



PATIENT

Nala Sandefer

SPECIES

Canine

BREED

Poodle Springer
Spaniel Mix

SEX

Spayed female

AGE

2 years

WEIGHT

21.6 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Carly Pate

HOSPITAL NAME

VCA McKenzie AH

REFERRING VET

Dr. Arpaia

INVOICE

42232

DATE

1/18/23

PRESENTING CLINICAL SIGNS

History: P presents for estrus signs despite spay surgery in August 2021, had first heat signs around end May 2022 (vulvar swelling, bloody discharge), again around Dec 2022. On physical exam today P has small amount of rust color discharge from vulva, vulvar swelling. Concern today is to evaluate for possible ovarian/uterine tissue remnants.

Abnormal PE/Chem/CBC/UA Results: Labwork pending (CBC/Chem/UA/PT/PTT)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

The uterus was thickened in this patient and measured 1.8 cm in width. The residual uterus was excessive in this patient. The uterine body extended beyond the bladder as well as fluid filled cranial uterine stump or horn. Hypertrophied tissue was noted throughout the uterine body.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 5.13 cm. The left kidney measured 4.65 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 right adrenal gland measured 0.39 cm at the cranial pole and 0.33 cm at the caudal pole. The left adrenal gland measured 0.52 cm at the caudal pole and 0.45 cm at the cranial pole.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of



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normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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Gastrointestinal

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Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. The mesenteric lymph nodes were reactive and measured 0.4 cm.

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Pancreas

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The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

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Free Abdomen

In one video clip a 1.0 cm, hypoechoic, rounded structure appeared to be present at the exact position adjacent to the ascending colon. This may represent ovarian remnant; however, the exact position cannot be ascertained. Multiple views of the ovarian fossa were imaged as well without evidence of pathology; however, should be inspected surgically.

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Eric Lindquist, DMV
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ULTRASONOGRAPHIC FINDINGS

Thickened, irregular, focally fluid filled uterine stump/residual uterine horn. I suspect ovarian remnant and not overtly visible.

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Bladder debris.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Dr. Arpaia

I recommend exploratory surgery in this patient with resection of the residual uterine stump as stump pyometra is possible or even likely resection to the level of the cervix is indicated as well as inspection of both ovarian fossae and mid caudal abdomen for ovarian remnant especially the 1.0 cm structure that is noted in one video (see attached images). Full urinary work-up is warranted as well as inspection of the vaginal vestibule for concurrent pathology.

