



PATIENT

Running With Scissors

SPECIES

Feline

BREED

DSH

SEX

Female Intact

AGE

7.28.2014

WEIGHT

4.16 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Flowerstown AH

REFERRING VET

Dr. Pignatello

INVOICE

11283

DATE

7.29.22

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: P presented with clear/yellow vaginal discharge and rapid weight loss.

Abnormal lab-work values: WBC- 40.17 K/uL

LYMPHS-10.48 K/uL

MONOS-2.18 K/uL

NEUTRO- 26.41 K/uL

Current Medications: None

Radiographic Findings: Emailing report and images

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The cystourethral junction and the visible portion of the proximal urethra are normal.

The **left kidney** is normal size (3.52 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The **right kidney** is normal size (3.63 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The **left adrenal gland** is enlarged (0.67 cm width) and slightly rounded. The parenchyma is of appropriate echogenicity. Glandular detail is normal. Surrounding vasculature is normal.

The **right adrenal gland** is normal size (0.65 cm width) and slightly rounded. The parenchyma is of appropriate echogenicity. Glandular detail is normal. Surrounding vasculature is normal.

Spleen

The **spleen** is normal in size (0.54 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.

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 **gall bladder** lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. 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 thickness is normal with a normal layering pattern and appropriate mural detail. There is



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disruption in the normal 1:3 muscularis: mucosal ratio in some segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

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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

There is no obvious evidence of free fluid. The abdominal **lymph nodes** are normal/not visible.

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Other

The uterus is diffusely distended with echogenic fluid. In what appears to be the left uterine horn, a 1.03 cm irregular tissue structure is observed within the lumen.

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A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

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Primary Findings

- The uterine changes are most consistent with a pyometra, with a lower possibility of mucometra or hydrometra. The echogenic tissue structure within the left (suspected) uterine horn may represent a resorbing fetus, tumor, granuloma, other.

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Secondary Findings

- The small intestinal wall changes are suggestive of inflammatory bowel disease. Correlation with the patient's clinical history is recommended.
- The bilateral adrenomegaly may be secondary to stress, hyperplastic change or may be a normal variation for this patient.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An ovarian hysterectomy is recommended with submission of the uterus/luminal tissue structure for histopathology.

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If GI signs are present, consider further workup (i.e., malabsorption panel, fecal for ova/Giardia +/- GI biopsies).

