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Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

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**DATE**

6/17/22

**PATIENT**

Mary Jane Baker

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Female

**AGE**

1/1/20

**WEIGHT**

9.8 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Rachel Brilhart RDMS

**HOSPITAL NAME**

Animal Emergency  
Hospital

**REFERRING VET**

Dr. Saubier

**INVOICE**

38851

**PRESENTING CLINICAL SIGNS**

Stray cat; found outside lethargic; do not know if spayed. (originally presented as a foster cat but current owner/caretaker found out it was NOT a foster).

Hematuria. Abdomen: Tense / uncomfortable. Urogenital: Vaginal discharge – bloody.

Current Medications: Buprenorphine, Gabapentin, Clavamox.

Lab Results: On presentation, BUN 58; Creat. 3.6; at recheck 12 hours later was 70 & 4.1; this morning BUN 45 & Creat. 2.4

Radiographs: medium sized urinary bladder - no visible stones. Tubular soft tissue structure noted caudal abdomen - suggestive of pyometra

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** presented a mild amount of sand and calculi

The **left kidney** presented irregular contour and slight pinpoint mineralizations. The left kidney measured with pyelectasia of 0.65 cm. There is inflammation noted around the left kidney and left ureter.

The **right kidney** measured 4.21 cm with slight pyelectasia of 0.49 cm and pinpoint mineralizations up to 0.18 cm.

The uterus was dilated with echogenic debris up to 1.6 cm, consistent with pyometra. The left ureter was enlarged and dilated, appeared to be peripherally enveloped by reactive mesentery, measuring 0.48 cm.

The left ovary appeared microcystic at 1.04 cm.

**Adrenal Glands**

The **adrenal glands** were uniform, yet bilaterally swollen and hypoechoic. This is most consistent with stress-induced hyperplasia. The left adrenal gland measured 0.58 cm.

**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

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

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.

### PRIMARY FINDINGS

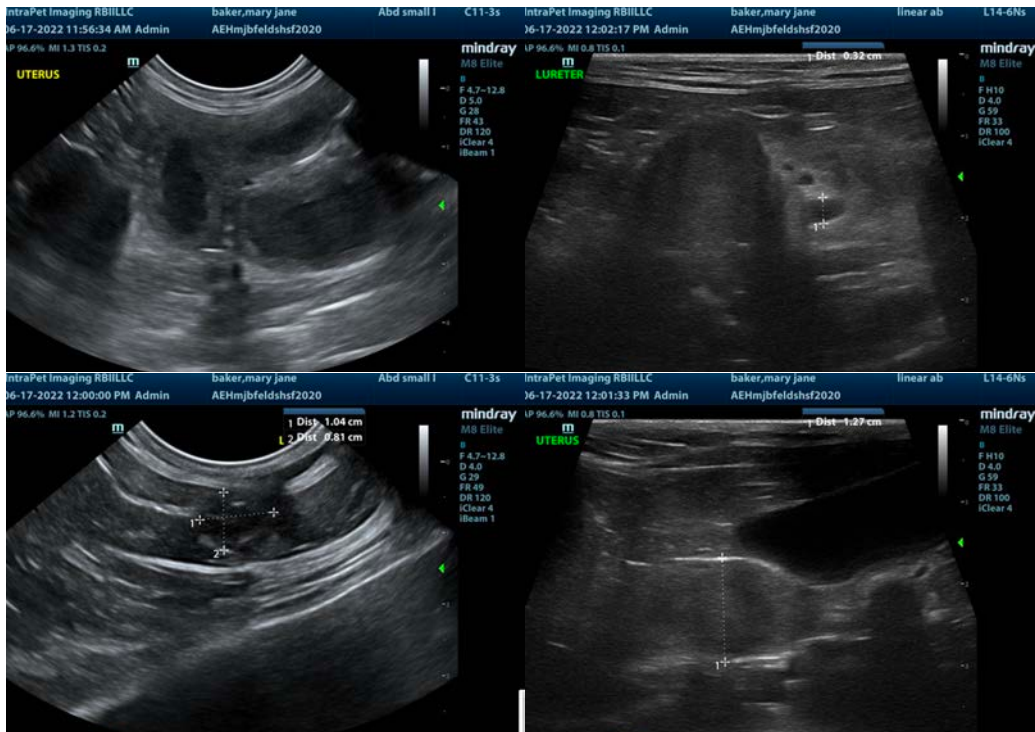
- Bladder calculi – likely recent passage of calculi
- Concurrent pyometra

