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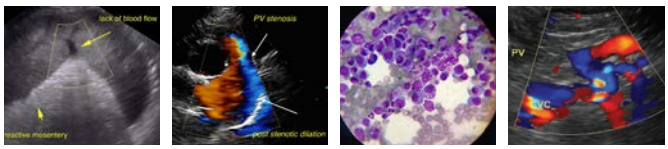

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1-800-838-4268 info@sonopath.com

**PATIENT**
Momoe Taormina

**SPECIES**
Feline

**BREED**
DSH

**SEX**
Spayed Female

**AGE**
7 Years

**WEIGHT**
9.84 Pounds

**INTERPRETED BY**
Beth Johnson, DVM DACVIM

**IMAGING PERFORMED BY**
Kelly Vazquez

**HOSPITAL NAME**
Westwood Regional

**REFERRING VET**
Dr. Taylor McConnell

**INVOICE**
39709

**DATE**
7/20/22

## PRESENTING CLINICAL SIGNS

Distended abdomen, recent history of pyometra/spay.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with incidental suspended lipid in a cat, possibly combined with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also present with echogenic debris. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The right kidney is normal in size (3.93 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.

The left kidney is normal in size (4.12 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.

### *Adrenal Glands*

The right adrenal gland is normal in size (0.50 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.53 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

### *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*

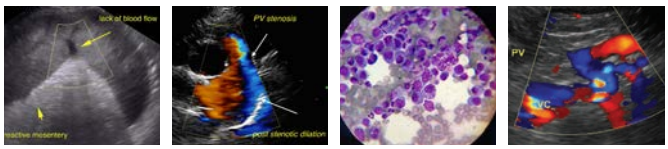
The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal 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 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



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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*

In the caudal abdomen, cranial to the urinary bladder, there is a scant amount of anechoic free fluid and enhanced fat, consistent with early post-operative inflammation.

There is no apparent lymphadenopathy noted in these images.

## PRIMARY FINDINGS

- **Scant amount of free fluid and enhanced fat in the caudal abdomen** - expected this soon following surgery. This is consistent with normal post-operative inflammatory changes. More serious peritonitis cannot be ruled out, but is considered less likely and should be interpreted in combination with clinical signs such as abdominal pain, CBC changes to indicate pathologic peritonitis, etc.

- **Moderately distended stomach with fluid, gas and what appears to be normal ingesta** – This could be contributing to the reported suspected abdominal distention. Normal post-prandial stomach is considered likely. However, if clinical signs are present such as vomiting, inappetence, abdominal pain, etc., and/or abdominal distention persist, a recheck fasted ultrasound of the stomach could be considered.

## SECONDARY FINDINGS

- **Urinary bladder debris**

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings reported above are considered benign/not pathologic at this time, and without clinical signs, no further follow up is recommended. However, if clinical signs such as abdominal pain, especially caudal abdominal pain in the area of the described inflammatory changes, vomiting, inappetence, etc. occur, recheck imaging is recommended.

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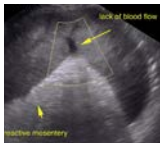
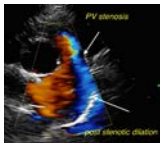
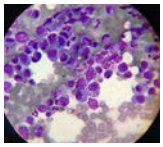
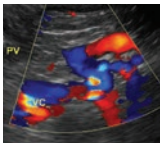

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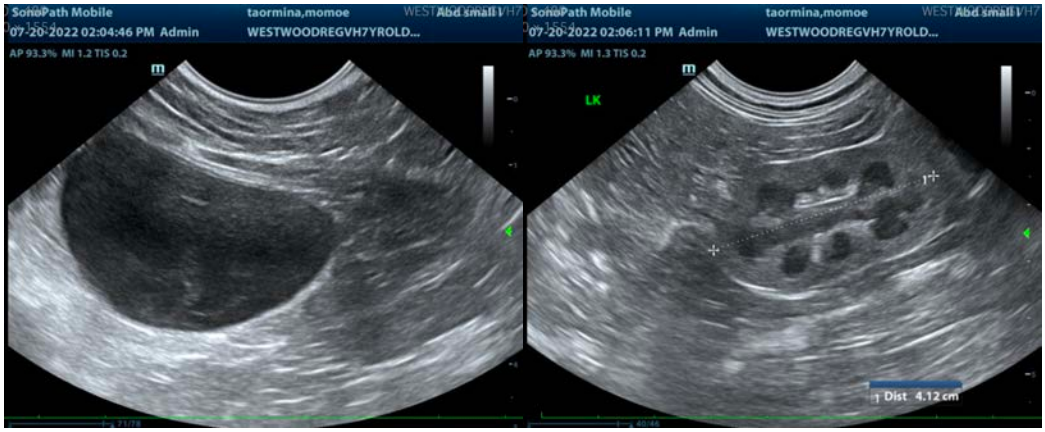


