



PATIENT

Tallulah Novick

SPECIES

Canine

BREED

Cavalier King Charles

SEX

Female

AGE

8

WEIGHT

14.8

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Melissa Pascucci

HOSPITAL NAME

American AH

REFERRING VET

Dr. Stockmal

INVOICE

46289

DATE

3/30/23

PRESENTING CLINICAL SIGNS

Suspicious of subclinical pyometra. Will send for surgery tonight/tomorrow morning if confirmed. History of seizures and had a drooling episode that may have been minor seizure. Presented yesterday and palpated thickened bowel loop vs thickened uterine horn. She is intact and had last heat in maybe November. No clinical signs of pyometra. All vitals stable.

Abnormal PE/Chem/CBC/UA Results: January- normal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately 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 in size (3.77 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 in size (good measurement not possible, as the kidney was severely obliqued in all provided images), 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. Non-obstructive punctate nephroliths and a chronic infarct were noted.

Adrenal Glands

The right adrenal gland is unable to be well visualized in these images.

The left adrenal gland is normal in size (0.38 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal. The cranial pole is unable to be well visualized in these images.

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.

Gastrointestinal

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.



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The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). 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.

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

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Pancreas

The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

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Free Abdomen

There is no evidence of free peritoneal effusion noted in these images.

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There is no apparent lymphadenopathy noted in these images.

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There is a markedly fluid dilated tubular structure throughout the abdomen, presumed to be a fluid dilated uterus.

PRIMARY FINDINGS

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Beth Johnson, DVM
DACVIM

- The fluid dilated tubular structure described above is most consistent with a fluid distended uterus – differentials include hydrometra as well as pyometra. Patient’s clinical signs, laboratory changes, etc. may help differentiate the two.

SECONDARY FINDINGS

- Punctate non-obstructive nephroliths and a chronic infarct in the left kidney.

IMAGING PERFORMED BY

Melissa Pascucci

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A general metabolic health screen is recommended in the form of a CBC/Chem panel, electrolytes, a urinalysis and, if indicated based on urinalysis results, urine culture. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

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An ovariohysterectomy should be considered. The timing/emergency nature of it can be partially dictated by patient’s clinical picture, laboratory changes, etc.

REFERRING VET

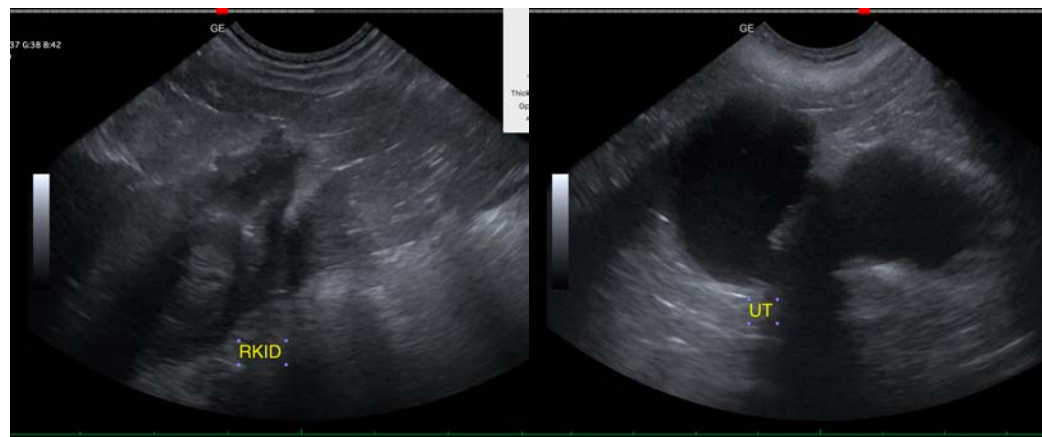
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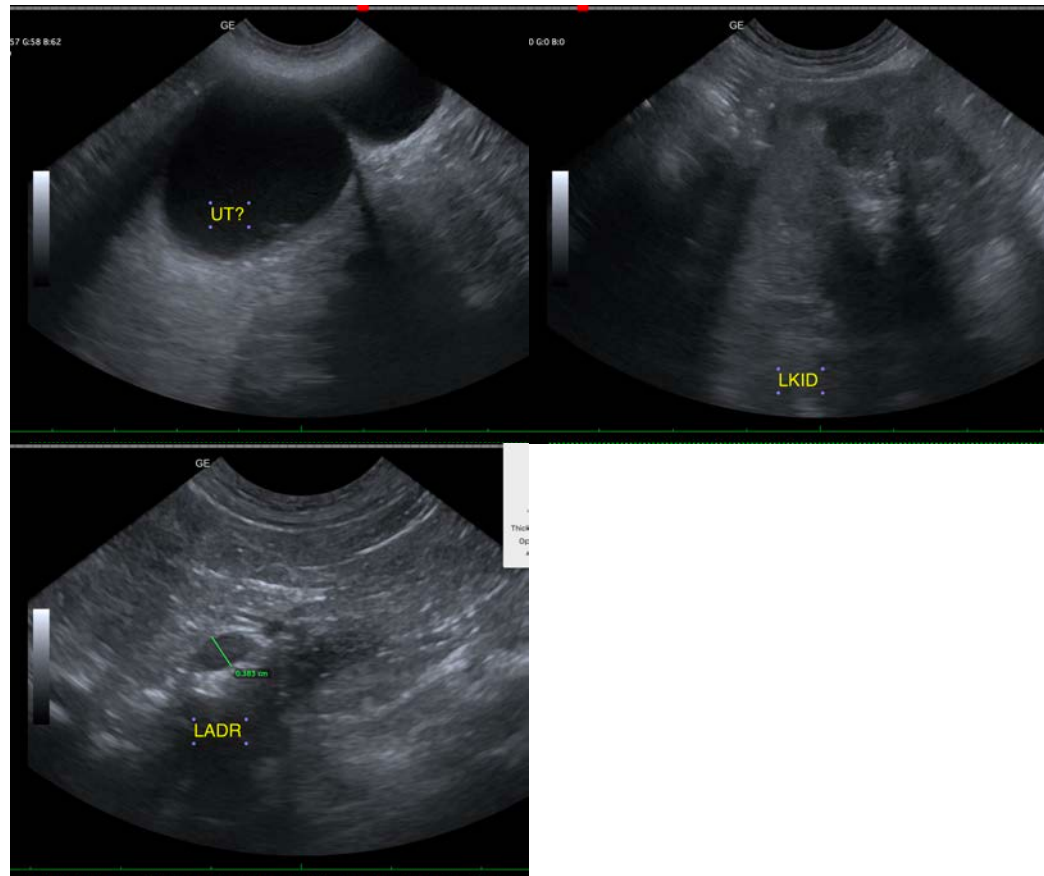
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

Beth Johnson, DVM, DACVIM
Beth.Johnson@sonopath.com