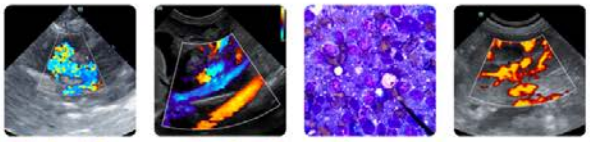

PATIENT

Applejack Rivas

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Intact Female

AGE

3 Years 10 Months

WEIGHT

7 lbs

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Gabriel Ferrer, DVM

HOSPITAL NAME

Pulse: Pet Ultrasound

REFERRING VET

Dr. Jose Nieves

INVOICE

72735

DATE

2/5/26

PRESENTING CLINICAL SIGNS

Presented for echocardiogram for evaluation of pleural effusion, respiratory distress and leukocytosis. Pt presented to rDVM 2 days ago with ADR, anorexia, lethargy and depression. Pt was diagnosed with leukocytosis and neutrophilia. Pt was hospitalized and developed respiratory problems.

Abnormal PE/Chem/CBC/UA Results: Bloodwork and radiograph attached as supporting documents. ProBNP: > 1,000 Thoracocentesis : Removed 350 mls of clear fluid: Saved for culture and cytology

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

The kidneys were both normal size and structure, with smooth capsule and normal corticomedullary definition and ratio. Medullary structure differed distinctly from that of the cortex. No evidence of pelvic dilation was present. Left kidney measures 3.95 cm. Right kidney measures 3.94 cm.

Adrenal Glands

Both adrenal glands were visualized and recognized as having normal shape, size, position and echogenicity for this breed and age. The visible phrenic vasculature was unremarkable. Right measures 0.45 cm in thickness. Left measures 0.33 cm in thickness.

Spleen

The spleen was normal with age appropriate homogeneous parenchyma and a smooth capsule with normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

Liver

The liver is subjectively normal in size with normal contours and structure. There is age 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.

Gall bladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally.

Gastrointestinal

The stomach contains a small volume of fluid and some gas shadowing. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. There were no focal lesions consistent with obstruction or a mass effect observed.

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The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The visible pancreas was observed to be largely isoechoic to surrounding omental fat.

Free Abdomen

No clinically significant lymphadenopathy or abnormalities noted.

There is scant free abdominal fluid noted.

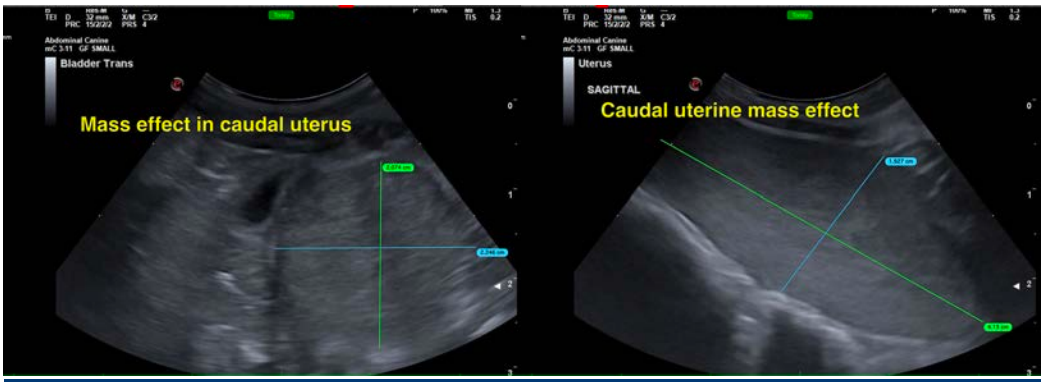
In the caudal aspect of the uterus there is a roughly ovoid, homogeneous mass effect measuring at least 4.13 cm x 1.92 cm. There is no shadowing within the mass, and it moves like solid tissue rather than fluid. The remainder of visible uterine horns are normal with no distention.

ULTRASONOGRAPHIC FINDINGS

- Mass effect in caudal uterus.
- Abdominal effusion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The origin of the mass effect within the uterus is uncertain. It is smooth, homogeneous, and ovoid, and doesn't have any features consistent with a mummified fetus, though this remains a possibility. A neoplastic mass is less likely, given appearance and the patient's age, though this can also not be ruled out. A focal granuloma or abscess remains a possibility, though the lack of surrounding inflammation is not consistent with this. Ideally, abdominal explore with plan for future evaluation and resection of this abnormality is recommended. Correlate echocardiographic findings with this recommendation to determine patient's stability. If patient is not deemed stable for anesthesia, FNA of the structure could be attempted, though this does risk perforation and potential leakage of infectious contents if present.



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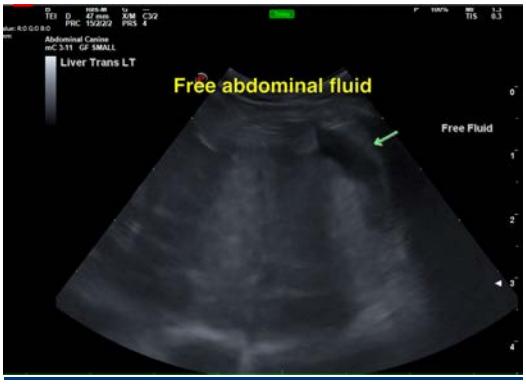

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC

info@SonoPath.com