



PATIENT

Miche Severin

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, intact

AGE

7 Yrs. 4 months

WEIGHT

3.43 kg.

INTERPRETED BY

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

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

Dr. Galvis

INVOICE

14553

DATE

2/7/23

PRESENTING CLINICAL SIGNS

History: Miche, a 7 years and 5 months old F Domestic Short Hair was presented to the MVS Emergency Service on Feb 07, 2023, at 9:56am, for evaluation of vulvar discharge. Miche developed white, mucousy vulvar discharge 4 days ago. She was started on Orbifloxacin 3 days ago. Owner has not seen any improvement, and actually thinks Miche is experiencing more discharge, as well as thicker discharge. She is otherwise eating/drinking/voiding normally, and her energy level is normal. No other clinical symptoms. Miche has a hx of allergic bronchitis and is allergic to clavamox. There are 4 other cats at home, and they live in an outdoor enclosed cat pen, per owner. Miche has been showing estrus behavior in the last few days but this has happened before several times and she never had discharge. Current medications: Orbifloxacin 22.5mg PO SID, last dose this am Prednisolone 2.5mg PO every other day PRN for bronchitis flareups, last dose in mid-January
Abnormal PE/Chem/CBC/UA Results: Chem- WNL WBC - 28.77 (2.87-17.02) NEU- 24.52 (2.30-10.29) Mono- 0.68 (0.05-0.67) Urinalysis: Collected Via Cystocentesis SG - >1.050 Pro - 30mg/dL BLD - 250 RBC - >50/HPF Crystals - 1-5/HPF Sruvite 21-50/HPF

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A small amount of suspended echogenic debris is observed within the lumen along with a scant amount of gravity-dependent mineralized sand. No masses, inflammatory changes or calculi are observed. The region of the trigone and the visible portion of the proximal urethra rea normal.

The left kidney is normal size (3.37 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (3.37 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal in size (0.35 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.34 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.80 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are



PATIENT

observed. The cystic and common bile ducts are normal.

Miche Severin

Gastrointestinal

SPECIES

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 thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal. No obvious obstructive disease is noted.

Feline

BREED

Domestic shorthair

Pancreas

SEX

The pancreas is diffusely visible with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is not overtly dilated. The mesentery effacing the serosal surface is slightly hyperechoic.

Female, intact

Free Abdomen

AGE

Trace free fluid is observed. The media iliac lymph nodes are visualized (left 1.37 cm length; right 1.21 cm length). A few prominent cranial to mid-abdominal lymph nodes are also seen. All nodes are normal in shape and echogenicity.

7 Yrs. 4 months

WEIGHT

Other

3.43 kg.

The ovaries are subjectively normal in size (left ovary 1.04 x 0.55 cm; right ovary 1.41 x 0.43 cm). Ill-defined cystic structures are observed in both ovaries.

INTERPRETED BY

The uterine body is prominent in size (0.67 cm in diameter). The left and right uterine horns are dilated (1.96 cm - left; 0.43 cm - right). Throughout the uterine lumen, echogenic tissue with ill-defined cystic structures is observed. The left uterine horn is also moderately to severely fluid-distended near the uterine bifurcation. The mesentery surrounding the uterus is hyperechoic.

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

ULTRASONOGRAPHIC FINDINGS

**IMAGING
PERFORMED BY**

Primary Findings:

Tom McNeill

- The uterine changes are most consistent with cystic endometrial hyperplasia +/- concurrent pyometra, hydrometra or mucometra. Pyometra is favored given the patient's clinical history. Adjacent retroperitonitis is present.

HOSPITAL NAME

SVS Imaging CT

Secondary Findings:

REFERRING VET

Dr. Galvis

- Urinary bladder debris with mineralized sand.
- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- The pancreatic changes are suggestive of mild pancreatitis (rule out acute vs chronic, active pancreatitis).
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

INVOICE

14553

DATE

2/7/23



PATIENT

- Bilateral cystic ovaries.

