

**DATE PRESENTING CLINICAL SIGNS**

1/17/23

Patient presents for evaluation of vulvar discharge. Patient was spayed as a kitten but told only had one ovary due to a birth defect. Patient has regularly gone into heat lifelong. Concern for potential stump pyometra.

PATIENT

Elbee McKnight

Current Medications: None current.

Lab Results: Labwork pending with UA.

Date of Previous IntraPet Ultrasound: No previous.

SPECIES

Feline

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Stephanie Warga RDCS, RVT.

BREED

Tortoise Shell

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Intact Female

Urinary System

The urinary bladder is moderately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

AGE

10/16/14

The right kidney is large (compensatory) in size (4.79 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

WEIGHT

8 Pounds

There is no visible left kidney present in this patient. There is an amorphous, non-discrete, small structure in the area of the left kidney that appears to be attached to an anechoic tubular structure that could represent the left ureter, so it is unclear whether the left kidney never developed or whether this is significant end stage chronic kidney disease of the left kidney.

INTERPRETED BYBeth Johnson, DVM
DACVIM**Adrenal Glands**

The right adrenal gland is normal in size (0.30 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

HOSPITAL NAME

Perry Hall AH

The left adrenal gland is normal in size (0.25 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

REFERRING VET

Dr. Miller

Spleen

Spleen is subjectively large in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal. The spleen is folded upon itself, which is a positional non-pathologic variant.

INVOICE

44279

Liver

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no evidence of free peritoneal effusion noted in these images.

There is no apparent lymphadenopathy noted in these images.

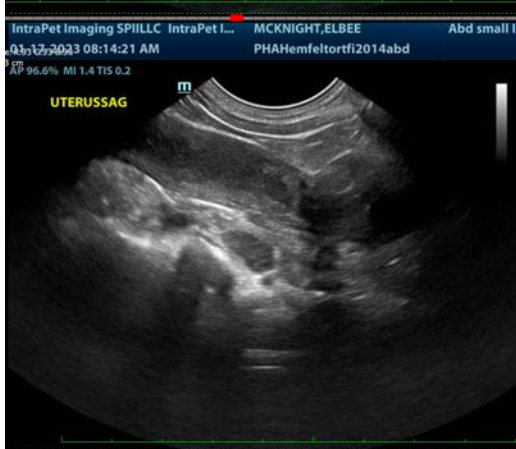
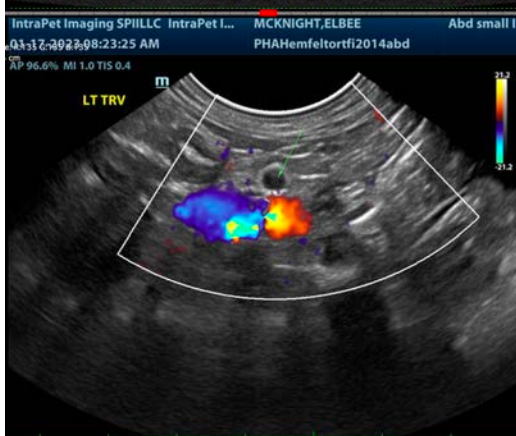
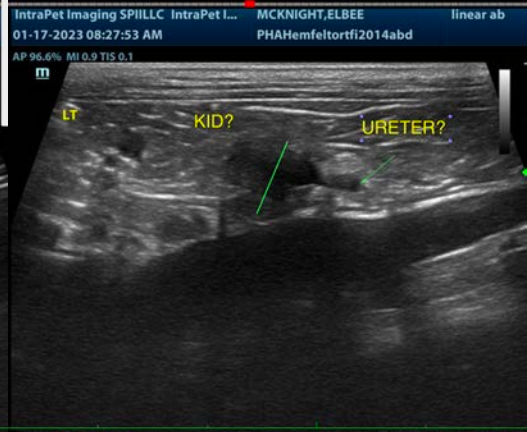
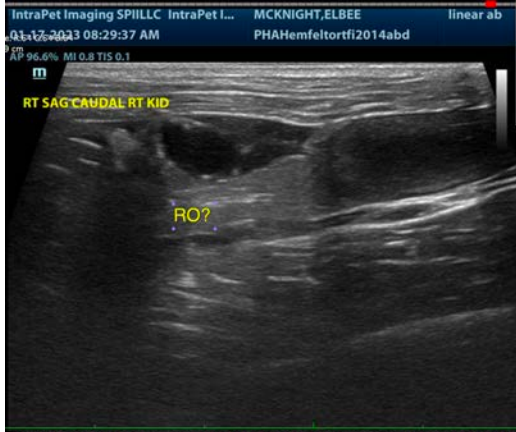
The uterine stump is markedly fluid distended. Caudal to the right kidney, there is a heterogeneous, hypo- to anechoic structure that likely represents a right ovary. No visible ovary is present on the left side.

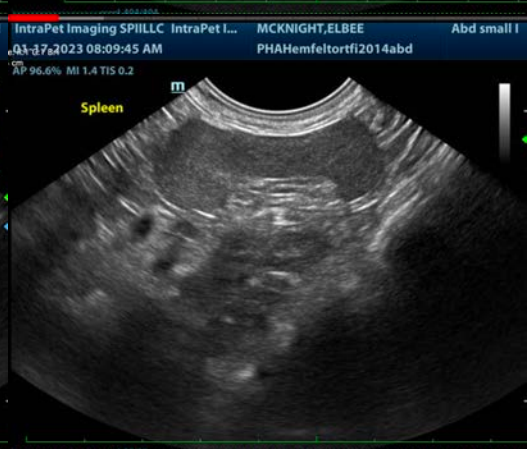
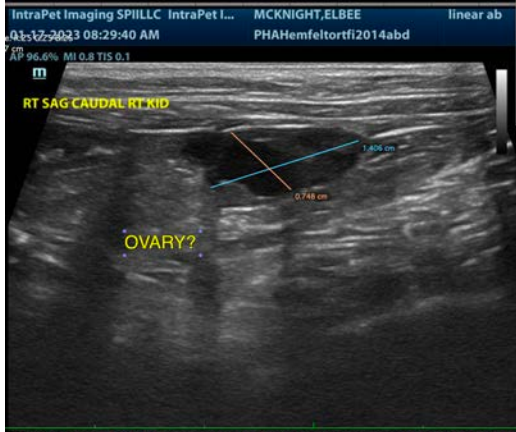
ULTRASONOGRAPHIC FINDINGS

- **Fluid dilated uterine stump** – Concerning for a stump pyometra, given this patient's reported clinical history. This finding appears to be the result of a right ovarian remnant.
- **This patient appears to be missing the left kidney with a large (compensatory) right kidney** – This finding should be interpreted in combination with any clinical pathologic evidence of chronic kidney disease.
- **Coarse splenomegaly** – can be associated with congestion caused by sedation (if sedated) but can also be associated with diffuse infiltrative disease. Both benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia, amyloidosis as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given this patient's lifelong history of heat cycles combined with the current vaginal discharge and fluid dilated uterine stump, there is concern for a retained ovary and stump pyometra. If that concern matches this patient's clinical picture, then an exploratory laparotomy for planned right ovary removal, etc. could be considered.







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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