



PATIENT

Posey Hagy

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, intact

AGE

12 Yrs.

WEIGHT

7 lbs.

INTERPRETED BY

Andrea Nicastro, DVM,
Diplomate ACVIM
(*Small Animal Internal
Medicine*)

**IMAGING
PERFORMED BY**

Dr. Danielle Lanz

HOSPITAL NAME

New Holland VH

REFERRING VET

Dr. Danielle Lanz

INVOICE

14513

DATE

1/25/23

PRESENTING CLINICAL SIGNS

Presented 1/23/23 comatose with BG >600, ketonuria, temp 93. No prior medical history, O has had for 2 years. Currently being treated for DKA with good response to insulin and vitals are now stable with slow improvement in mentation. Glucose is now being regulated on humalog R insulin. Currently eating through E-tube. Currently on LRS IV fluids, Ursodiol, Aluminum hydroxide, Cerenia, Prozac insulin, Convenia, calcium supplementation started 1/25/23

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone is normal.

The left kidney is normal size (3.57 cm in length) with an irregular shape. The cortex is variably thickened and mildly hyperechoic. There is moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths or hydroureter.

The right kidney is normal size (3.24 cm in length) with a slightly irregular shape. The cortex is variably thickened and hyperechoic and there is moderate loss of corticomedullary distinction. Severe pyelectasia is present (0.96 cm in the longitudinal plane). A 0.46 cm nephrolith is observed in the region of the renal pelvis. At least one other focus of mineralization is observed. There is no obvious evidence of hydroureter.

Adrenal Glands

The adrenal glands are not definitively visualized in the available images.

Spleen

In the visualized portion of the spleen, it appears normal in size (0.78 cm in width at the level of the hilus) with normal curvilinear peripheral contours. The parenchyma is of appropriate echogenicity and echotexture. No focal lesions are observed.

Liver

The liver is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal.

Gastrointestinal

The gastric lumen is mildly distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.



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Free Abdomen

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The uterine horns are severely distended (up to 3.86 cm) with echogenic fluid. The uterine body is prominent in size (0.77 cm in width) and mildly distended with echogenic fluid.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The uterine changes are most consistent with pyometra. However, mucometra or hydrometra cannot be completely excluded.
- The trace ascites is likely secondary to uterine pathology.

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Secondary Findings:

- Bilateral, degenerative renal changes with severe left pyelectasia and nephrolithiasis.
- The hepatic parenchymal changes in conjunction with the patient's clinical history and elevated liver enzymes may be secondary to sepsis, hepatic lipidosis, vacuolar hepatopathy (i.e., secondary to diabetes mellitus), inflammatory disease, infiltrative neoplasia (less likely), other hepatopathy.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A vaginal cytology is recommended to help confirm the diagnosis of pyometra. Ultimately, however, an ovariohysterectomy with submission of the uterus for histopathology and aerobic/anaerobic cultures is recommended. Thoracic radiographs should be performed prior to anesthesia to assess cardiopulmonary status.
- Regarding the renal changes, a urine culture and sensitivity is recommended along with a baseline blood pressure measurement.
- Continued supportive care for diabetic ketoacidosis is also recommended.

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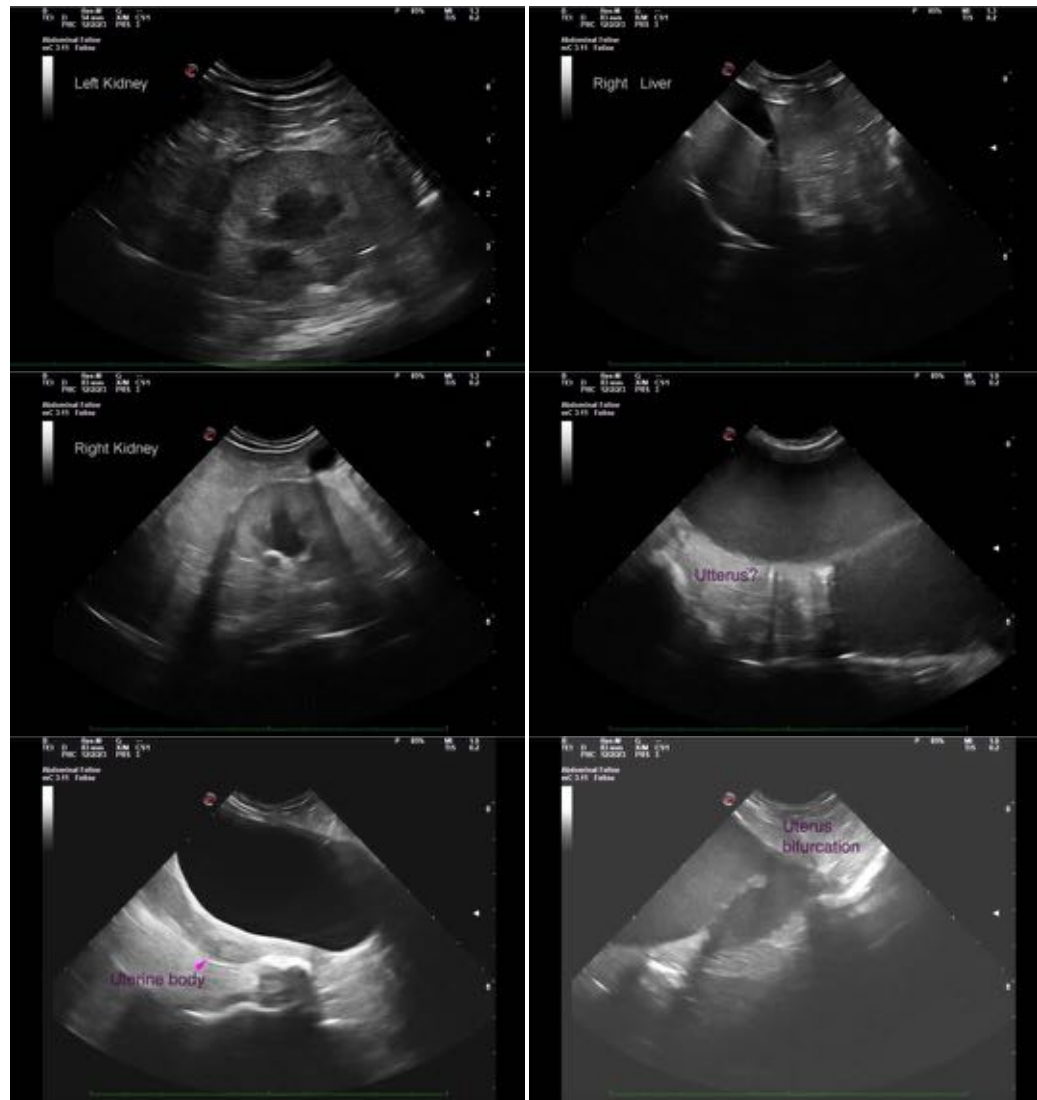
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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