Miche Severin

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, intact

AGE

7 Yrs. 4 months

WEIGHT

3.43 kg.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

Dr. Galvis

INVOICE

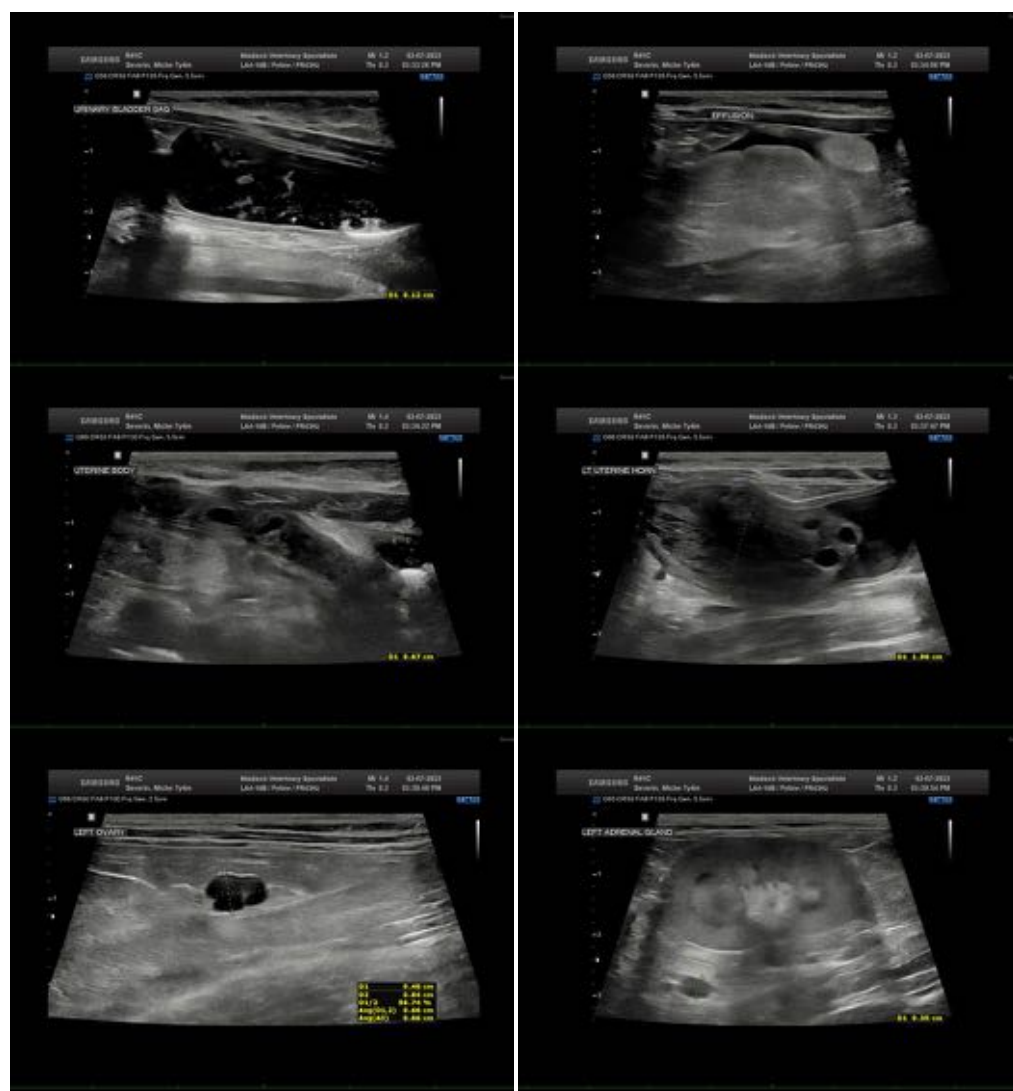
14553

DATE

2/7/23

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A vaginal cytology is recommended to further evaluate for pyometra. Ultimately, an ovariohysterectomy is strongly recommended with submission of the uterus for histopathology. Thoracic radiographs are recommended prior to anesthesia to assess cardiopulmonary status.
- Consider an fPLI to further evaluate for pancreatitis.
- Symptomatic care is recommended while awaiting surgery and other test results.





