PATIENT

Luna Pallares

SPECIES

Canine

BREED

German Pinscher

SEX

Female

AGE

6 Years

WEIGHT

43 pounds

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Vincent Ravancho CVT

HOSPITAL NAME

Ridge Road Animal Hospital

REFERRING VET

Dr. Pathak

INVOICE

15077

DATE

04/14/26

PRESENTING CLINICAL SIGNS

Anorexic, Vaginal Discharge

Abnormal PE/Chem/CBC/UA Results: Chem WNL. CBC - WBC 23.68K, Neut 17.66K. Mono 2.81K

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.

There are tubular fluid-filled structures in the caudal and mid-abdomen suspected to represent fluid-filled uterine tissue. It is not definitively traced caudally to the pelvic inlet but does not appear to be GI tract. Ovaries are not distinctly visualized.

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. The left kidney measured 5.61 cm in length. The right kidney measured 5.95 cm in length. The left kidney is visualized and measured at an oblique angle, which likely underestimates its true length.

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. The left adrenal gland measured 2.24 cm in length and 0.49 cm at the caudal pole and 0.54 cm at the cranial pole. The right adrenal gland measured 2.16 cm in length and 0.69 cm at the caudal pole and 0.90 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.

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 amount of ingesta. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate. No masses or focal lesions were observed.

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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.

The ileocecal junction was not visualized. 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 area of the pancreas was isoechoic to surrounding tissue with no overt inflammation. Pancreatic tissue was not distinctly visualized which is common.

Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

Free Abdomen

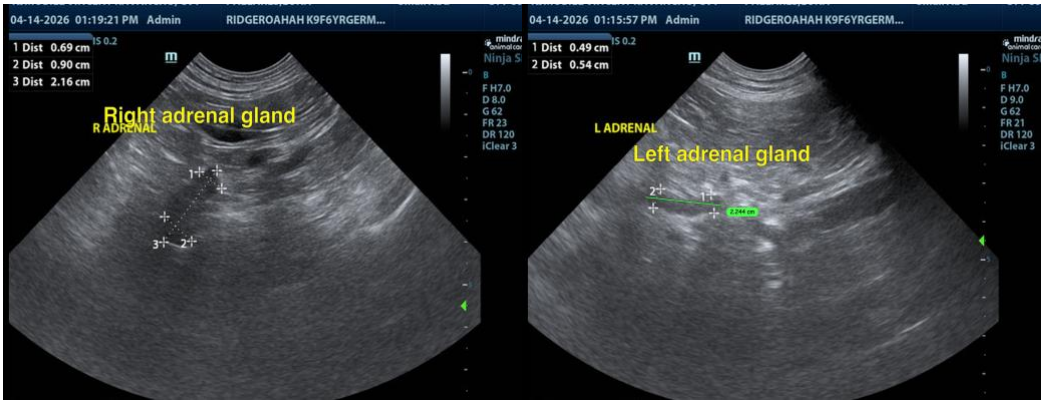
No masses or free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

- Fluid in uterus- likely open pyometra.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Uterine distension with fluid is most consistent with pyometra. This is a life-threatening condition, and even seemingly stable patients can quickly develop septic shock. Emergency surgery with plan for ovariohysterectomy is strongly recommended. If OVH is not desired, given described vaginal discharge, this may be an open pyometra which can be amenable to treatment with antibiotics and prostaglandins. This should only be attempted in stable, breeding bitches, as progression to septic shock remains a potential outcome.



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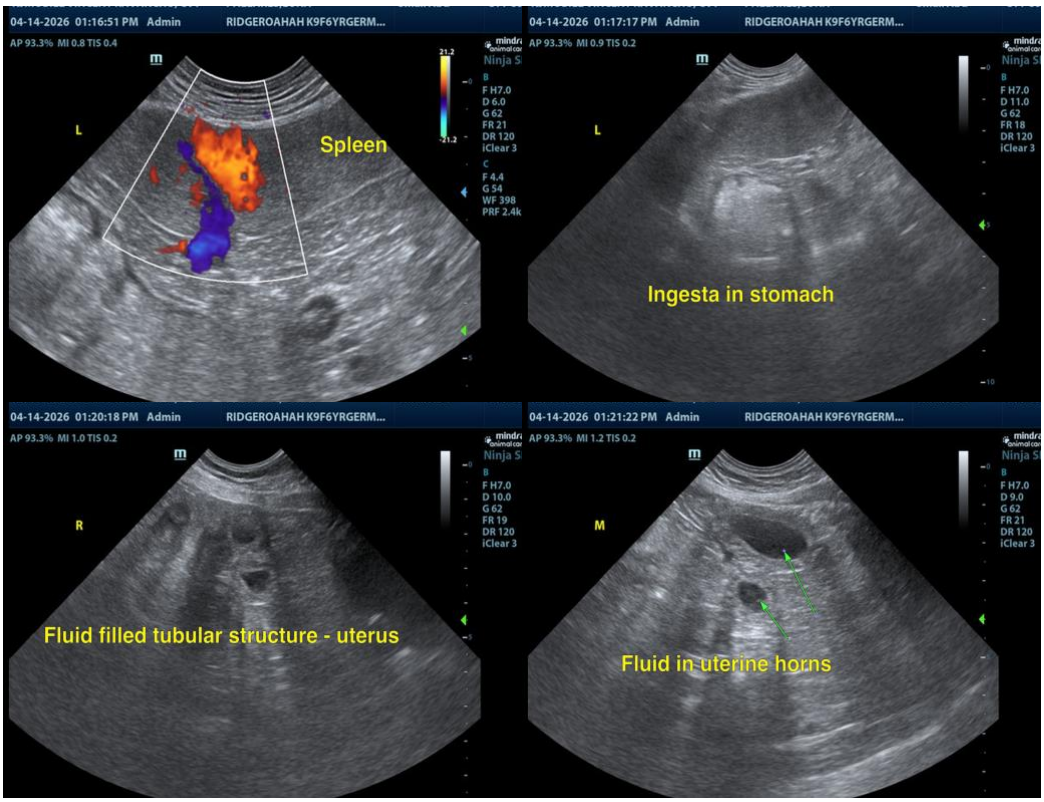

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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