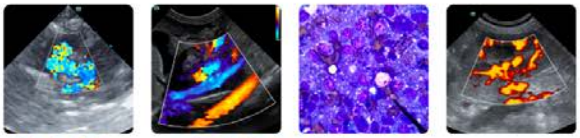


SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Skye AAS

SPECIES

Canine

BREED

St. Bernard

SEX

Spayed Female

AGE

5 Years

WEIGHT

97 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Dog & Cat Clinic of Niagara

REFERRING VET

Dr. Haidy

INVOICE

73952

DATE

3/24/26

PRESENTING CLINICAL SIGNS

Had pyometra and had surgery on Mar 19th at another clinic. Post-operatively, her white blood cell count was noted to be high by the previous veterinarian, but the specific value was not provided to the client. WBC are still high. Inappetance since the surgery

Current Medications: Gabapentin 400, Sulcrate, Enrofloxacin (all done while being hospitalized the last 24 hours)

Abnormal PE/Chem/CBC/UA Results: Hematocrit 0.36 Hemoglobin 126 WBC 20.00 Neutrophils 16.35 Plateletcrit 0.51 Globulin 53 Amylase 1672

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The right kidney is normal is size (7.22 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

The left kidney is normal is size (8.14 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

The right adrenal gland is normal in size (1.9 cm at cranial pole and 0.90 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.63 cm at cranial pole and 0.68 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

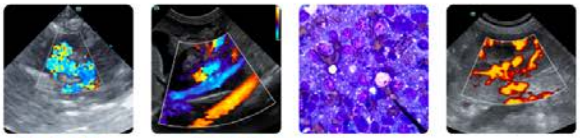
Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.



SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Skye AAS

SPECIES

Canine

BREED

St. Bernard

SEX

Spayed Female

AGE

5 Years

WEIGHT

97 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Dog & Cat Clinic of Niagara

REFERRING VET

Dr. Haidy

INVOICE

73952

DATE

3/24/26

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with a small to moderate amount of echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The pancreas that is observed appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There are several small pockets of free fluid and enhanced hyperechoic fat primarily in the area of the uterine stump, as well as left and right cranial abdomen. In the caudal abdomen and the left, the pockets are small and could be consistent with recent surgery, although in what the sonographer labels as the right cranial abdomen there is a large, ill-defined 3.85 cm x 1.74 cm anechoic density/potential pocket of free fluid versus abscess, hematoma, other that differs slightly in appearance from the others.

There is no apparent pathologic lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- Some post-op surgical changes are suspected as described above. However, in what is labeled as the right cranial abdomen, the larger anechoic area could similarly represent normal post-op change/free fluid, although an organized hematoma or even abscess versus other can't be definitively ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sampling of the larger pocket of free fluid for analysis, cytology, culture and sensitivity, etc. could be considered if patient's coagulation status is appropriate if patient's clinical signs, leukocytosis, etc. persist and/or don't improve with supportive/symptomatic post-op care. Alternatively, advanced imaging such as an abdominal CT scan could be considered.

PATIENT

Skye AAS

SPECIES

Canine

BREED

St. Bernard

SEX

Spayed Female

AGE

5 Years

WEIGHT

97 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Dog & Cat Clinic of Niagara

REFERRING VET

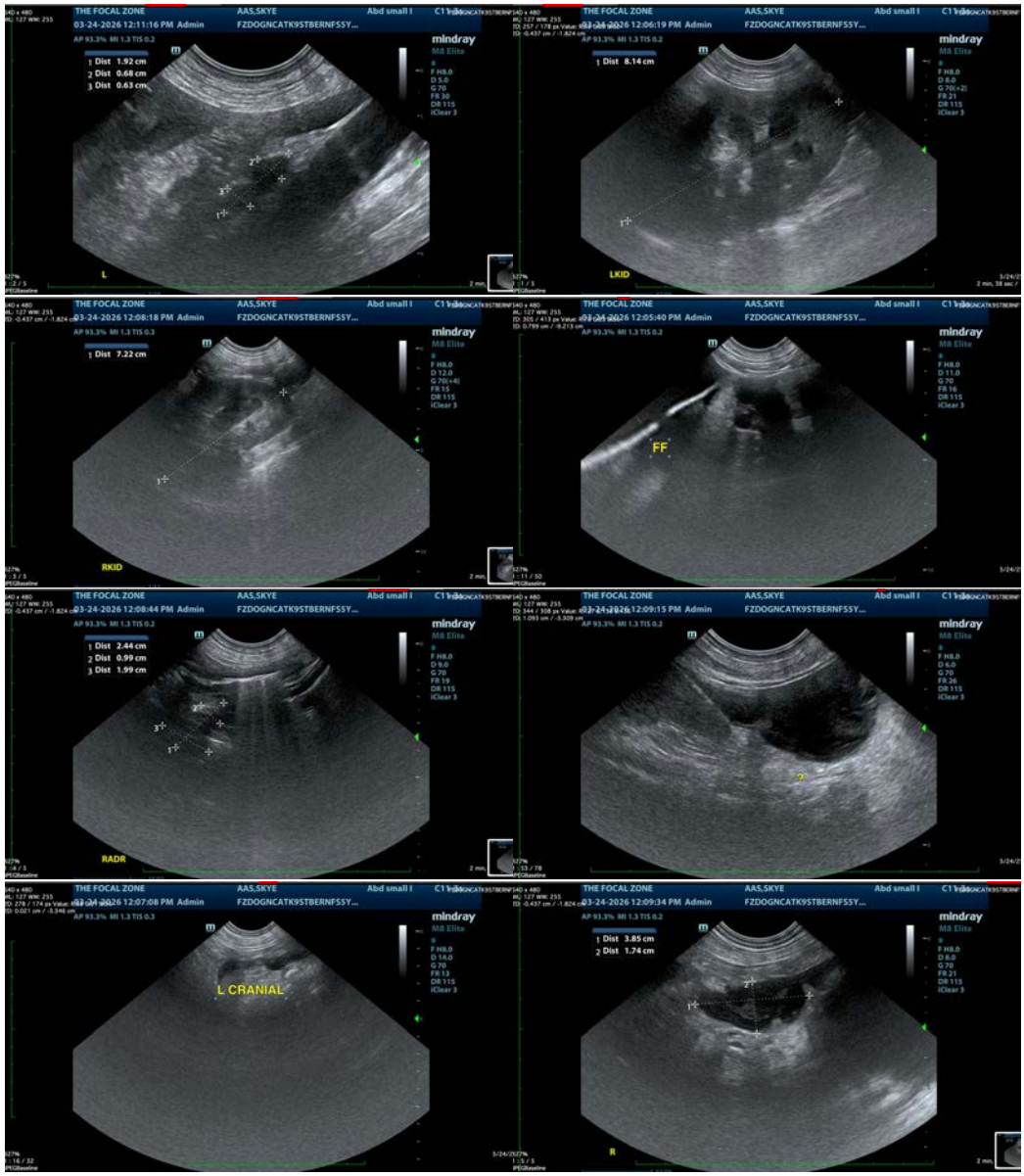
Dr. Haidy

INVOICE

73952

DATE

3/24/26



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.

Beth Johnson, DVM, DACVIM
info@sonopath.com