



**PATIENT**

Kit Kat Hanks

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Female

**AGE**

6 Years

**WEIGHT**

11.6 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Harold Mike Beard

**HOSPITAL NAME**

West Prince AH

**REFERRING VET**

Dr. Greg Hartman

**INVOICE**

24725

**DATE**

8/16/21

**PRESENTING CLINICAL SIGNS**

Went missing for 2 days, when she returned there was blood around vulva or rectum, owner couldn't determine which. Not spayed.

Abnormal PE/Chem/CBC/UA Results: Temperature of 103. Abdominal pain. CBC has inflammatory leukogram.

**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 pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

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 kidneys measured 3.5 cm each.

**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. Minor gallbladder debris noted, likely owing to hyporexia.

**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.



**PATIENT**

*Other*

Kit Kat Hanks

The uterus was thickened with dilated lumen. The uterus measured 1.5-2.0 cm in width. Echogenic debris within the uterus was consistent with pyometra. Both horns of the uterus appear to be involved as well. One portion of the uterus revealed a 1.5 cm echogenic, coalescing tissue or fluid accumulation, which may represent a residual fetal structure. Periserosal inflammation noted around the uterus as well. Free fluid noted in the abdomen around the uterus, consistent with peritonitis.

**SPECIES**

Feline

**ULTRASONOGRAPHIC FINDINGS**

**BREED**

DSH

- Pyometra with potential fetal remnants and peritonitis
- Unremarkable abdomen otherwise

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SEX**

Immediate exploratory ovariohysterectomy recommended.

Female

**AGE**

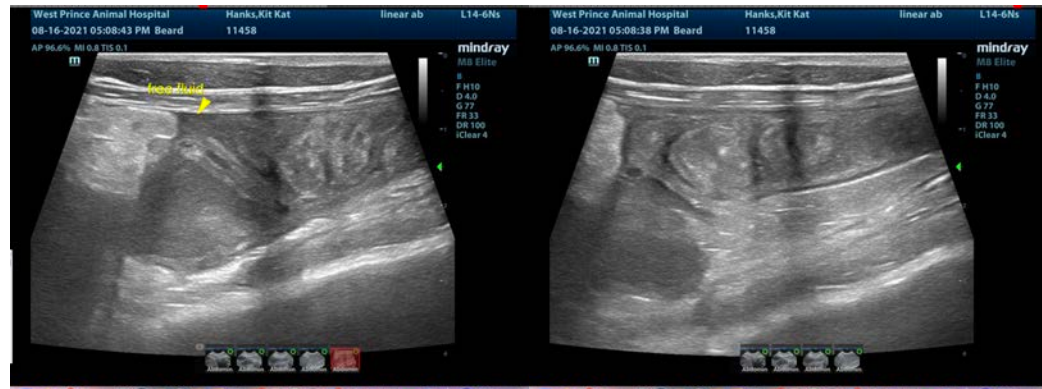
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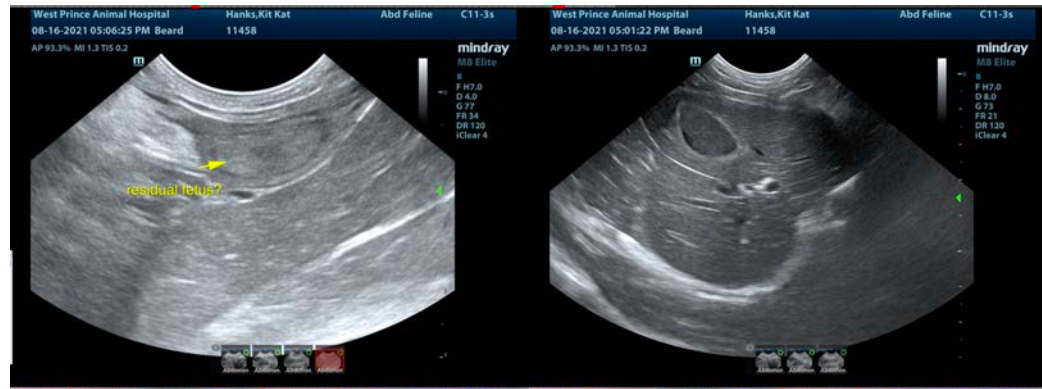


