



## PATIENT

Bun Topel

## SPECIES

Feline

## BREED

DSH

## SEX

Spayed Female

## AGE

11 Years

## WEIGHT

6.82

## INTERPRETED BY

Beth Johnson, DVM  
DACVIM

## IMAGING PERFORMED BY

Craig Seyler, DVM

## HOSPITAL NAME

Wilvet South

## REFERRING VET

Craig Seyler, DVM

## INVOICE

75664

## DATE

6/4/26

## PRESENTING CLINICAL SIGNS

This afternoon when O got home from work pt did not come out to eat. O noticed a spot of red on the carpet and then saw a blood clot coming from pt's vulva. There was also a clear/brown odorless liquid from vulva. Pt was wnl this am, but O had noticed some pink tinged spots around the house the past few days.

Abnormal PE/Chem/CBC/UA Results: PE limited due to poor patient compliance. HL ausc WNL. Coat is mostly normal but Bun has some red tinged dried debris at both sides of the Vulva. I verified with the owner that the lump of blood was within the vulva folds, and Kristin said yes. UA - USG 1.024, pH6, WBC 50/hpf, RBC 11/hpf. no bacteria seen. CHEM: Total protein and globulin elevated CBC: WNL

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder is adequately 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.

Labeled still images of the kidneys are not provided. While both kidneys may be imaged, I'm not sure based on the order of images which is which or if the right kidney is definitively visualized.

What I believe to be the left kidney is overall normal in size (4.0 cm) and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. Mild pyelectasia is noted. No mineral or infarcts observed.

The area of the right kidney is imaged but I don't see the kidney well enough to assess or measure.

### Adrenal Glands

The adrenal glands are unable to be visualized in these images.

### Spleen

The spleen is subjectively normal 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.

### 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 stomach is moderately distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no



## PATIENT

Bun Topel

evidence of obstruction, foreign material or infiltrative disease. If patient was appropriately fasted, delayed gastric emptying could be considered. Non-shadowing foreign material is considered less likely but cannot be definitively ruled out.

## SPECIES

Feline

If clinical signs are consistent (vomiting, etc.), recommendations include supportive medical care, 24 hours fasting and re-image.

## BREED

DSH

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta/chyme. There is no evidence of obstruction, foreign material or infiltrative disease.

## SEX

Spayed Female

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

## AGE

11 Years

### **Pancreas**

The pancreas that is observed appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

## WEIGHT

6.82

### **Free Abdomen**

There is no visible free peritoneal effusion noted in these images.

## INTERPRETED BY

Beth Johnson, DVM  
DACVIM

There is no apparent pathologic lymphadenopathy noted in these images.

## IMAGING PERFORMED BY

Craig Seyler, DVM

### **ULTRASONOGRAPHIC FINDINGS**

- Age related kidney changes with mild pyelectasia, at least in the left kidney.
- Otherwise, this is a relatively unremarkable/normal structural abdomen without a definitive intraabdominal ultrasonographically visible explanation for patient's reported clinical signs.

## HOSPITAL NAME

Wilvet South

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Hormone testing could be considered to further investigate an ovarian remnant, which could result in uterine stump pathology. Neither one is ultrasonographically visible, but are unable to be definitively ruled out, especially if there is a history of these episodes prior to this time.

## REFERRING VET

Craig Seyler, DVM

Advanced imaging such as a caudal abdominal/pelvic contrast CT scan could be considered and/or ultimately vaginoscopy/cystoscopy may be necessary for further visual evaluation and sampling of any abnormal tissue noted.

## INVOICE

75664

Other than supportive/symptomatic medical management of clinical signs, further treatment recommendations are largely dependent on results of the above.

## DATE

6/4/26



**PATIENT**

Bun Topel

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

11 Years

**WEIGHT**

6.82

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Craig Seyler, DVM

**HOSPITAL NAME**

Wilvet South

**REFERRING VET**

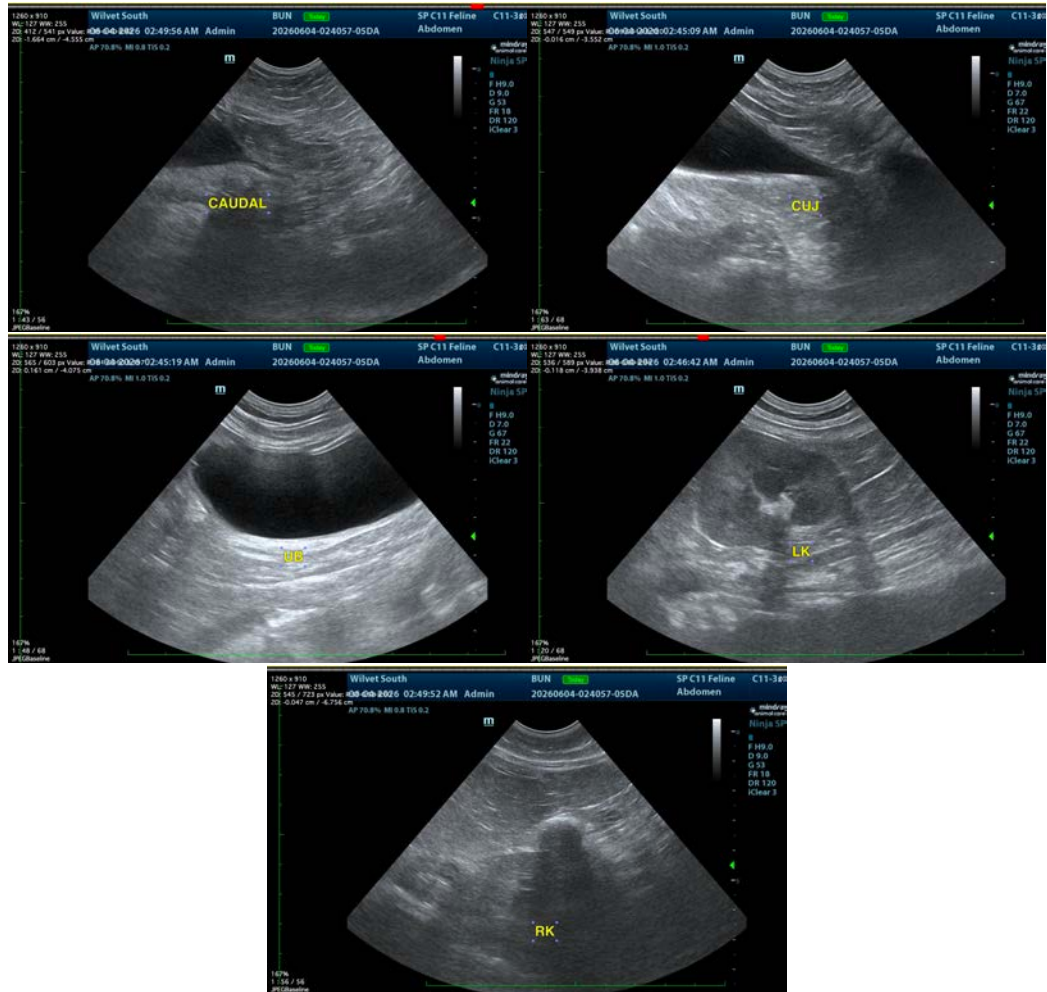
Craig Seyler, DVM

**INVOICE**

75664

**DATE**

6/4/26



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.

**Beth Johnson, DVM, DACVIM**  
info@sonopath.com