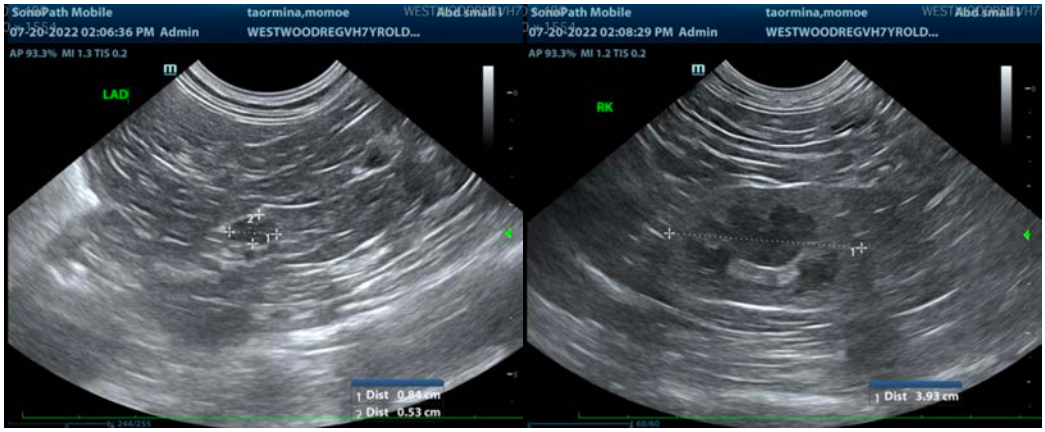


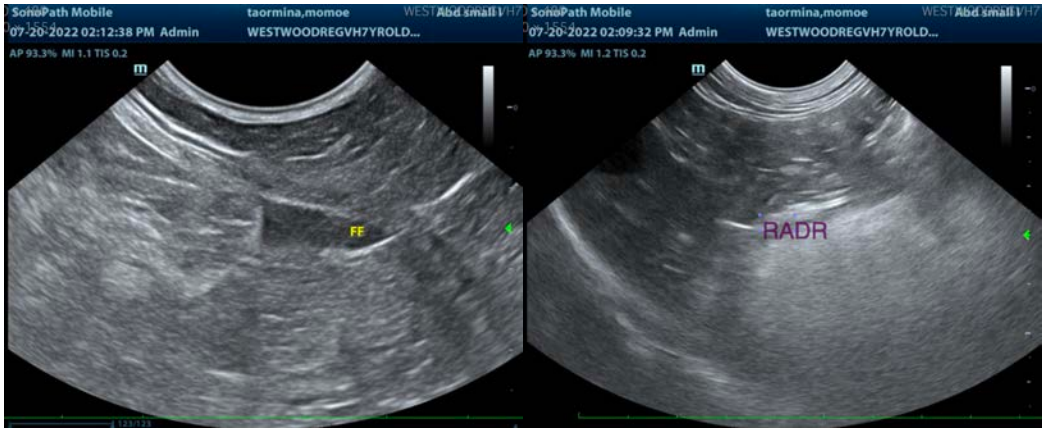

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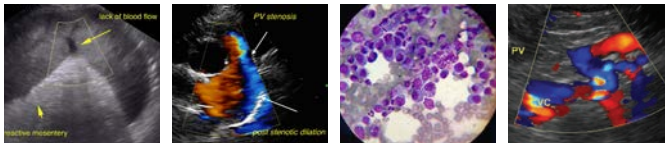

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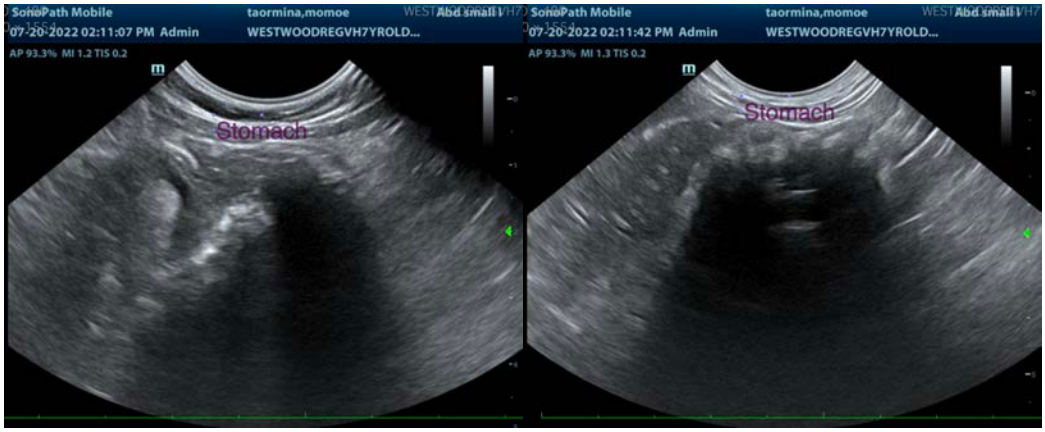



**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

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