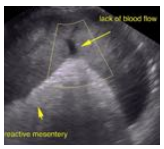
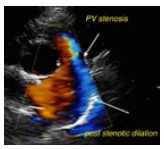
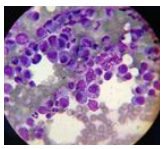
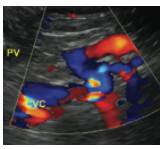
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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1-800-838-4268 info@sonopath.com

PATIENT
Zakurah Ramos

SPECIES
Canine

BREED
American Bully

SEX
Intact female

AGE
3 years

WEIGHT
82 lbs

INTERPRETED BY
Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY
Dr. Ferrer

HOSPITAL NAME
Paseos VC

REFERRING VET
Dr. Davilla

INVOICE
42414

DATE
1/30/23

PRESENTING CLINICAL SIGNS

History: Presented as a referral for an abdominal ultrasound to evaluate the uterus. Pt gave birth on January 2, 2023 to several puppies and she did not have complications during birth and afterwards. Pt has had normal postpartum bleeding. Now, O is concerned about that pt still have yellowish (purulent) discharged coming from the vulva.

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.

Uterine horns contain a small volume of hyperechoic contents

The kidneys were both normal size and structure, with smooth capsule and normal corticomedullary definition and ratio (cortex 1/3 of medulla). Medullary structure differed distinctly from that of the cortex. No evidence of pelvic dilation was present. The right kidney measured 6.7 cm. The left kidney measured 6.9 cm.

Adrenal Glands

Both adrenal glands were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 2.36 cm in length and 0.46 cm at the cranial pole and 0.63 cm at the caudal pole. The right adrenal gland measured 2.59 cm in length and 0.69 cm at the caudal pole.

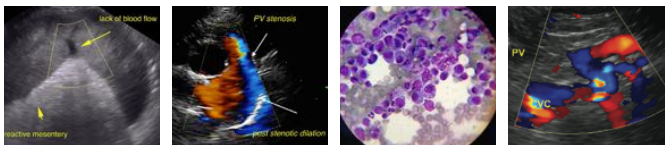
Spleen

The spleen was normal with a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma and 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 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. No pathological hepatic lymphadenopathy observed. Gallbladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally

Gastrointestinal



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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 and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed. 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. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed. The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. 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 base and limbs of the pancreas were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour and parenchyma were normal. No overt evidence of active inflammatory or neoplastic disease was noted.

Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

Free Abdomen

No masses or free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

1. Hyprechoic uterine contents

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Uterus contains a small volume of hyperechoic contents, which along with reported purulent vaginal discharge is consistent with post-whelping mucometra/metritis which may be infectious our sterile in origin. Sterile serosanguinous or seromucoid discharge is expected for 8-12 weeks post-partum, so this could be within normal limits if the dog is otherwise acting well, however the presence of small volume fluid in the lumen raises the concern for metritis. Evaluation of discharge with cytology and culture should be considered, using a guarded swab to acquire sample from deep within vaginal vault (avoid vulvar or vestibular sampling). This will allow for more thorough assessment of discharge and detect the presence or absence of infectious organisms. If clinically warranted, and pending results of cytology/culture, empiric treatment with a broad spectrum antibiotic such as clavamox is reasonable and can be combined with PGF2-alpha (50-100ug/kg SC BID) to help evacuate the uterus. GI side effects are common and can be treated with anti-emetic (ondansetron if still nursing, cerenia if pups are weaned). Probiotics are recommended for both pups (if nursing) and bitch while on, and after, antibiotic use.

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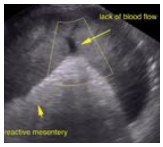
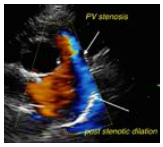
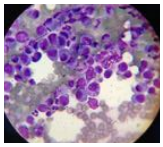
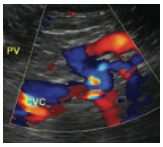

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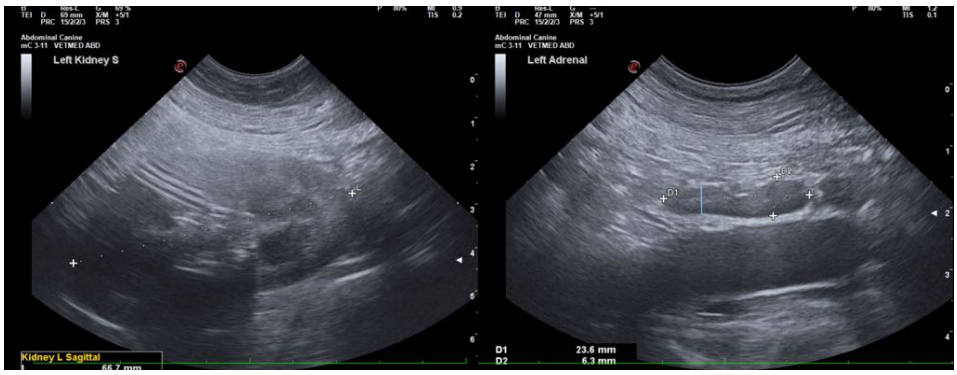

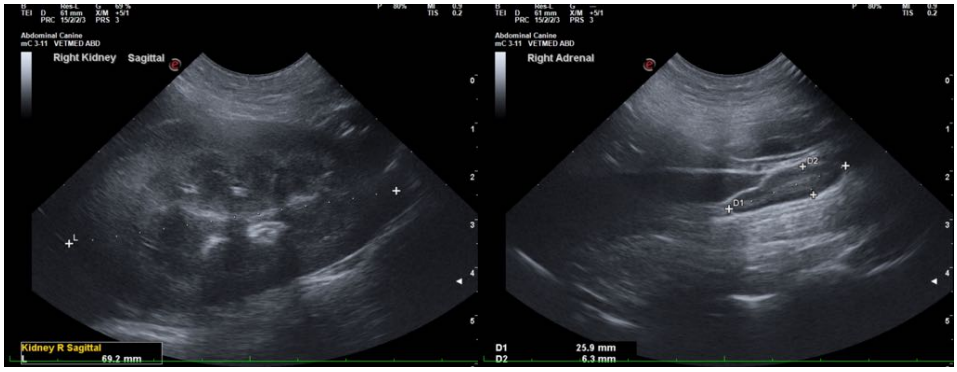

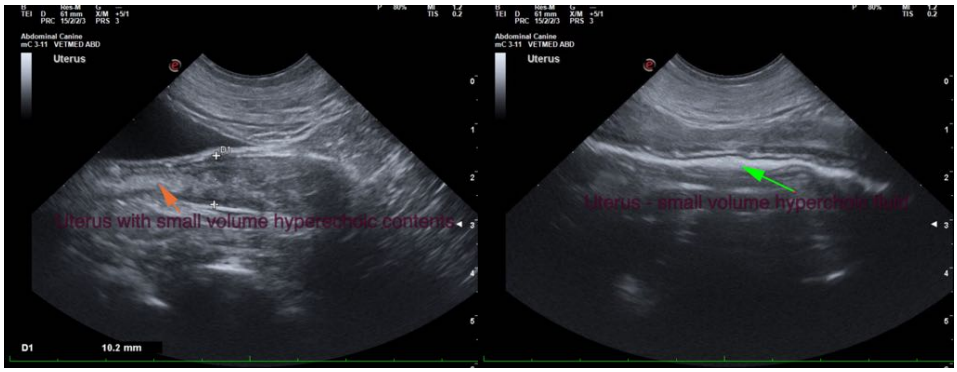

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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