

**DATE PRESENTING CLINICAL SIGNS**

2.10.2023

Fine yesterday - last night: while lying on the couch looked like she was trying to defecate but nothing came out This AM: wouldn't eat or drinking and would hardly move - seemed more lethargic than normal, seemed like she was out of focus Owner noted that she seemed like she was drinking and urinating more Owner noted was still bloated when she got home did notice some weight loss but thought it was due to the bloating coming down - everything else was normal Presented to rDVM: - Was adopted 3 weeks ago - had pyometra procedure with HSHC - today not interested in eating or drinking, lethargic - last night looked like she had a stomach spasm like she was trying to defecate while laying down - Pe: abdominal distention +/- fluid wave.

PATIENT

Riley Vermace

SPECIES

Feline

Lab Results:

Glob 5.3 (2.8-5.1), Glu 416 (71-159), Wbc 28.51 (2.87-17.02), Suspected bands, Retic 53.2 (3-50)

BREED

DSH

Radiographs: Rads: decreased serosal detail, mild hepatomegaly.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Requested.

Imaging Performed By: Andi Parkinson, RDMS.

SEX

Spayed Female

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**AGE**

2/10/10

Urinary System

The urinary bladder, trigone, and pelvic urethra are 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 and visible portion of the proximal urethra are normal.

WEIGHT

7.5 lbs

The left kidney is normal in size (3.92 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with poor corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

INTERPRETED BY

Andrea Nicastro,
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The right kidney is normal in size (3.89 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is poor corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

Adrenal Glands

The region of the adrenal glands is evaluated. No obvious pathology is observed.

HOSPITAL NAME

Animal EH

Spleen

The spleen is normal in size (0.77 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

REFERRING VET

Dr. Nacke-Horney

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 portal vein to caudal vena cava ratio is approximately 1: 1.

INVOICE

12208

The gall bladder lumen is moderately distended. The wall is thin and smooth. A scant amount of adhered debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is normal to moderately thickened (up to 0.37 cm) with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas

The right limb is prominent to enlarged with minimal deviation from the normal peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is not overtly dilated.

Free Abdomen

The mesentery throughout the abdomen is hyperechoic. Trace free fluid is observed. The abdominal lymph nodes are normal/not visible.

Other

The uterine stump is enlarged (up to 2.35 cm in width) and irregular. The wall is thickened (up to 0.44 cm), a large amount of echogenic/heterogenous material is observed within the lumen. Surrounding mesentery is hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

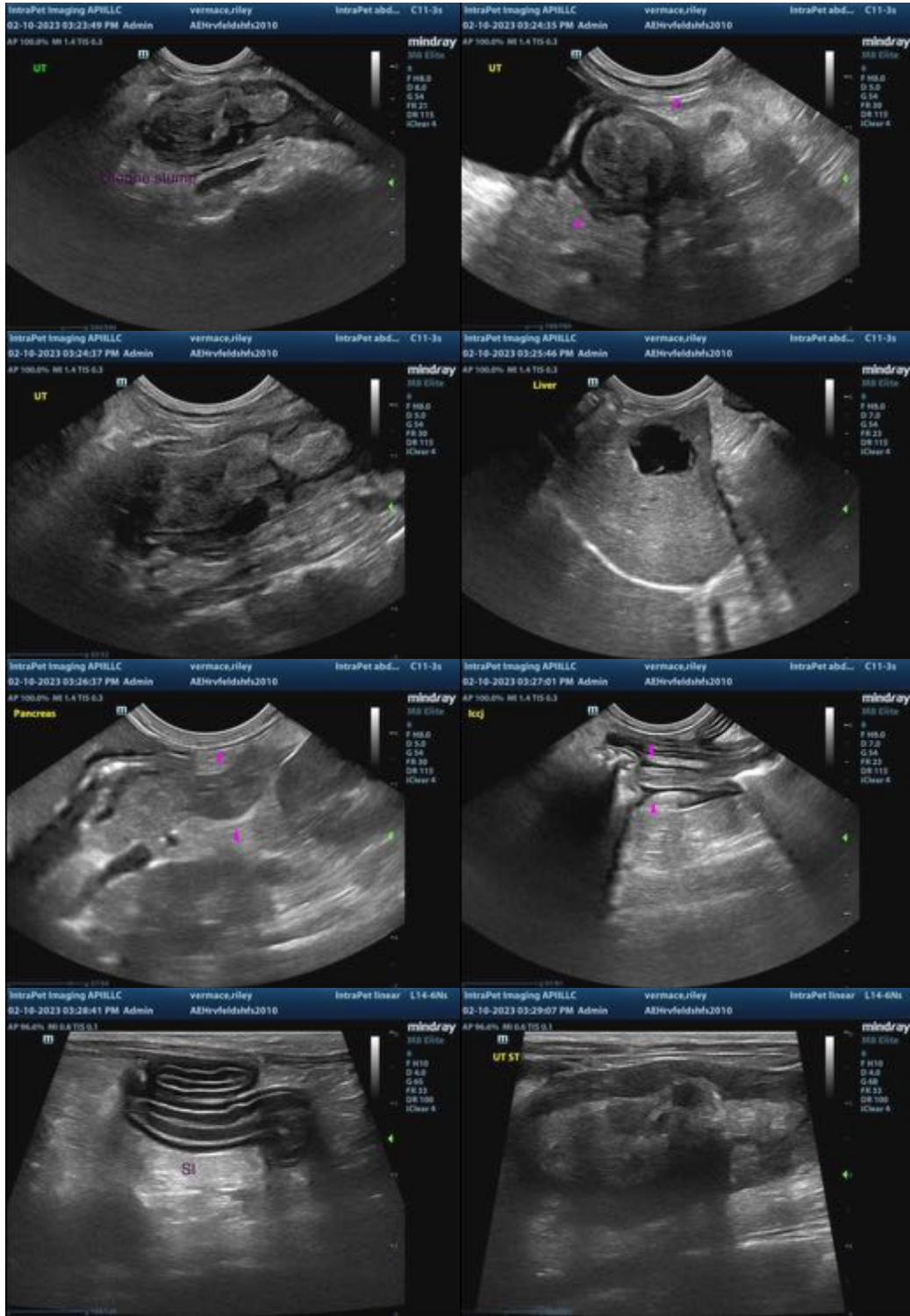
- The uterine stump changes are concerning for a stump pyometra with adjacent peritonitis.

Secondary Findings

- Bowel pattern consistent with inflammatory bowel disease with potential for emerging lymphoma.
- The pancreatic changes are suggestive of chronic pancreatitis.
- Bilateral degenerative renal changes with right dystrophic mineralization.
- Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider vaginal cytology to further assess for stump pyometra.
- Given the uterine changes and the patient's clinical history, an abdominal exploratory with removal of the uterine stump is recommended.
- Symptomatic care for diabetic ketoacidosis is also recommended (including regular insulin, fluid therapy, broad-spectrum antibiotics and other symptomatic measures).



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.

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