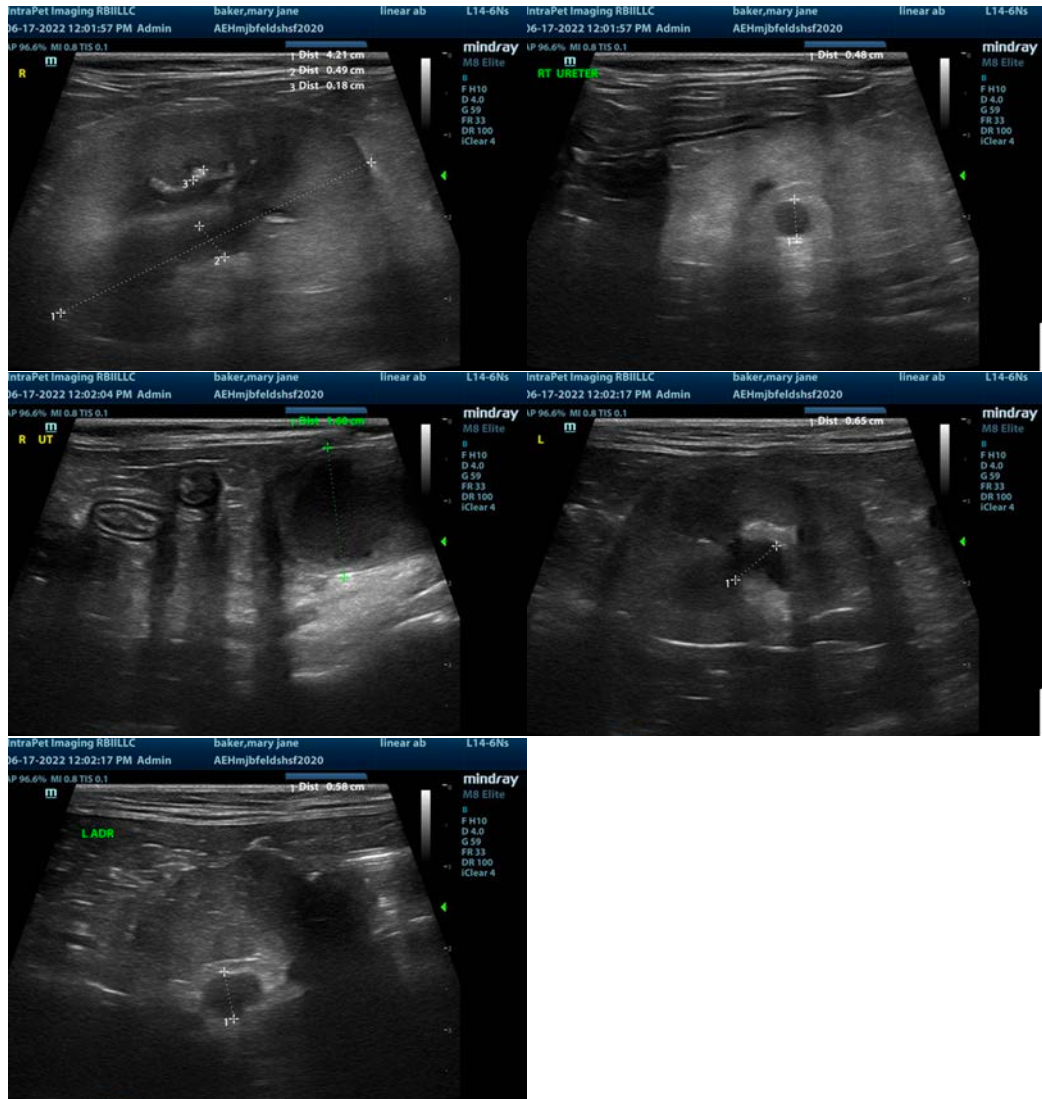
### SECONDARY FINDINGS

- Renal pyelectasia and mineralizations
- Stressed induced adrenal hyperplasia

### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ovariohysterectomy with cystotomy, stone analysis and culture and inspection of the left ureter indicated. Stricture of the left ureter likely, owing to regional inflammation and passage of calculi. However, stent placement may be appropriate. However, the pyometra is aggressive and necessitates immediate ovariohysterectomy. The calculi in the bladder are non-obstructive, yet should be removed at surgery.





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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