

**DATE PRESENTING CLINICAL SIGNS**

5/3/22

Presented on 4/24 for urinary concerns. O had noticed that pet's abdomen seemed distended and nipples swollen but not overtly painful.

PATIENT

Minnie Chittam

O had reported pet had been licking vulva excessively the previous two days, and the night before pet was laying on bed and seemed to have urine accident on the bed, urine appeared to be very white in color. O states pet is definitely spayed. On exam: multifocal 1-2mm firm subcutaneous swelling circumferential around cranial and middle nipples

SPECIES

Feline

Bilaterally, white purulent discharge around perineum and vulva, thick white discharge coming from vulva.

BREED

DSH

Current Medications: 4/24/2022: Convenia (80mg/ml) 0.46ml SQ Intrascapular.

Lab Results: 4/24/2022: SuperChem- GLOB 6.0 H (2.8-5.1). CBC- RBC 6.69 L (7.70-12.80); HGB 9.7 L (10.0-17.0); HCT 29.68 L (33.7-55.4). UA- urine sample collected via cysto- TO REF LAB [results came back relatively unremarkable].

SEX

Spayed Female

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**AGE**

10/3/11

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.

WEIGHT

10 Pounds

The left kidney has a normal shape and size (3.72 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.

INTERPRETED BY

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

The right kidney has a normal shape and size (4.2 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

Banfield White Marsh

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. Gutwillig

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

37311

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. The duodenum measured as normal (between 0.13-0.38cm in wall thickness) and the jejunum measured as normal (between 0.15-0.36cm.) 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, or subjective lymphadenomegaly. 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

Both left and right ovaries are visualized and appear within normal limits (right ovary 0.78 cm, left ovary 0.63 cm.).

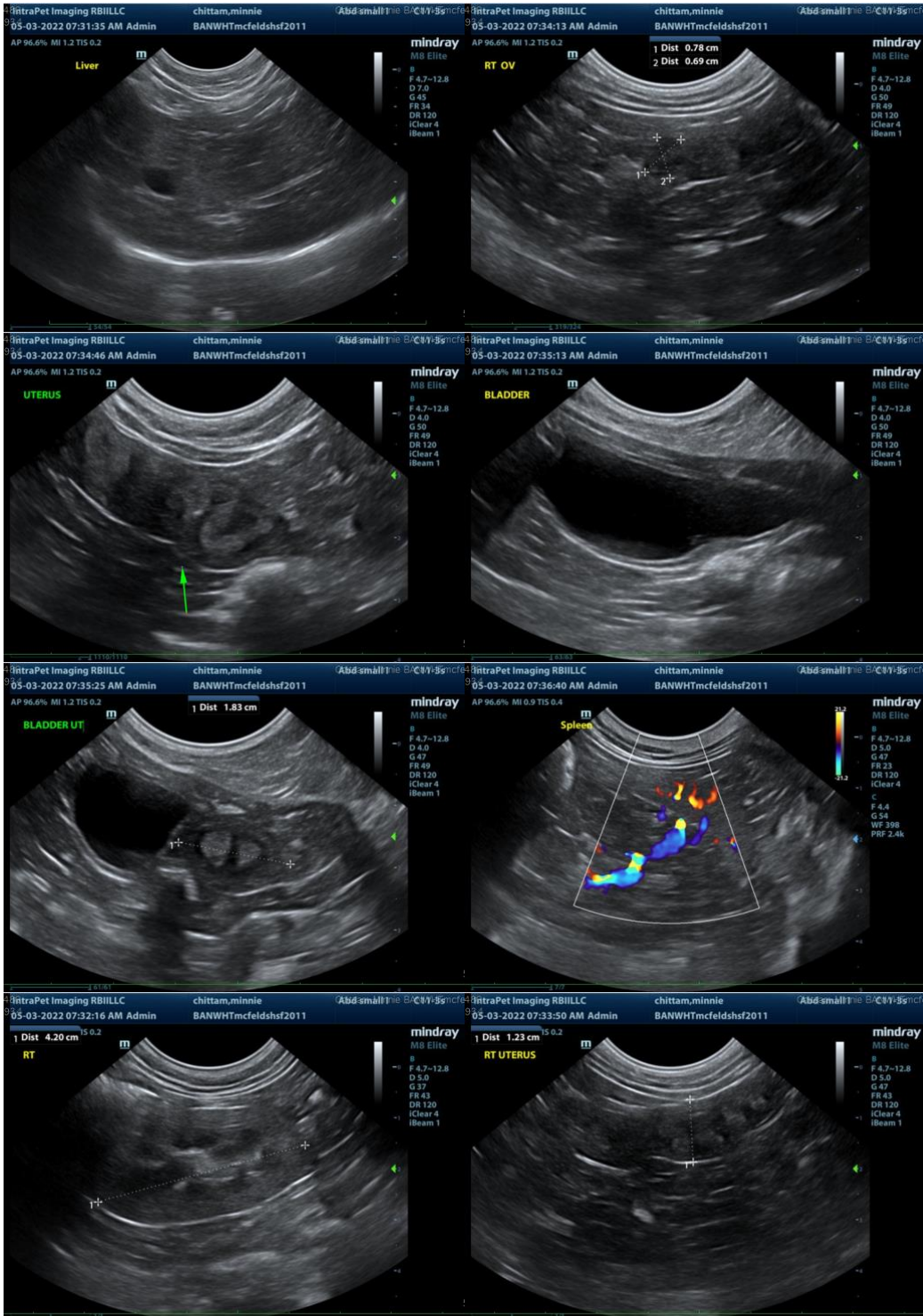
A tubular bifurcating structure is visualized dorsal to the urinary bladder, most consistent with intact uterus. This uterus appears thick walled and distended with fluid and echogenic material, most consistent with a pyometra, mucometra/hydrometra, etc. The uterine horn measures 1.23 cm in diameter.

