



**PATIENT**

Amanda Brck City  
Rescue

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

6

**WEIGHT**

11

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Jenn

**HOSPITAL NAME**

Rockaway AH

**REFERRING VET**

Dr. Maniar

**INVOICE**

21020

**DATE**

2/6/23

**PRESENTING CLINICAL SIGNS**

History: recheck prev u/s showed thickened irregular residual uterus with regional inflammation-underlying stump pyo possible, minor thickened renal pelvis, chronic pancreatic changes Cat is doing ok having some diarrhea , Does she need surgical intervention? We cannot obtain any previous records of the spay, Was she spayed ?

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** was unremarkable.

The area of the **uterus** in this patient revealed a mixed hypoechoic, irregular mass (2.3 cm), appearing to be adhered to the dorsal wall of the bladder. Reactive mesentery and slight areas of free fluid were present. The region of the ovarian fossa was unremarkable.

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 4.64 cm. The left kidney measured 4.18 cm.

**Adrenal Glands**

The regions of the **adrenal glands** revealed no evident pathology.

**Spleen**

The **spleen** was mildly enlarged with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner.

**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**

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.

**Pancreas**



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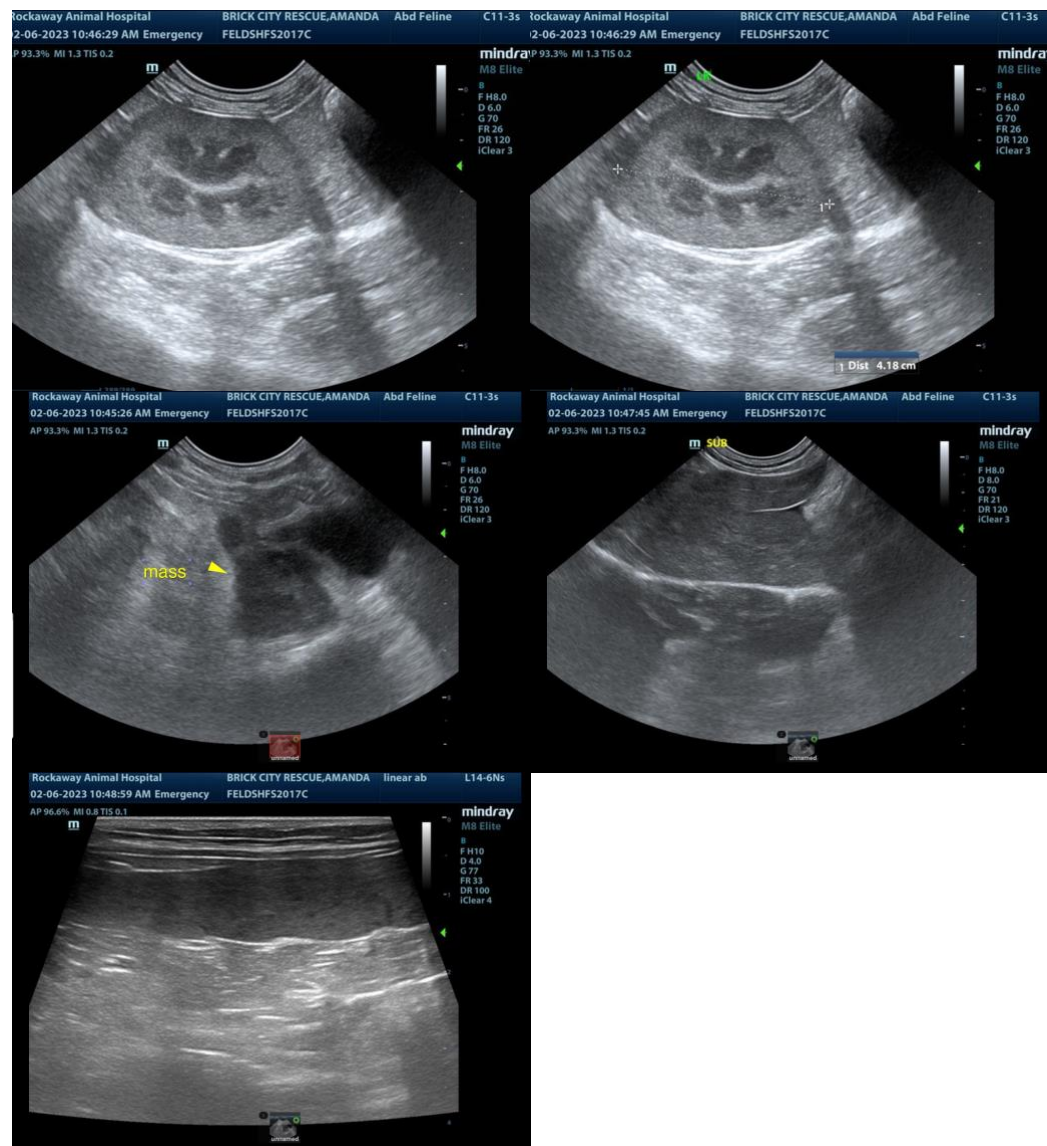
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

**ULTRASONOGRAPHIC FINDINGS**

- Mass in the area of the uterus, suspect stump pyometra. There is a possibility of underlying neoplasia. FNA could be considered.
- Subtle micronodular splenic changes

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA of the mass dorsal to the uterus and spleen is recommended to assess neoplasia vs reactive spleen and stump pyometra.





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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  
info@SonoPath.com