



PATIENT

Spooky Bank

SPECIES

Feline

BREED

DSH

SEX

Female

AGE

10

WEIGHT

6

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal
Hospital

REFERRING VET

Dr. Bednar

INVOICE

13905

DATE

5/19/22

PRESENTING CLINICAL SIGNS

abd mass r/o pyo
Abnormal PE/Chem/CBC/UA Results: NSF

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder exhibited subjective subnormal size owing to a lack of urine distention. Minimal anechoic urine was present with suspect mild particulate sediment. The urethra exhibited normal structure and tone to a depth of 2.0 cm.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.3 cm in length. The right kidney measured 3.6 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

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. The spleen measured 0.68 cm width. No evidence of splenic neoplastic criteria was 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. No evidence of hepatic neoplastic criteria was noted. 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 contained mild ingesta exhibiting subtle progressive distal acoustic shadowing.

The visualized segments of the small intestine were sonographically normal, subjectively exhibiting normal muscularis/mucosa ratio and Intact wall layering.

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



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Pancreas

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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 were evident.

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Free Abdomen

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A large, fluid-filled structure occupying the area of the uterus cranial to the urinary bladder extending cranially into the area of the caudal left and right kidney, as well as into the area of the left and right ovaries, was present. The main portion of the fluid-filled structure measured approximately 10.0 cm x 6.0 cm. Anechoic content was present in the fluid-filled structure primarily, with mild subjective cellular component. No overt evidence of peritoneal free fluid was noted. No overt lymphadenopathy was present.

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ULTRASONOGRAPHIC FINDINGS

- Minimally distended urinary bladder with suspect mild particulate sediment
- Large fluid-filled structure in the area of the uterus extending cranially to adjacent to caudal left and right kidney
- Mild nonspecific chronic renal changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The large fluid-filled structure, given its presentation and location, is most consistent with pyometra, hydrometra, mucometra, or similar. No overt evidence of neoplastic criteria, which is considered unlikely. Potential for large unspecified intra-abdominal or omental cystic lesion is possible yet thought less likely.

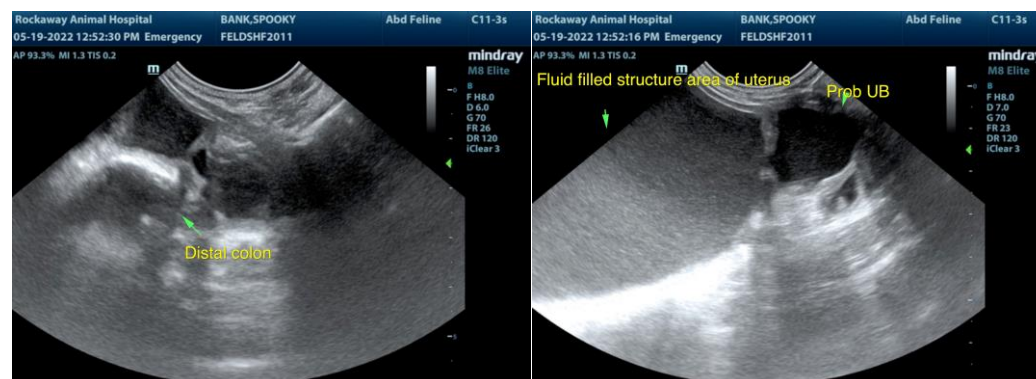
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Exploratory laparotomy with expectation toward ovariohysterectomy is recommended. Three view chest radiographs are suggested prior to surgical considerations.

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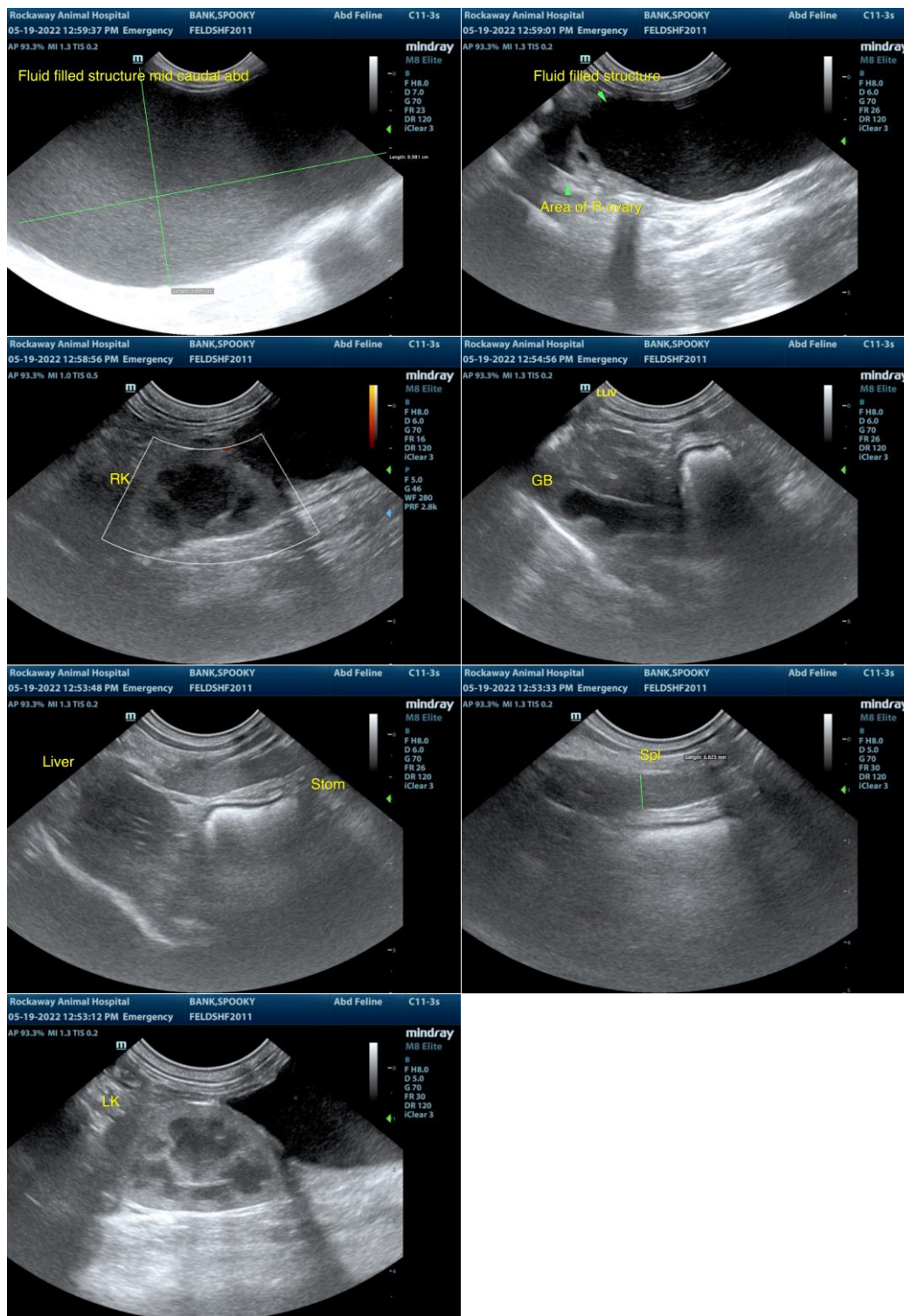
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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info@SonoPath.com

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