



## PATIENT

Lady Orellana Meza

## SPECIES

Feline

## BREED

DSH

## SEX

Spayed Female

## AGE

8 Years

## WEIGHT

9 pounds

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP (Canine  
/ Feline Practice)

## IMAGING PERFORMED BY

Michael Schacher

## HOSPITAL NAME

Emergency  
Veterinarians of Idaho  
LLC

## REFERRING VET

Dr. Juli Sorenson

## INVOICE

14819

## DATE

04/03/26

## PRESENTING CLINICAL SIGNS

Purulent hemorrhagic vaginal discharge acutely

Abnormal PE/Chem/CBC/UA Results: WBC high normal, otherwise normal bloodwork

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Echogenic to particulate nondependent mild sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

A mildly tortuous tubular structure was noted craniodorsal to the urinary bladder. The tubular structure contained a mild amount of lumen fluid exhibiting subjective mild echogenic fluid component. The tubular structure wall measured approximately 0.26 cm wall width. The tubular structure appeared separate from adjacent to normal appearing small intestine as well as normal appearing distal descending colon and colorectum.

A definitive left or right ovarian remnant was not visualized.

No evidence of medial iliac or sublumbar lymphadenopathy or masses.

Normal size and margination was 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 3.5 cm in length. The right kidney measured 3.6 cm in length.

### Adrenal Glands

The left and right adrenal glands were not definitively visualized with no obvious pathology.

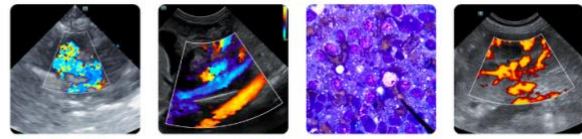
### Spleen

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. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.



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**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.

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.

**Pancreas**

The pancreas presented normal in size with symmetrical contour and mild homogenous hypoechoic parenchyma compared to adjacent omentum.

**Free Abdomen**

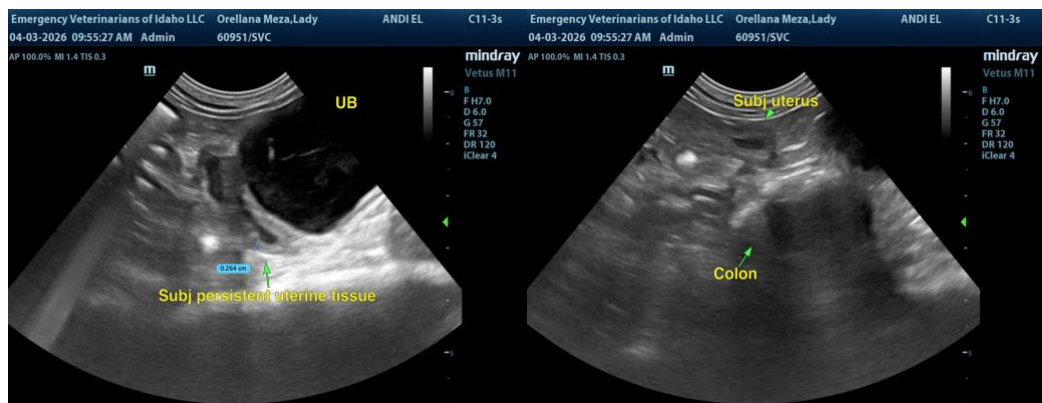
No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

- Normal urinary bladder with mild urine sediment.
- Mild fluid dilated tubular structure cranial to the urinary bladder appearing separate from adjacent small intestine and descending colon- consistent with persistent mild fluid dilated uterine tissue.
- Mild hypoechoic left pancreas- patient variant, possible mild inflammation.
- Sonographically normal gastrointestinal tract/colon.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

In conjunction with reported purulent to hemorrhagic acute vaginal discharge, the tubular structure adjacent to the urinary bladder is most consistent with persistent uterine tissue with possible estrous, if non-obvious retained uterine remnant or potential uterine remnant infection. Anti-mullerian hormone assay is warranted. Exploratory laparotomy with resection of persistent uterine tissue as well as gross inspection in the area of the left and right ovarian fossa is warranted. Urine culture and sensitivity on sterile urine sample is recommended if evidence of inflammatory sediment.