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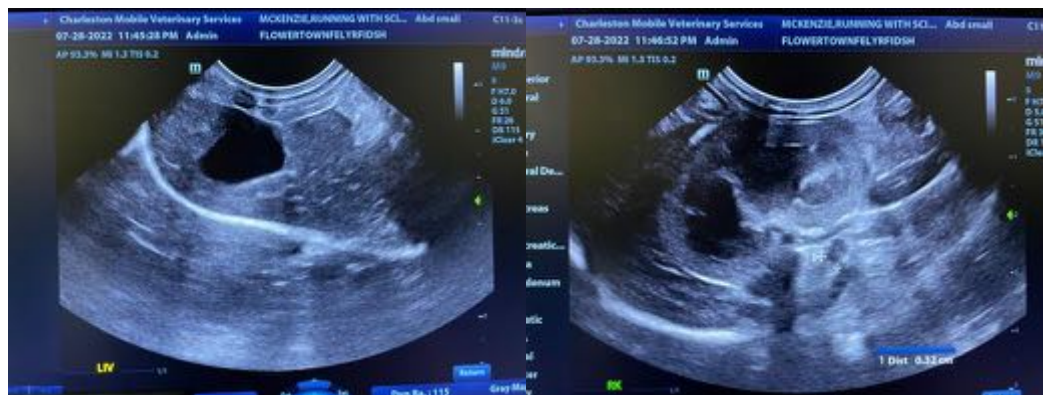
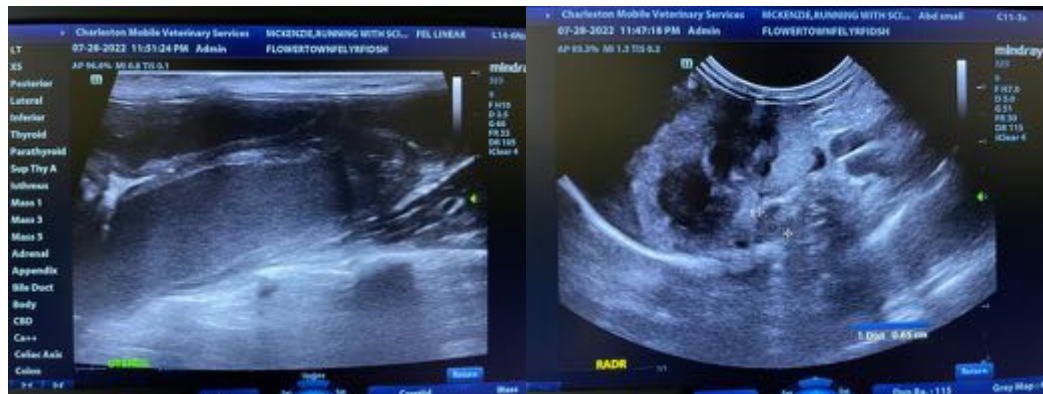
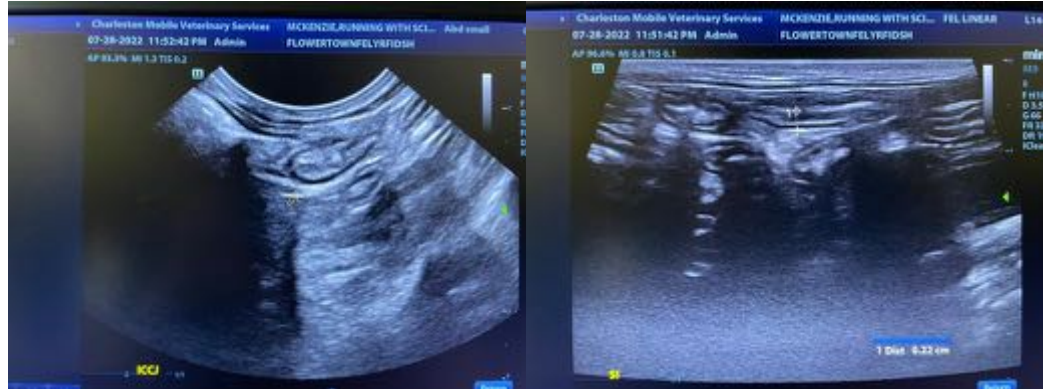
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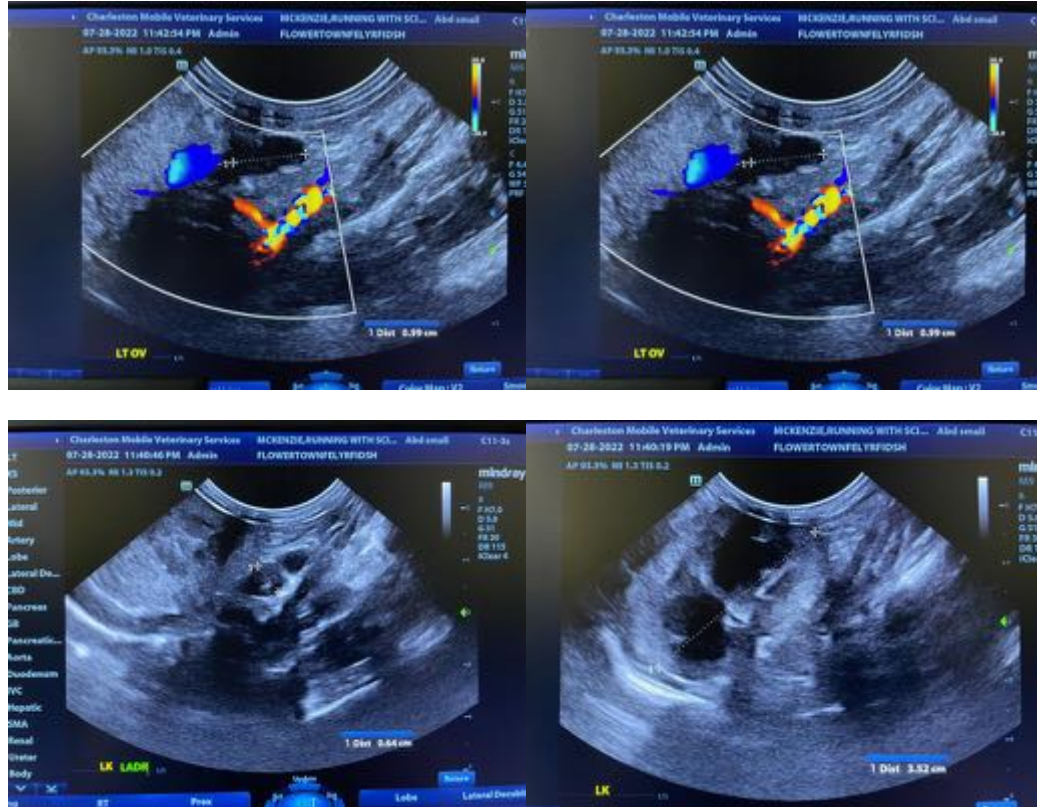
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@SonoPath.com