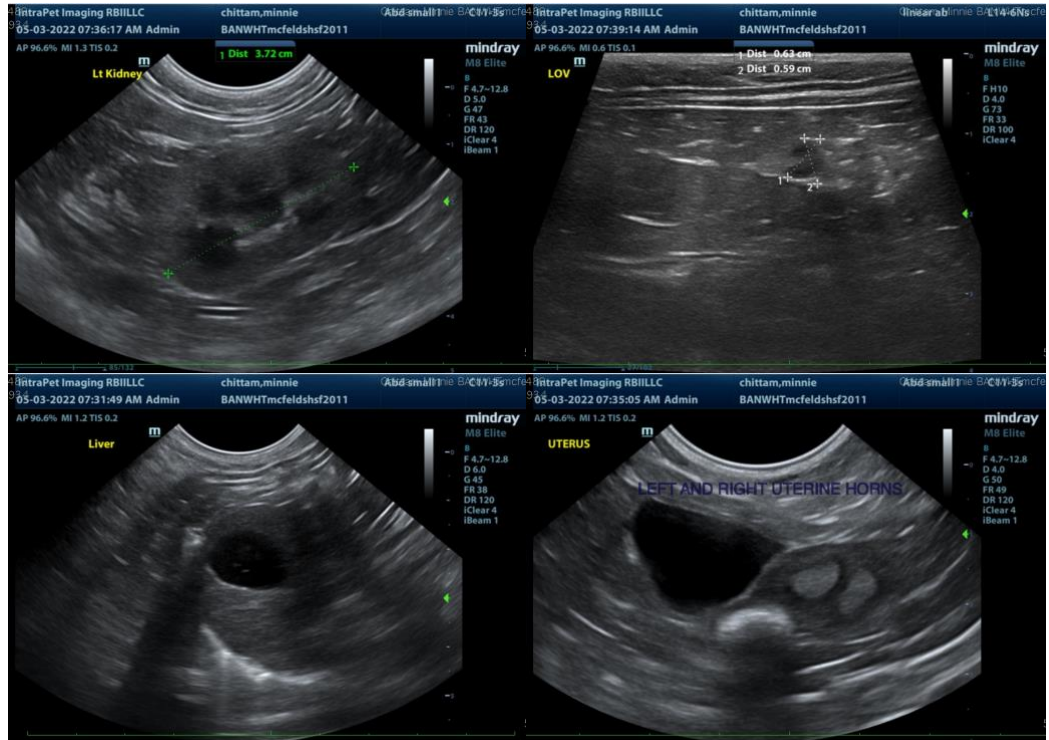
ULTRASONOGRAPHIC FINDINGS

- Visible ovaries – findings are consistent with an intact female.
- Thick walled, tubular, fluid filled structure visualized within the abdomen, most consistent with an intact uterus and likely pyometra (other differentials include mucometra, hydrometra, etc.).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Two relatively normal appearing ovaries are visualized, as well as a large, fluid filled, thick-walled structure most consistent with an intact uterus. This fits well with the clinical description provided. Recommend surgical evaluation and ovariohysterectomy.





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.

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