



PATIENT

Marlee Mascelli

SPECIES

Canine

BREED

Mix

SEX

Female

AGE

9 Years

WEIGHT

5.8 Pounds

INTERPRETED BY

Brittany Sinclair DVM,
DACVECC

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

ACC of North Jersey

REFERRING VET

Dr. Andalaft

INVOICE

37273

DATE

5/29/26

PRESENTING CLINICAL SIGNS

History: Distended abd, large mass effect seen on rads, 2-3/6 HM.

Abnormal PE/Chem/CBC/UA Results: ALB-1.4 glob-7.5 ag-0.2 ggt-65 totalbili-0.4 buncreat-70 gluc-46 ca-7.9 na-136 wbc-40.5 rbc-4.3 hgb-10 hct-32 absneut-29970 absbands-1215 lymph-5265 t4<0.5 FT4-33.7 LDDS-WNL.

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 is a very large mass effect taking up the majority of the abdomen. It is a tubular structure filled with a large volume of echogenic fluid, most consistent with pyometra.

The kidneys have a smooth capsule and with mild hazing of corticomedullary definition. No evidence of pelvic dilation was present. Hyperechoic, shadowing foci present in renal parenchyma and calyces consistent with nephrocalcinosis. The left kidney measured 3.42 cm in length. The right kidney measured 3.5 cm in length.

Adrenal Glands

Adrenal glands were visualized on still images only. They appear to have normal shape, size, position and echogenicity for this breed and age though this could not be confirmed on cine loops. The left adrenal gland measured 1.1 cm in length and 0.41 cm at the caudal pole and 0.31 cm at the cranial pole. The right adrenal gland measured 1.49 cm in length and 0.52 cm at the caudal pole and 0.40 cm at the cranial pole.

Spleen

The spleen was not distinctly visualized.

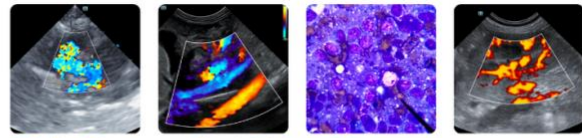
Liver

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.

The gall bladder is moderately distended with anechoic fluid, with hyperechoic non-shadowing debris present. There is no surrounding free fluid or signs of active inflammation.

Gastrointestinal

The stomach contains minimal luminal contents. 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 pancreas was not distinctly visualized.

Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

Free Abdomen

No masses were noted.

There is scant effusion visualized.

ULTRASONOGRAPHIC FINDINGS

- Pyometra
- Gallbladder debris
- Mild aging renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The fluid-filled tubular structure visible in the abdomen is most consistent with a pyometra. There is scant effusion, and given the patient's leukocytosis, emergency ovariohysterectomy is recommended.

Spleen was not definitively visualized, likely due to displacement from large space-occupying uterus. Spleen pathology cannot be completely ruled out.



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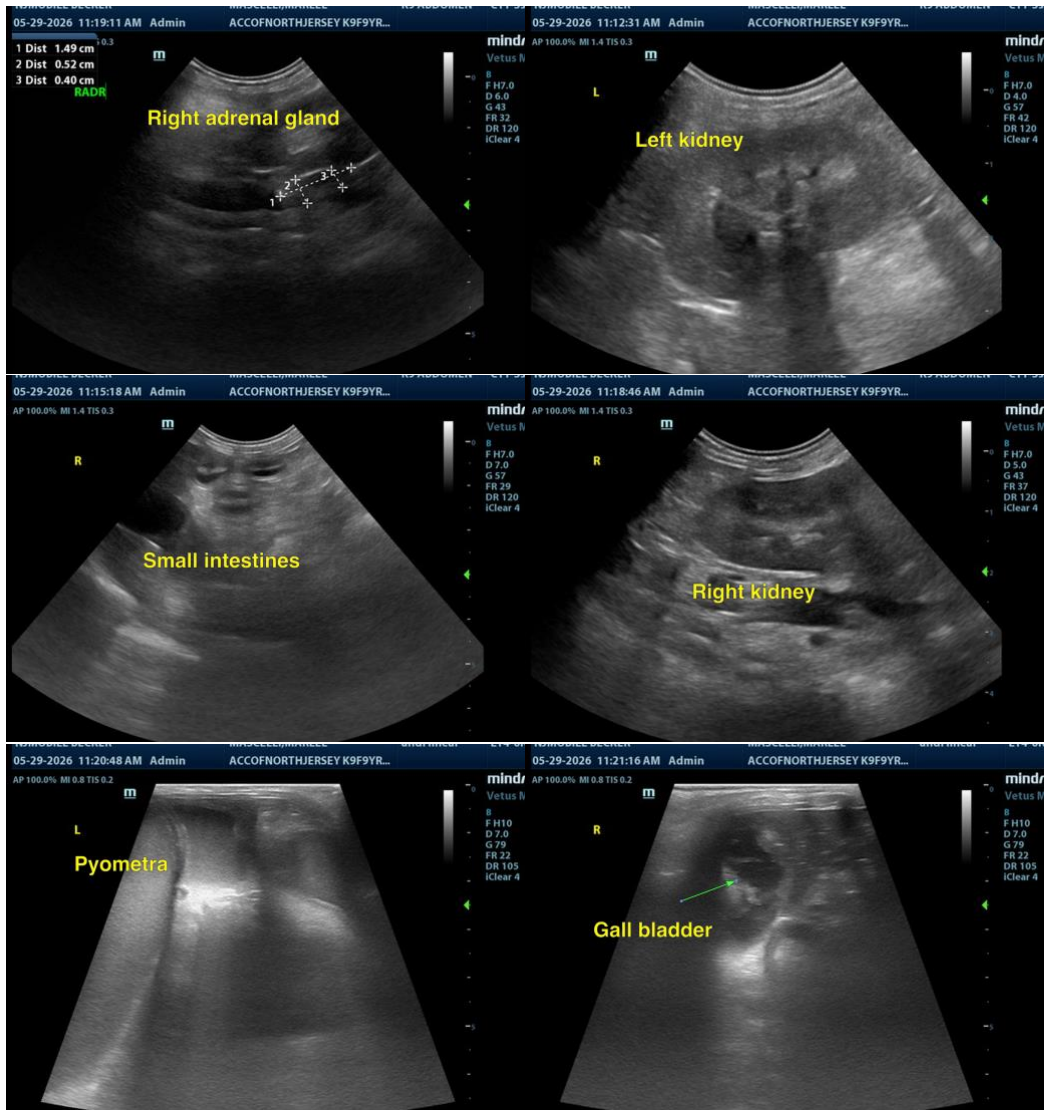
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC
 info@SonoPath.com