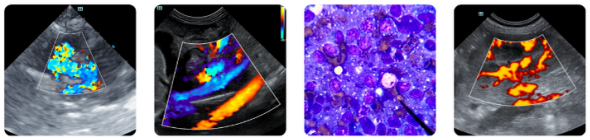


PATIENT

Pretty Taylor

SPECIES

Canine

BREED

CHihuahua

SEX

Female

AGE

11

WEIGHT

12.8

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Nikki Kollman RVT

HOSPITAL NAME

Airpark Animal Hospital

REFERRING VET

Dr. Kristin Marciszewski

INVOICE

11497

DATE

3/17/2026

PRESENTING CLINICAL SIGNS

- Presented yesterday for urinating frequently and possible tenesmus, increased water intake. Vomiting PM previous to presentation-many episodes.
- NSF on aFAST or lateral abdominal radiograph
- Treated outpatient with Convenia, Cerenia, SQ fluids
- Presented today for no improvement in 24 hours. No vomiting on Cerenia

Abnormal PE/Chem/CBC/UA Results: PE: T: 99.6, RR: 32, HR: 120 Tense on mid-abdominal palpation Muco-purulent discharge from vulva NSF on rectal Neutropenia: 1.8 Band neutrophils Monocytes 3.56 Eosinophils 0.01 Lymphocytes 1.01 Chemistry: Glucose: 27 BUN 57 Phosphorus 11.7 ALT 141 TBIL: 1.0 Cholesterol 353 Chloride 103 USG 1.021 Hematuria Rods Cocci.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

The kidneys were both normal size and structure, with smooth capsule and normal corticomedullary definition and ratio. Medullary structure differed distinctly from that of the cortex. No evidence of pelvic dilation was present.

Left kidney measures 3.94 cm in length, and the right kidney measures 4.68 cm in length.

Reproductive System

The left ovary is visualized and is prominent with a hyperechoic nodule visible, consistent with a corpus albicans. Likely indicating the patient is in a late luteal phase.

The right ovary was not distinctly visualized.

Visualized cervix and uterus are diffusely prominent and hypoechoic. There is no significant luminal fluid visualized. There is a spherical anechoic structure within one of the uterine horns that measures approximately 0.5 x 0.4 cm, consistent with an endometrial cyst.

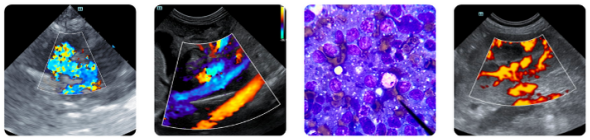
Adrenal Glands

Both adrenal glands were visualized and recognized as having normal shape, size, position and echogenicity for this breed and age. The visible phrenic vasculature was unremarkable.

Left adrenal measures 1.41 cm in length, 0.64 cm at the caudal pole and 0.61 cm at the cranial pole. Right adrenal measures 1.75 cm in length, 0.66 cm at the caudal pole and 0.95 cm at the cranial pole.

Spleen

The spleen was normal with age appropriate homogeneous parenchyma and a smooth capsule with normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.



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Liver

The liver is subjectively normal in size with normal contours and structure. There is age 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.

Gall bladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally.

Gastrointestinal

The stomach contains a small volume of fluid and some gas shadowing. There are no areas of complete acoustic drop out, and no suspect foreign material visualized. Gastric wall is diffusely mildly thickened with maintenance of wall layering.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. There were no focal lesions consistent with obstruction or a mass effect observed.

Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The visible pancreas was observed to be largely isoechoic to surrounding omental fat.

ULTRASONOGRAPHIC FINDINGS

- Gastric wall thickening – Likely mild gastritis.
- Prominent/thickened uterus with endometrial cyst.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Gastric wall thickening is mild and likely secondary to gastritis. While the pancreas appeared sonographically normal, pancreatitis cannot be definitively ruled out. Consideration for dietary indiscretion, food sensitivity/allergy, toxin, infectious (bacterial, viral, parasitic) or mild inflammatory bowel disease is reasonable. Treatment is supportive and involves fluid support, GI support (anti-nausea, appetite stimulant), analgesia and enteral nutrition as needed. Antibiotics are generally not warranted. Serial imaging is indicated if clinical signs are not resolving. Current chem/lytes/CBC, GI panel (TLI/PLI/cobalamin/folate), baseline cortisol +/- ACTH stimulation test, fecal pathogen PCR, and empiric broad spectrum deworming and treatment with probiotics should be considered as clinically warranted. Ultimately GI biopsy may be required for more definitive diagnosis.

Uterine changes are of uncertain clinical significance. There is no uterine fluid accumulation, except for an endometrial cyst, which are commonly benign. There is no indication of pyometra or other fluid accumulation within the uterine lumen. Metritis cannot be completely ruled out and open pyometra can also not be completely ruled out given the reported mucopurulent discharge from the vulva. Ovariohysterectomy should be considered pending patient stability, if clinically indicated.

