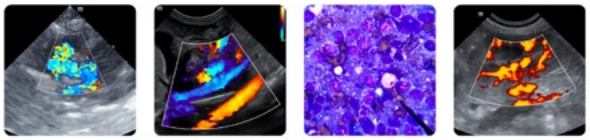


PATIENT

Clementine Howell

SPECIES

Feline

BREED

Sphinx

SEX

Spayed female

AGE

5 ½ years

WEIGHT

6.48 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Layna Irwin, DVM

HOSPITAL NAME

Boise Cat Clinic

REFERRING VET

Dr. Irwin

INVOICE

74387

DATE

4/9/26

PRESENTING CLINICAL SIGNS

History of behavioral episodes that mimic a heat cycle (not currently present). They occur sporadically and do not follow a regular monthly pattern, but seem to be triggered by environmental stressors, specifically the scent of other cats brought into the home by visitors.
An exploratory surgery was performed at another vet clinic in 2024 to rule out an ovarian remnant; samples from both the right and left ovarian pedicles were negative.
No prior hormone blood testing.
Presented for exam for possible IBM and IU (no LUTS) - vs. other cat in the home.
Abnormal PE/Chem/CBC/UA Results: Labwork Pending: IH UA: unremarkable (USG 1.037, pH 7.0, clean & quiet sediment

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is normally distended, and the wall of the urinary bladder appears thin and smooth. The urine is predominantly anechoic with scant suspended echoes. Normal appearance of the bladder neck and proximal urethra. There are no calculi, and no evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size, measuring 3.47×1.78 cm, with a cortical thickness of 0.35 cm in the sagittal plane. The right kidney is normal in shape and size, measuring 3.62×1.87 cm (cortical thickness not recorded). In both kidneys, the cortex is isoechoic relative to the hepatic parenchyma. The corticomedullary ratio is within normal limits and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

Reproductive System

Immediately caudal and dorsal to the urinary bladder, between the bladder and descending colon, there is a well-defined, thin-walled, fluid-filled cavitary structure. The lesion contains anechoic fluid and appears partially septated, with an internal division creating two communicating compartments.

The approximate size is 4×2.75 cm. The wall is very thin and smooth.

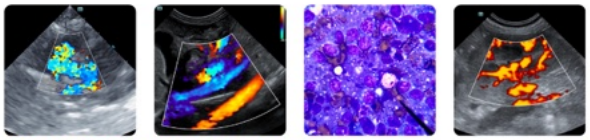
No ovarian tissue is confidently identified in the videos provided of the ovarian regions.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.28 cm at the cranial pole and 0.29 cm at the caudal pole. The right adrenal gland measures 0.26 cm at the cranial pole and 0.27 cm at the caudal pole.

Spleen

Splenic thickness is 0.86 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.



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Liver

The liver is subjectively normal in size, with sharp edges and a regular contour. The liver parenchyma looks uniform and isoechoic compared to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is observed.

The gallbladder lumen is normally distended. The wall is thin and the contents are primarily anechoic No evident dilation of the cystic duct or common bile duct is observed.

Gastrointestinal

The stomach is empty and folded, with a wall thickness of 1.66 mm and preserved layering. The duodenum measures 1.27 mm and the jejunum 1.74 mm, with normal wall layering. No evidence of obstruction, ileus, or foreign material is identified. The colon measures 0.78 mm, with a small amount of formed feces present.

Pancreas

The evaluated pancreatic areas do not show evidence of overt inflammation or neoplastic disease.

Free Abdomen

No sonographic evidence of abdominal effusion, peritonitis, or lymphadenomegaly is identified. The iliac trifurcation appears normal.

PRIMARY FINDINGS

- Thin-walled, fluid-filled, partially septated cystic-like structure (4×2.75 cm).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The main finding is a well-defined, thin-walled, fluid-filled cavitary structure located in the expected region of the uterine body/stump, with partial internal septation and anechoic content.

The morphology—thin, smooth wall and purely anechoic fluid without debris—is most consistent with a fluid-distended uterine stump, such as hydrometra or mucometra. The absence of wall thickening, intraluminal echogenic material, or surrounding inflammatory changes makes stump pyometra unlikely at this stage. However, this represents a hormonally responsive structure with potential for progression to stump pyometra over time.

No ovarian tissue is identified ultrasonographically; however, ultrasound does not exclude ovarian remnant syndrome, particularly when residual tissue is small or intermittently active.