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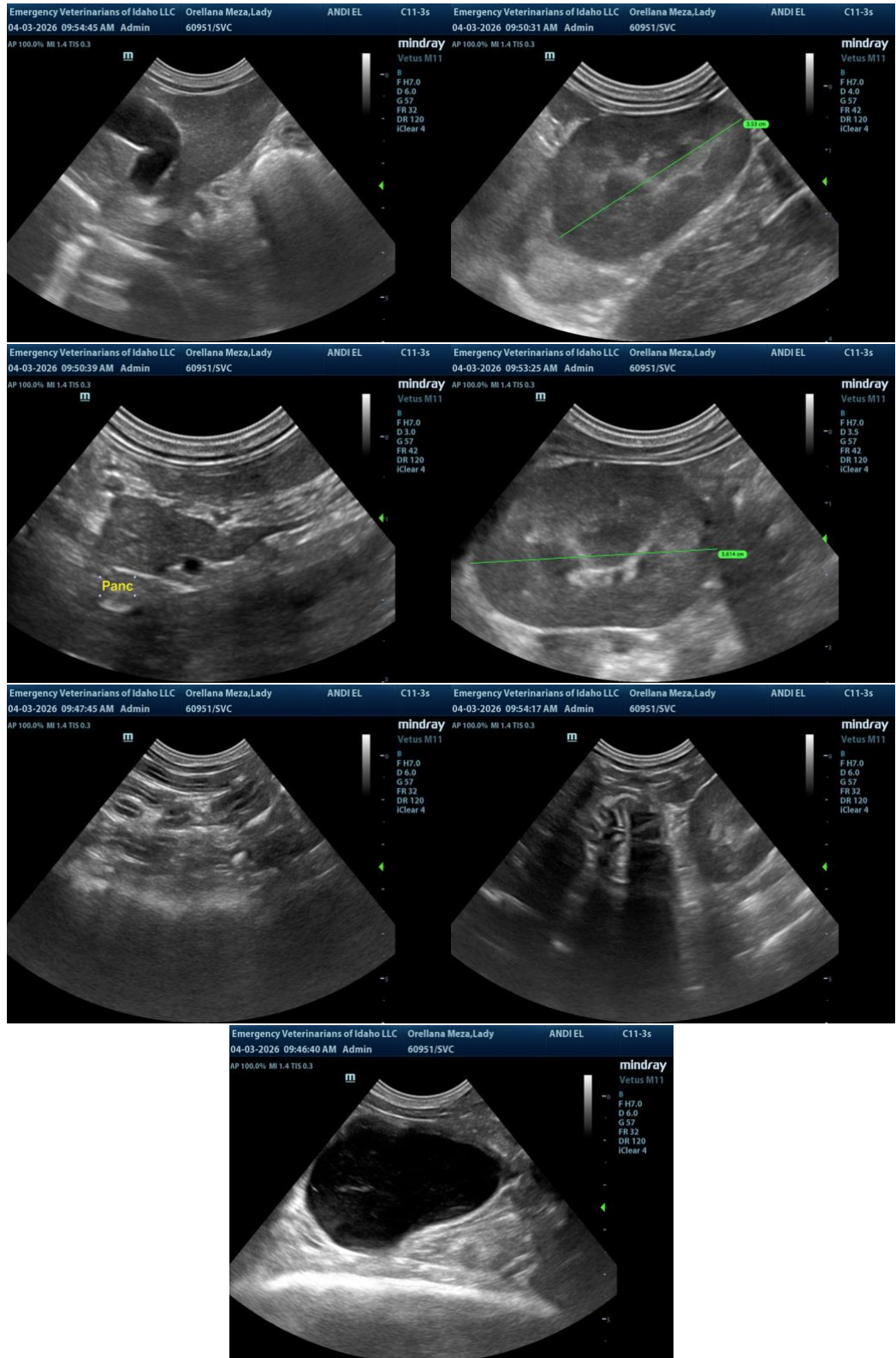
Dr. Juli Sorenson

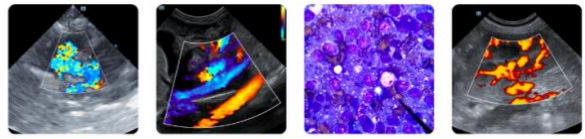
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

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