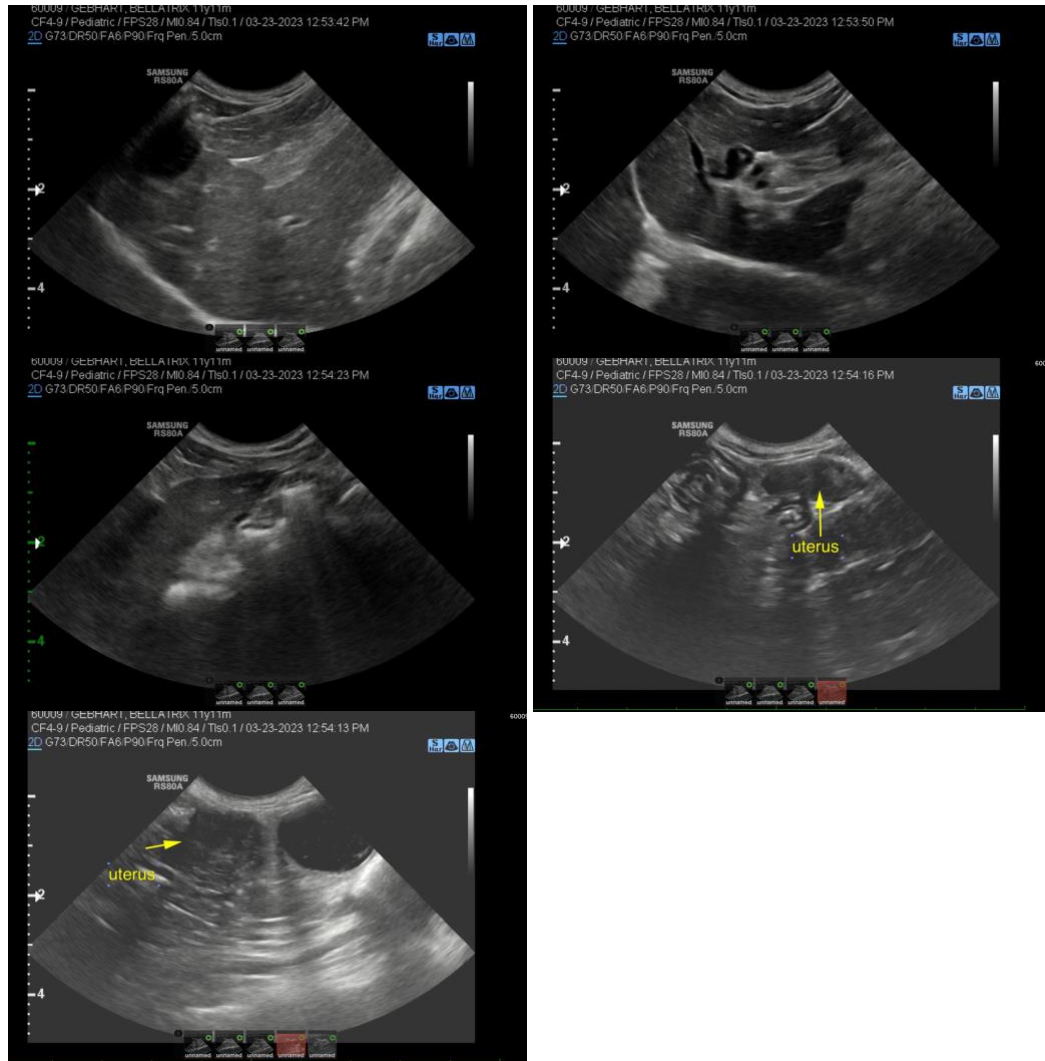
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
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