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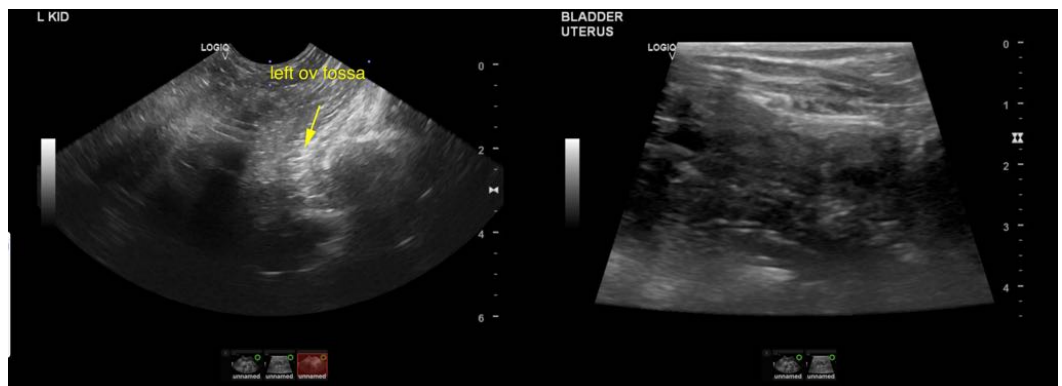
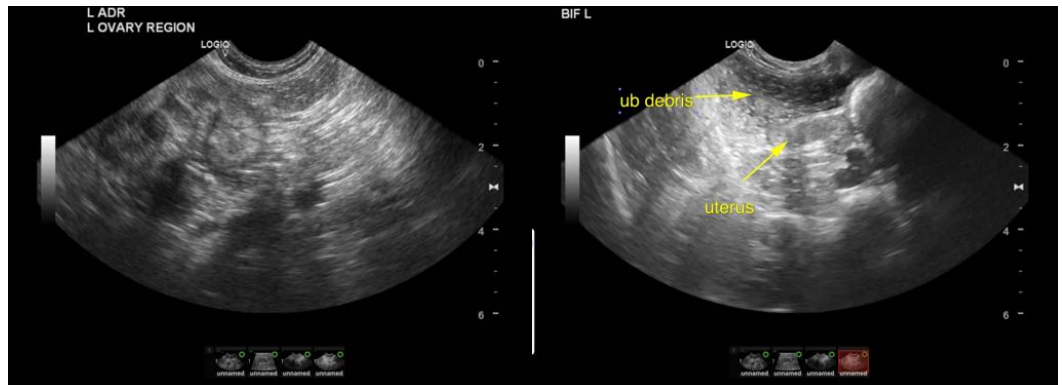
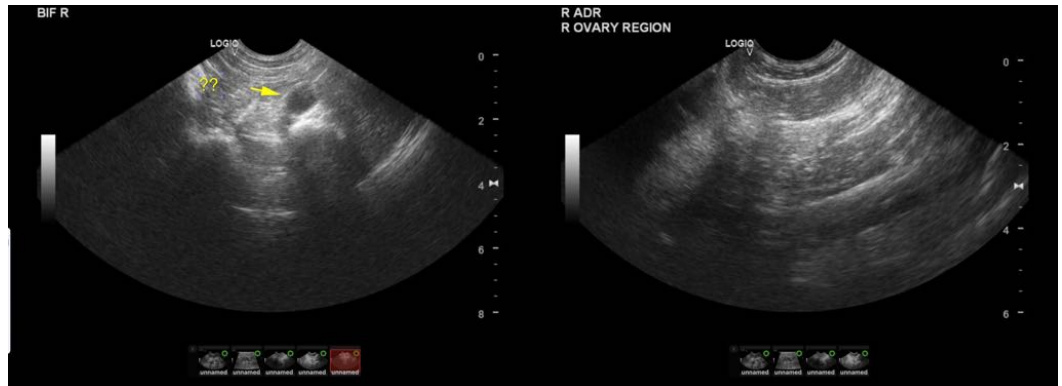
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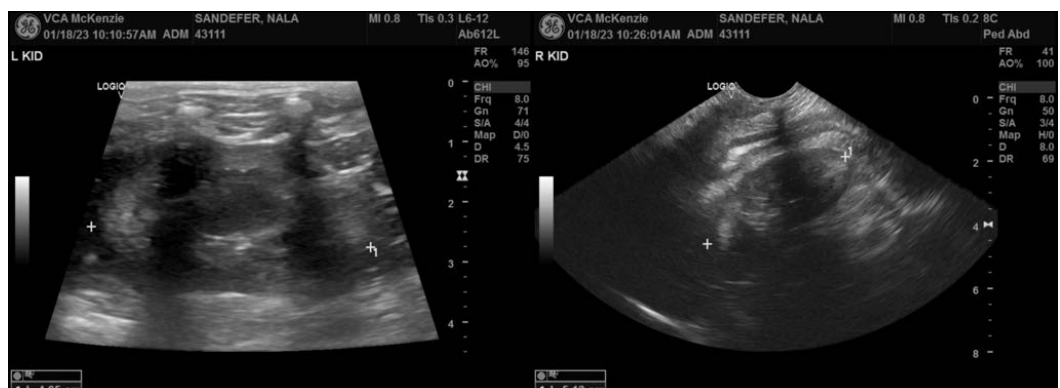
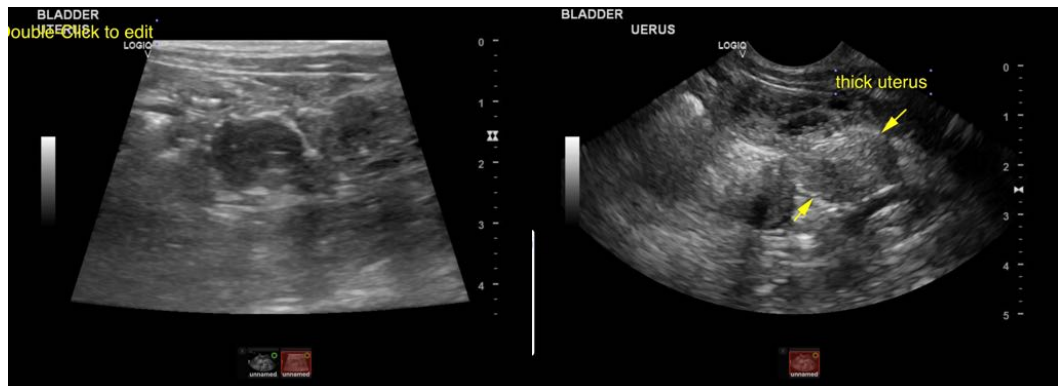
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
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