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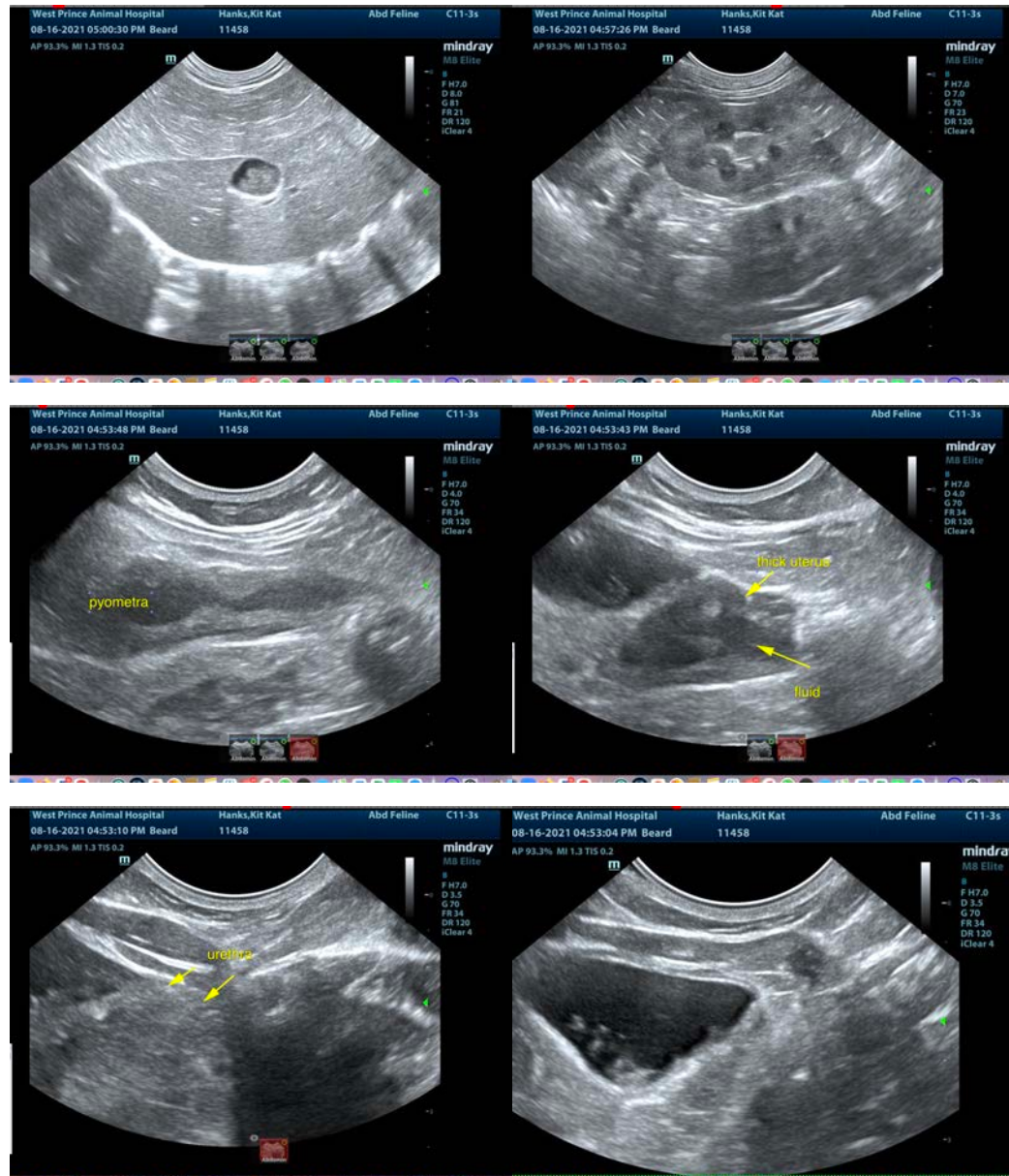
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
[info@SonoPath.com](mailto:info@SonoPath.com)