

PATIENT PRESENTING CLINICAL SIGNS

Frisky Johnson

presented 1/20 with marked abdominal distention - owners suspected she was pregnant, in house ultrasound sis not ID any viable kittens but did see fluid filled tubular structures. recheck 2/1 - belly is even more distended, kitty is 5 % dehydrated, heart and lungs auscult WNL, Appetite and activity are reported to be normal

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: cytology of abdominal fluid - from Lacuna (Heska) - primarily macrophages and cellular debris - report will be emailed to you

BREED

DSH

SEX

Intact Female

AGE

10 Years

WEIGHT

11.2 Pounds

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.

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

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. No evidence of passive congestion or diffuse liver disease to be responsible for ascites.

Gastrointestinal

The visible **gastrointestinal tract** is unremarkable.

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

The Veterinary
Hospital

REFERRING VET

Dr. Johnson

INVOICE

35385

DATE

2/2/22



PATIENT *Pancreas*

Frisky Johnson

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.

SPECIES

Feline

Free Abdomen

A large amount of echogenic abdominal fluid noted.

BREED

DSH

An undifferentiated tissue structure was noted in the mid abdomen measuring 5.0 cm, adjacent to a large amount of fluid filled luminal material suspected to be uterus. Other organs were displaced peripherally.

SEX

Intact Female

ULTRASONOGRAPHIC FINDINGS

- Suspect severe hydrometra or pyometra with undefined tissue density

AGE

10 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

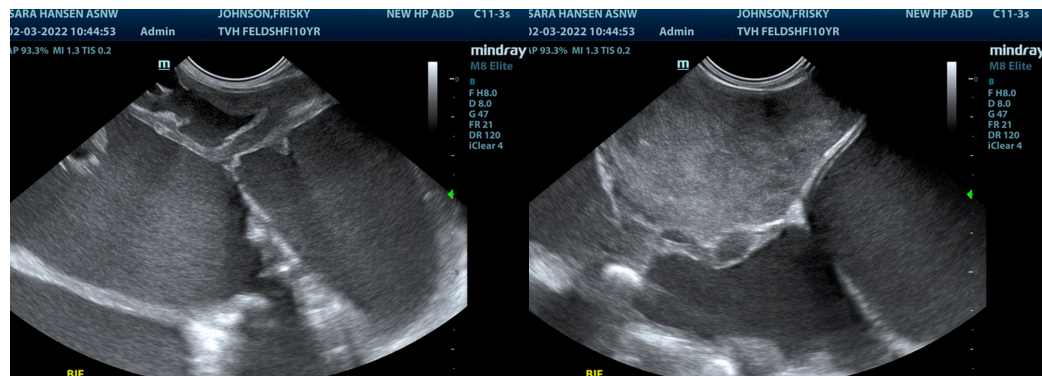
Recommend exploratory surgery. However, tenting of the linea alba is essential in this patient to not rupture the cystic structures present in the abdomen. I suspect this is all uterine origin. However, severe displacement of organs and fluid filled overdistention of the abdomen present. No viable fetuses noted. There is a mild potential that the undifferentiated tissue could represent neoplasia. However, it appears potentially resectable.

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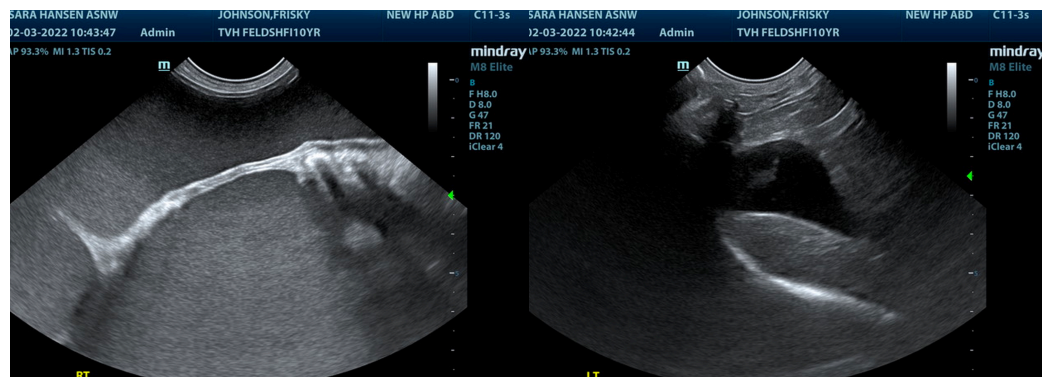
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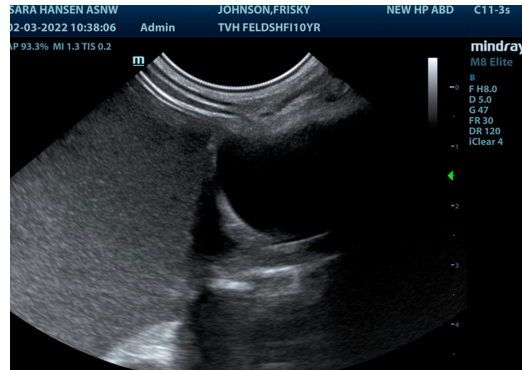
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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