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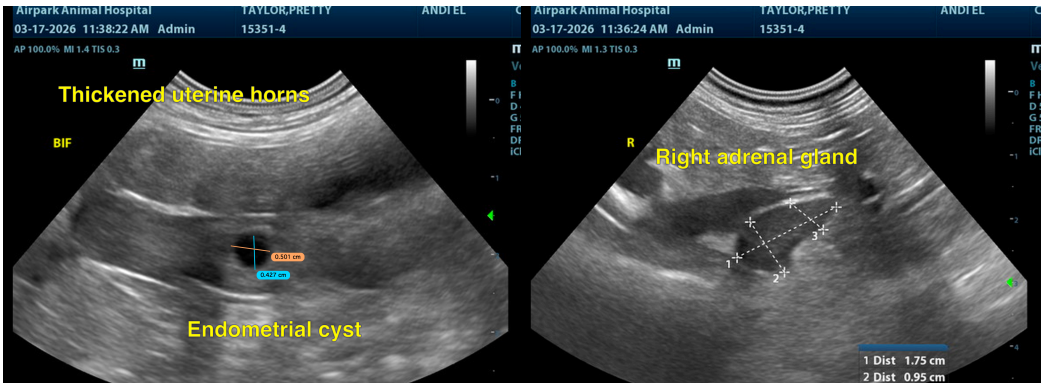

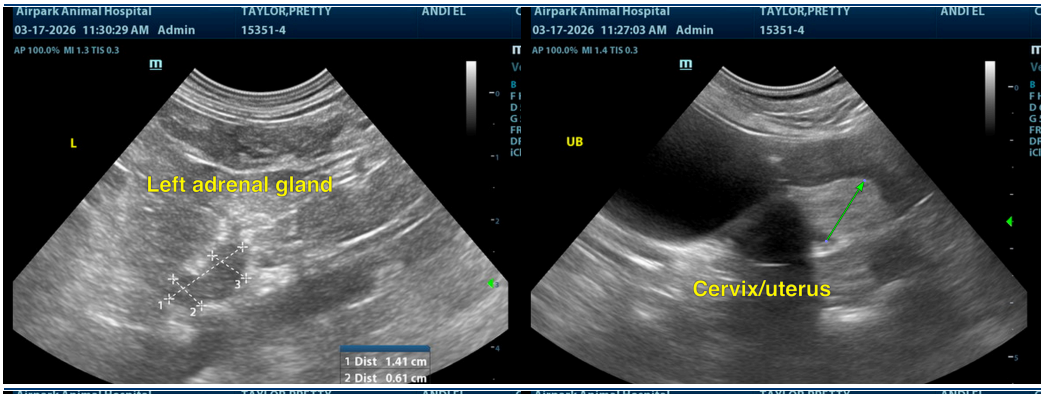

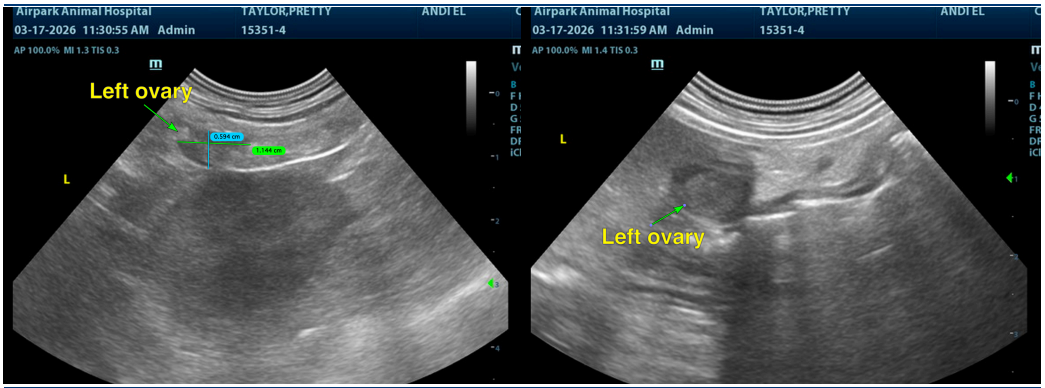

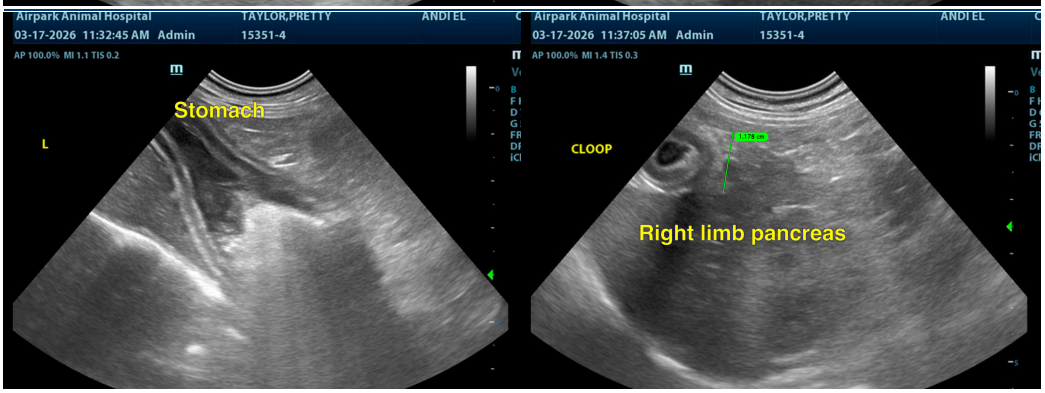

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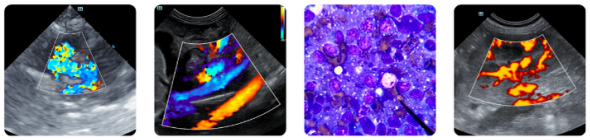

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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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.

Dr Brittany Sinclair, BVSc(hons), DACVECC

info@SonoPath.com