



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT**  
Penny Allen

**HISTORY:** Last heat about 6 weeks ago, owners report abdomen seems distended.  
**PE:** normothermic, BCS 4/9 with moderately distended abdomen. Palpable tubular structure on both sides of the abdomen. Increased WBC ct, with high neutrophils. Rest of BW WNL.

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED** *Urinary System*

Domestic Shorthair

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 was noted. Ureteral papillae were normal.

**SEX**

Female

The uterus in this patient was severely dilated and measured 2.0 cm in width with mild tissue thickening at the base of the uterus. Enhanced mesentery was noted around the pyometra. This is consistent with a surgical emergency.

**AGE**

8 years

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 3.67 cm. The left kidney measured 3.68 cm.

**WEIGHT**

8 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**Adrenal Glands**

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.48 cm.

**IMAGING PERFORMED BY**

Dr. Ebersole

**Spleen**

**HOSPITAL NAME**

Scanvet

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 was noted.

**REFERRING VET**

Dr. Lane

**Liver**

**INVOICE**

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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.

**DATE**

10/28/21



**PATIENT**

**Gastrointestinal**

Penny Allen

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**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.

**SEX**

Female

**Free Abdomen**

A mild amount of free fluid was noted.

**AGE**

8 years

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

8 lbs

Severe pyometra with localized free fluid.

Otherwise unremarkable abdomen.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Immediate ovariohysterectomy is recommended after aggressive IV fluid support and assessment for sepsis. Broad spectrum antibiotics are recommended as well. I would also utilize a very light induction as this patient may be septic given the amount of luminal fluid present in the uterus. This is a large toxin burden for the body. Propofol induction, and Isoflurane maintenance is recommended followed by pain management.

