

IMAGING PERFORMED BY

IntraPet.com



SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

1-800-838-4268 info@sonopath.com SonoPath.com

DATE PRESENTING CLINICAL SIGNS

11/5/21

History: Bloody Diarrhea.

PATIENT

Date: 11-05-2021 Notes: was Feral 8 years ago and pregnant had litter, then has been inside since no known felv/fiv, vaccines, and not spayed no rabies vaccine eats fast then vomits for years, then will re-consume the vomit was vomiting and having bloody diarrhea, then got out was hiding under her uncle's porch for 23 days, unsure if eating,--had a camera on her trying to trap her there was also a raccoon caught in the trap set for her a few days ago finally caught her in the trap tonight visible weight loss.

Mama Tolliver

SPECIES

Current Medications: Butorphanol 10mg/mL (Per mL), Vitamin B Complex Injection (Per mL)

Feline

Lab Results: Attached

BREED

Radiographs: Abdomen 2 View- fluid filled structure in caudal abdomen- uterus vs other

Siamese X

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required for scan.

Stat Report: Not requested.

SEX

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Female

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

AGE

2012

The left kidney has a normal shape and size (3.54 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

INTERPRETED BY

Kathleen Sennello DVM,
MS, Diplomate ACVIM
(Small Animal Internal
Medicine)

The right kidney has a normal shape and size (4.05 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

IMAGING PERFORMED BY

Rachel Brillhart RDMS

Adrenal Glands

The region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect.

HOSPITAL NAME

Animal Emergency
Hospital

The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect.

REFERRING VET

Dr. King

Spleen

The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

INVOICE

26893

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.36cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Jejunum wall measured 0.21 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. Prominent mesenteric lymph nodes are visualized measuring 0.44 cm. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

Other

There is a large, fluid filled tubular structure visualized within the caudal abdominal cavity, most prominent on the left side, measuring approximately 1.0 cm in diameter. Within this fluid filled tubular structure are discreet irregular soft tissue structures. Some of the surrounding fluid is echogenic. This is most consistent with an intact, fluid filled uterus and suspected non-viable fetuses.

ULTRASONOGRAPHIC FINDINGS

- Suspect non-viable pregnancy- metritis/possibly pyometra-Fluid filled tubular structures in the caudal abdomen with discreet soft tissue structure within – most consistent with an intact uterus and non-viable fetuses, as no heart beat was visualized. An early/atypical pregnancy (ie. Some non-viable with viable) cannot be ruled out but seems unlikely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most significant ultrasonographic abnormality visualized was a large, fluid filled uterus. Within this uterus are discreet soft tissue structures, which appear to be irregular, and no heartbeat is detected on color flow. Therefore, these are suspected to be non-viable fetuses. Recommend ovariohysterectomy once this patient is stabilized. Monitor for refeeding syndrome, lipidosis, etc. An atypical pregnancy cannot be 100% ruled out (early, combination of viable and non-viable fetuses etc..) but seems unlikely.



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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)
kathleen.sennello@sonopath.com