



**PATIENT**

Midna Mcfadyen

**SPECIES**

Feline

**BREED**

DLH

**SEX**

FS

**AGE**

2yr

**WEIGHT**

6.2kg

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP  
(Canine and Feline)

**IMAGING PERFORMED BY**

Donna Markland  
DVM

**HOSPITAL NAME**

Island Mobile Paws  
Veterinary Services

**REFERRING VET**

Central Island  
Veterinary Emergency

**INVOICE**

12916ag

**DATE**

02/06/2023

**PRESENTING CLINICAL SIGNS**

Recurrent vaginal discharge. First presented to referring veterinarian on November 23, 2022. UA was unremarkable, but a swab of the vaginal discharge showed TNTC WBCs and 4+ mixed bacteria. She was treated with convenia. Next presented on December 2 for unrelated problem (vomiting). CBC/Chem/fPL were all wnl. On 1/9/23, Midna presented for her vaccine exam. No discharge was noted. On February 1, Midna presented for a recurrence of the vaginal discharge. UA was not obtained due to small bladder size. A convenia injection was repeated. No vaginal discharge was noted at the time of today's ultrasound. Midna was sedated with butorphanol and dexdomitor. A cysto sample was obtained today. Results pending.

Abnormal PE/Chem/CBC/UA Results: 11/23/22: Vaginal swab: TNTC WBC and 4+ bacteria

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with minor non-dependent particulate sediment. The sediment may indicate cellular debris / protein, crystalline debris, lipid, or mucus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 3.9 cm in length. The right kidney measured 4.0 cm in length.

The area of the aortic trifurcation was free of pathology.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.30 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.30 cm width.

**Spleen**

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

**Liver/Gallbladder**

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Minor hepatic congesting owing to sedation was present and is incidental. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.



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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.

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**Pancreas**

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

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**Free Abdomen**

Situated between the colon and urinary bladder, a small hypoechoic to focally hyperechoic structure consistent with uterine remnant location was present measuring ~ 1.2 cm x 0.7 cm. The structure was noted directly adjacent to the distal descending colon.

**SEX**

FS

Focal, mildly prominent to enlarged caudal abdominal mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of a lymph node measured 1.7 cm x 0.44.

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**ULTRASONOGRAPHIC FINDINGS**

- Probable small uterine stump granuloma
- Sonographically normal urinary bladder with minor particulate sediment
- Normal bilateral kidneys
- Minor non-specific benign caudal abdominal mesenteric lymphadenopathy

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP  
(Canine and Feline)

No overt evidence of ovarian remnant was visualized yet cannot be definitively excluded. Further testing to assess for potential non-obvious ovarian remnant may be considered given pattern or vaginal discharge and suspect stump granuloma. Potential adherence of the suspected stump granuloma to the colon wall or adjacent structures cannot be definitively excluded.

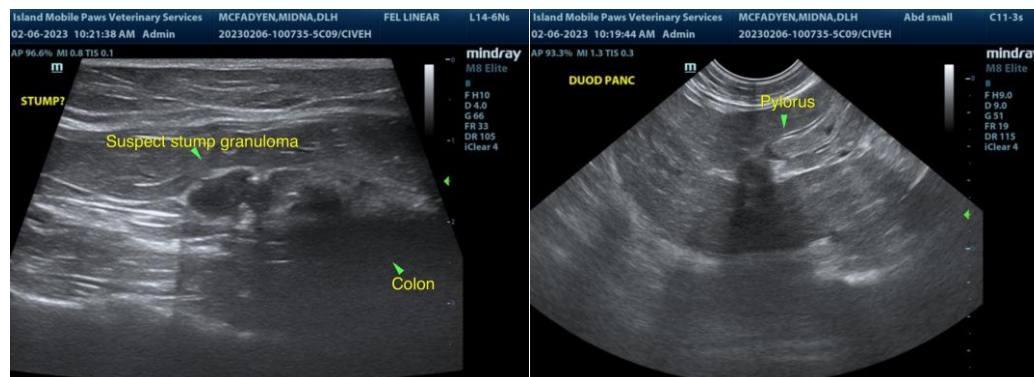
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Exploratory laparotomy with resection of the suspected stump granuloma and gross inspection of the area of the previous ovaries with submission of tissue for biopsy and concurrent mesenteric lymph node biopsy is recommended. Potential retained suture within the stump granuloma could be possible. Potential for emerging neoplastic associated with the uterine stump considered less likely.