**IMAGING PERFORMED BY**

Dr. Ebersole

**HOSPITAL NAME**

Scanvet

**REFERRING VET**

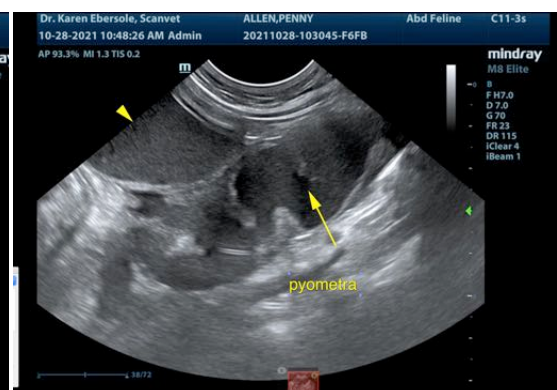
Dr. Lane

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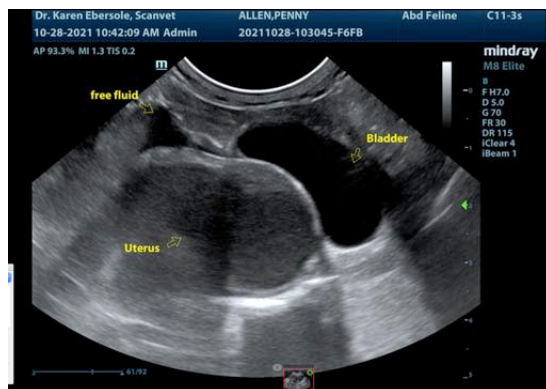
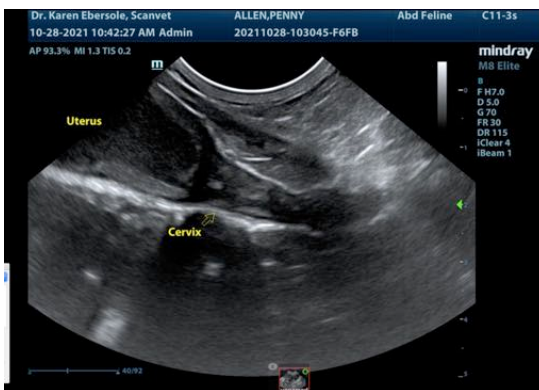
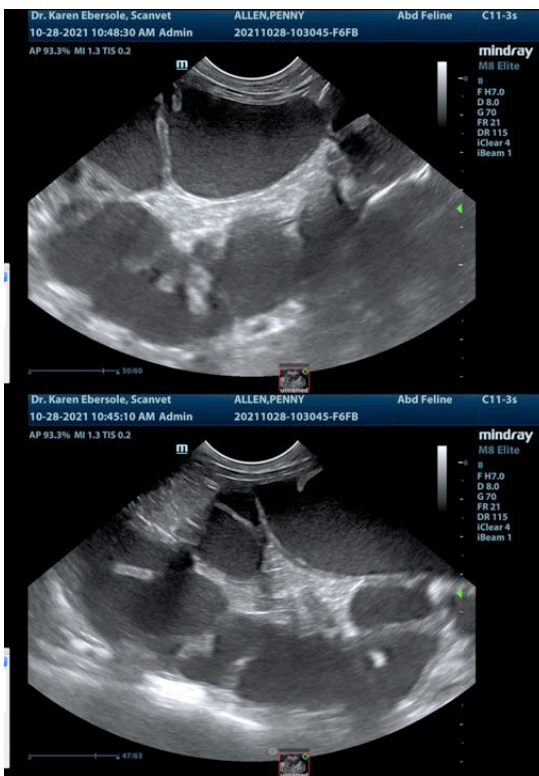
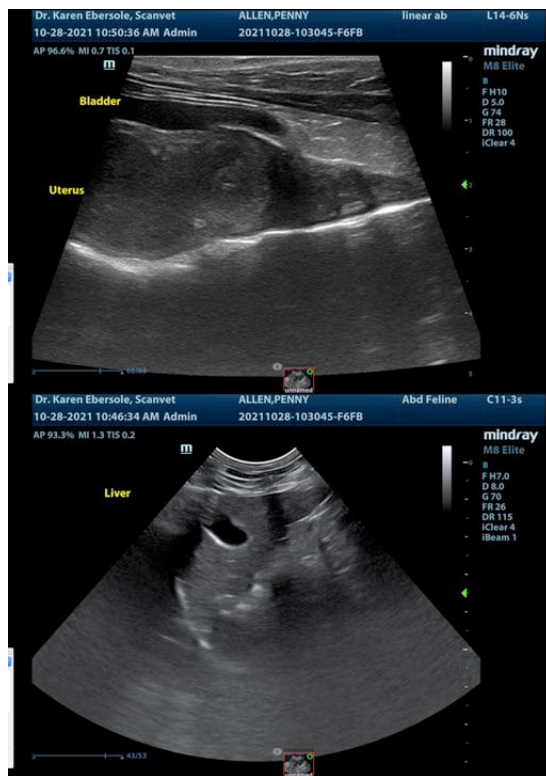
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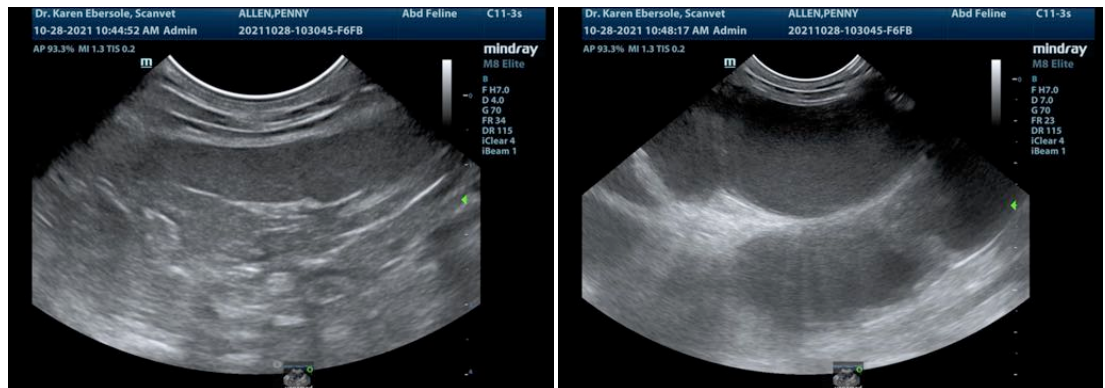
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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