



**PATIENT**

Inker Kettlety

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Female

**AGE**

6 Years

**WEIGHT**

7.4 Lbs.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

A. Rodriguez

**HOSPITAL NAME**

Foxfield VS

**REFERRING VET**

A. Rodriguez

**INVOICE**

13428

**DATE**

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**PRESENTING CLINICAL SIGNS**

History: URI, vomited mucous, vulvar discharge, distended abdomen.

Abnormal PE/Chem/CBC/UA Results: Felv/FIV neg, WBC: 65, SDMA: 15, GGT:5, Aspirate of the fluid: no bacteria..primarily lymphocytes, white colored, thick, cloudy fluid.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*Urinary System*

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 3.9 cm. The left kidney measured 3.0 cm.

*Adrenal Glands*

Both **adrenal glands** were not visualized.

*Spleen*

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

*Liver*

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

*Gastrointestinal*

The visible **gastrointestinal tract** was structurally unremarkable yet deviated owing to the pyometra.

*Pancreas*

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

*Free Abdomen*

An Iliac **lymph node** was mild heterogeneous, slightly irregular and mildly enlarged, measuring 1.54 cm x 1.22 cm.



## PATIENT

Slight free fluid was noted with reactive mesentery.

Inker Kettlety

*Other*

## SPECIES

The **uterus** was dilated echogenic mildly irregular wall. The uterine base was thickened. The uterine horns were fluid filled. The right uterine horn was dilated. The left uterine horn was thickened and irregular.

Feline

## ULTRASONOGRAPHIC FINDINGS

## BREED

- Pyometra and chronic metritis
- Iliac lymphadenopathy

DSH

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

## SEX

IV fluid support, broad spectrum antibiotics, immediate ovariohysterectomy recommended. Inspection and biopsy of the iliac lymph node and uterine biopsy and culture all indicated.

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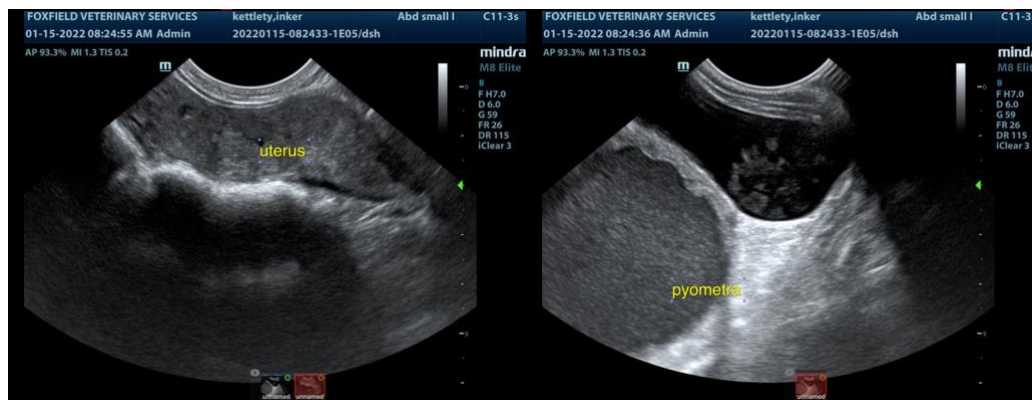
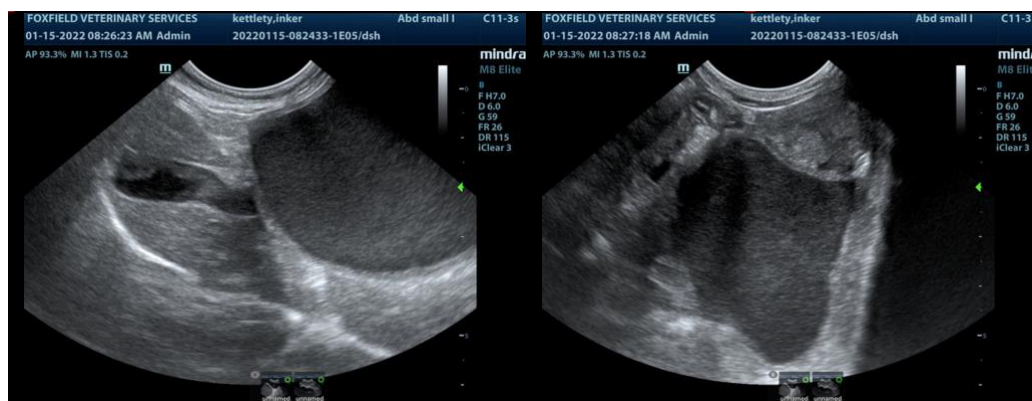
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**IMAGING PERFORMED BY**

A. Rodriguez

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.

**HOSPITAL NAME**

Foxfield VS

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
info@SonoPath.com

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