PATIENT

Miche Severin

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, intact

AGE

7 Yrs. 4 months

WEIGHT

3.43 kg.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

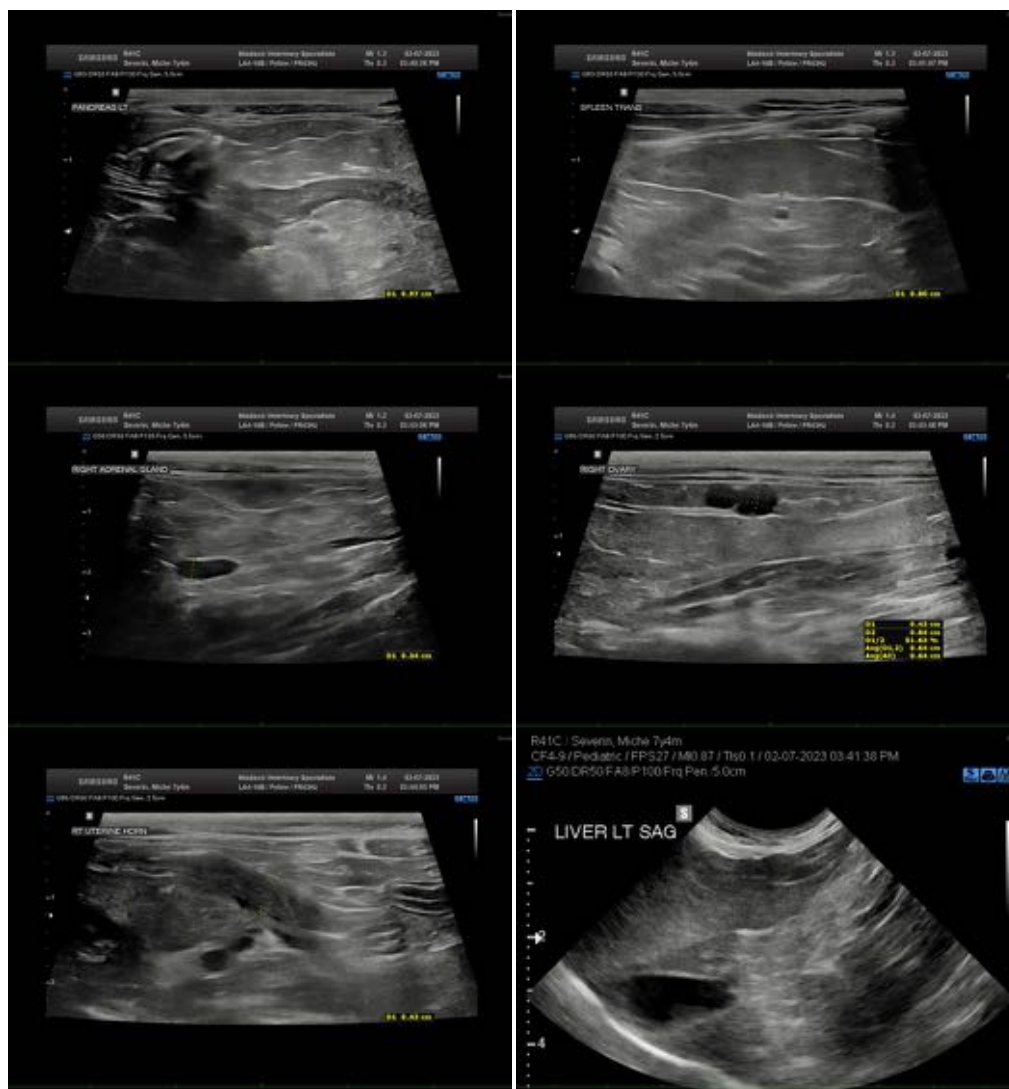
Dr. Galvis

INVOICE

14553

DATE

2/7/23



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)
info@SonoPath.com