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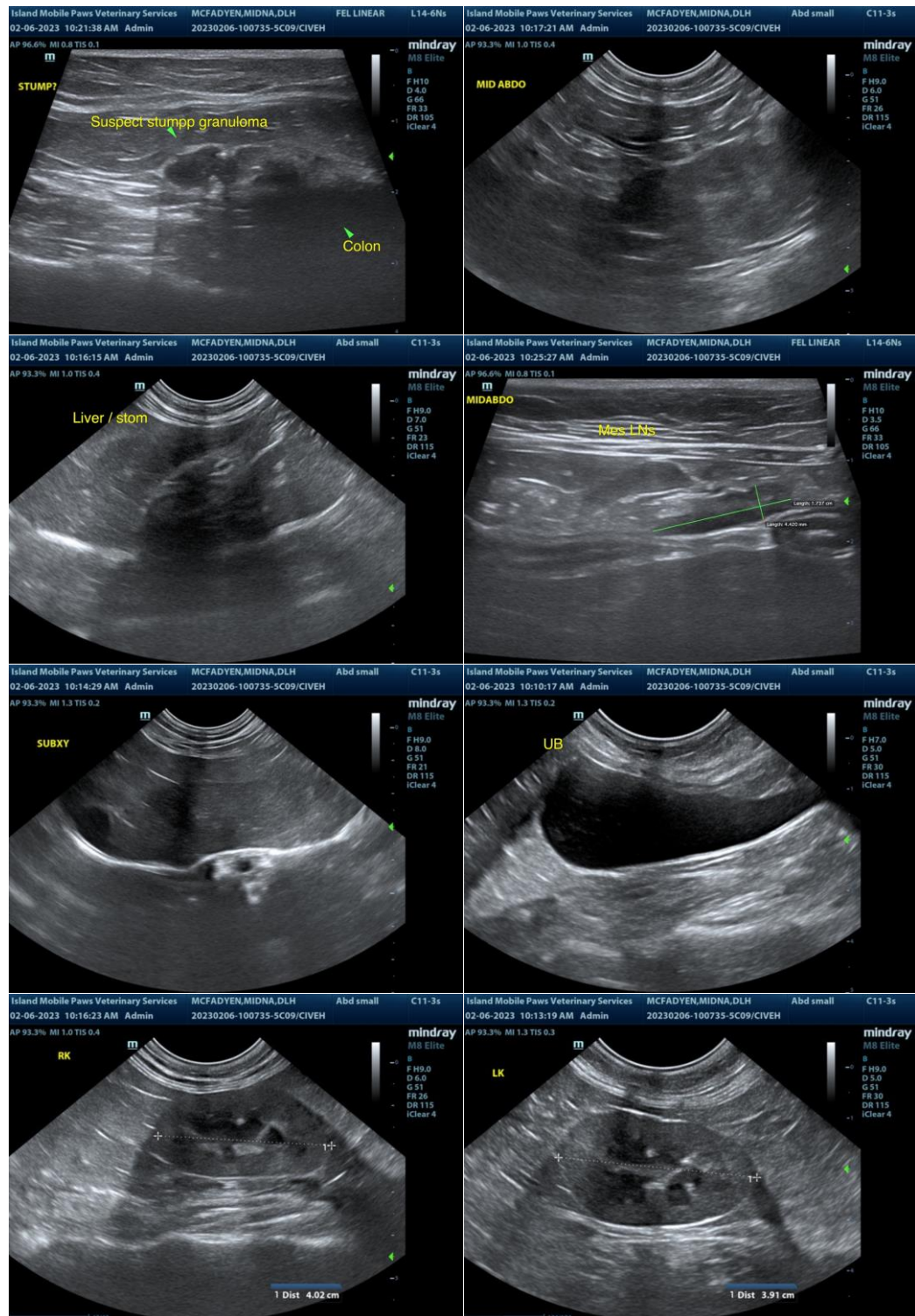
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



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can be of any further assistance, please contact me.

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