Recommendations

- Hormonal evaluation (AMH) may be considered to assess for the presence of small amounts of

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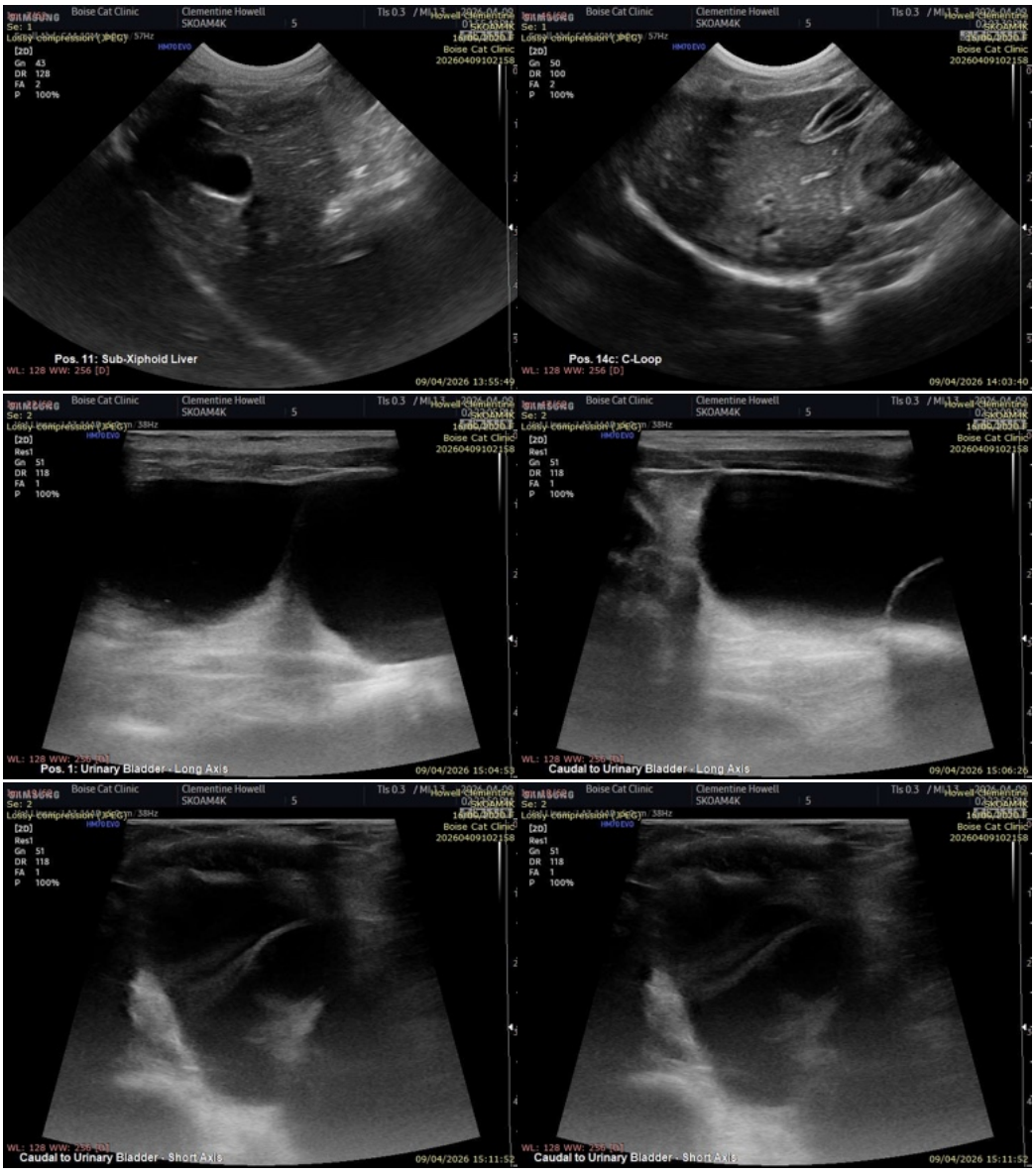
functional ovarian tissue.

- If surgical intervention is pursued for resection of the uterine stump, concurrent careful inspection of ovarian pedicles and adjacent regions is recommended to identify any residual ovarian tissue, recognizing that such tissue may be difficult to detect.

Final diagnostic and therapeutic decisions should be made by the attending veterinarian, who can best integrate these findings with the patient's clinical status.



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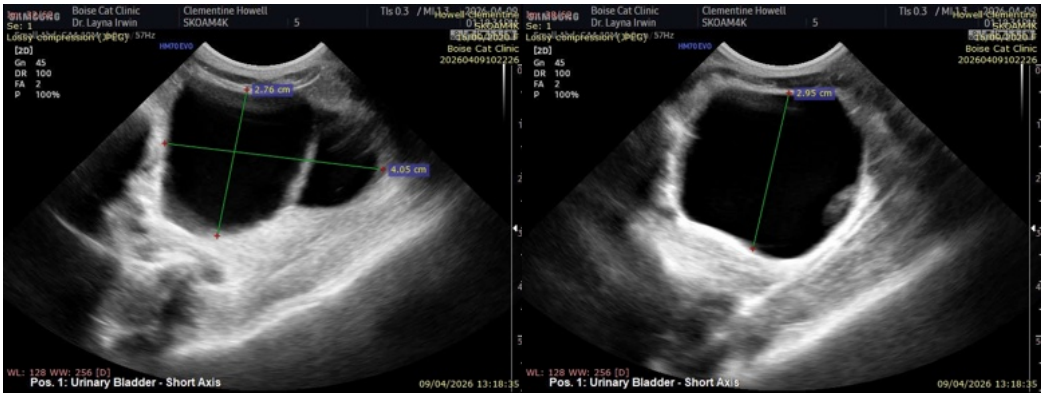

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Alicia Angosto Guerrero, DMV, PgDip, MSc.

info@SonoPath.com