



PATIENT

Nova Andes

SPECIES

Canine

BREED

Great Dane

SEX

Female, intact

AGE

1.5 Yrs.

WEIGHT

104 lbs.

INTERPRETED BY

Andrea Nicastro, DVM,
Diplomate ACVIM
(Small Animal Internal
Medicine)

**IMAGING
PERFORMED BY**

Shari Reffi CVT

HOSPITAL NAME

Newton Vet

REFERRING VET

Dr. Verhalen

INVOICE

12613

DATE

11/30/21

PRESENTING CLINICAL SIGNS

History: 7 days post partum, febrile, decreased wbc. 1 placenta unaccounted for. Current meds: Unasyn
Abnormal PE/Chem/CBC/UA Results: T=105.7, WBC 2.91 (L 6); Neut 2.19 (L 3.62)Ca wnl.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal size (8.15 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (9.16 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.41 cm at cranial pole) (0.58 cm at caudal pole) (2.92 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The region of the right adrenal gland is evaluated. No obvious pathology is observed.

Spleen

The spleen is normal in size (3.02 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is moderately distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.



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Pancreas

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The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

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Free Abdomen

The mesentery surrounding the uterine horns is hyperechoic. No free fluid is observed. The abdominal lymph nodes are normal/not visible.

BREED

Great Dane

Other

The left ovary is subjectively normal in size (1.59 x 0.95 cm) with a normal shape and homogeneous parenchyma. No obvious pathology is observed.

SEX

Female, intact

The walls of both uterine horns are thickened with hyperechoic, irregular endometrium. There is no obvious evidence of a retained fetus.

AGE

1.5 Yrs.

ULTRASONOGRAPHIC FINDINGS

Diffuse endometritis/placentitis with regional peritonitis. It is unclear whether the dog's clinical signs are secondary to uterine or mammary pathology or both.

WEIGHT

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consider a vaginal cytology to assess for pyometra as well as broadening the antibiotic spectrum with addition of a fluoroquinolone. Ovariohysterectomy is recommended. However, if medical management is to be pursued, the uterus should be monitored sonographically every 24-48 hours.

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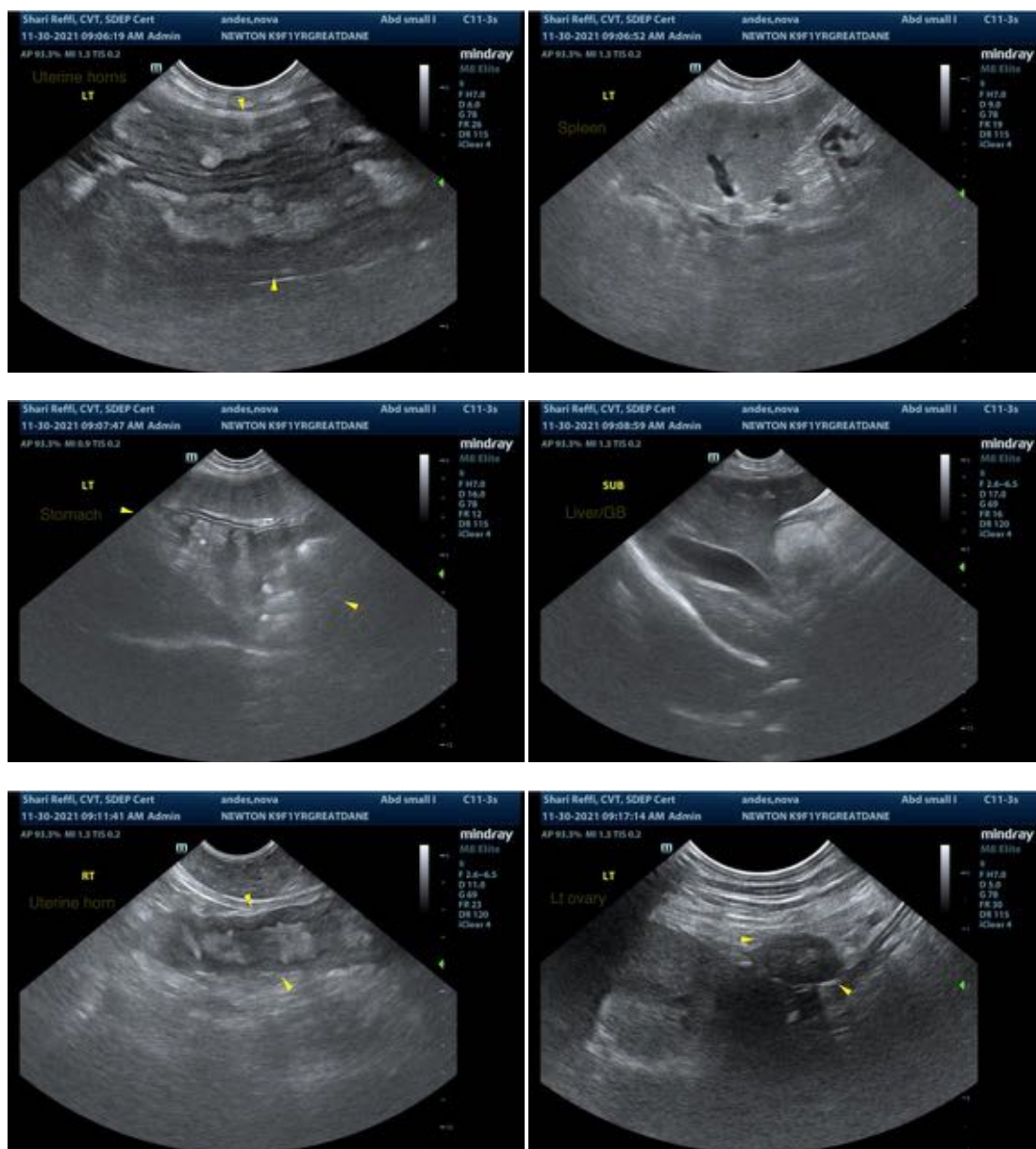
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, DVM, Diplomate ACVIM (Small Animal Internal Medicine)

Andrea.nicastro@sonopath.com