



**PATIENT**

Lulu Kleinman

**SPECIES**

Canine

**BREED**

Jack Russell Terrier

**SEX**

Intact female

**AGE**

Approx 9 years

**WEIGHT**

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Kelly Vazquez, CVT

**HOSPITAL NAME**

Bergen County VC

**REFERRING VET**

Dr. Halloran

**INVOICE**

98530

**DATE**

1/20/22

**PRESENTING CLINICAL SIGNS**

Purulent vulvar discharge. Unknown spay status. Intermittent vomiting, but owner notes it's associated with the car. Recent mammary mass removed. Current meds: Clavamox.  
Abnormal PE/Chem/CBC/UA Results: ALT mildly elevated (164).

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The right ovary was uniform and measured 1.3 x 0.63 cm. The uterus was mildly thickened and measured 0.74 cm with hypertrophied mucosal changes. Given the patient's history open, low-grade metritis is likely. If reproductive activity is not necessary an ovariohysterectomy is recommended. In some of the periserosal regions of the uterus enhanced mesentery was noted. This is suggestive of inflammation, which supports the concern for open, low-grade metritis.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 4.11 cm. The left kidney measured 3.84 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 2.16 x 1.24 cm at the cranial pole and 0.54 cm at the caudal pole. The left adrenal gland measured 2.02 x 0.5 cm at the caudal pole and 0.49 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 normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with



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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**

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. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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**Pancreas**

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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**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

Minor, open, low-grade metritis pattern.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

This is not a surgical emergency. Medical management with Enrofloxacin or similar can be considered. However, if reproductive activity is not an issue then proactive ovariohysterectomy is recommended.

**IMAGING PERFORMED BY**

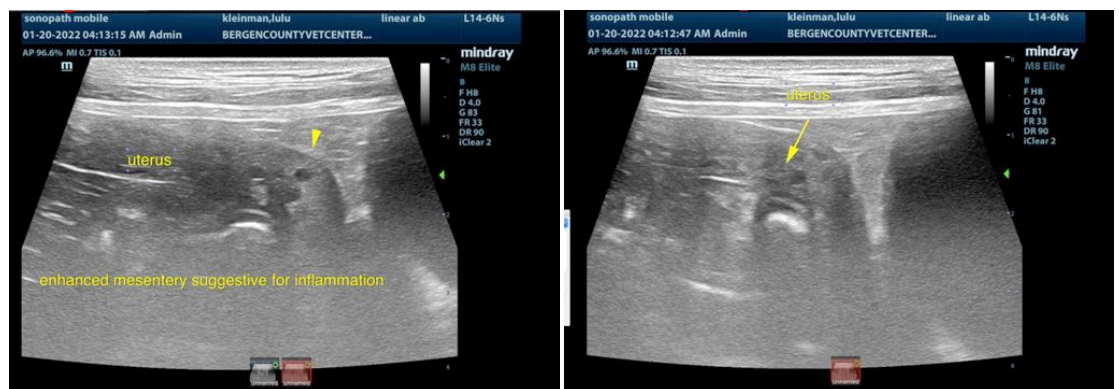
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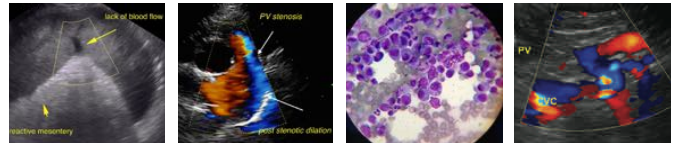


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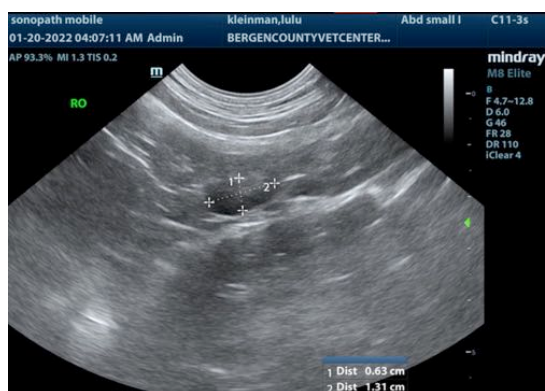
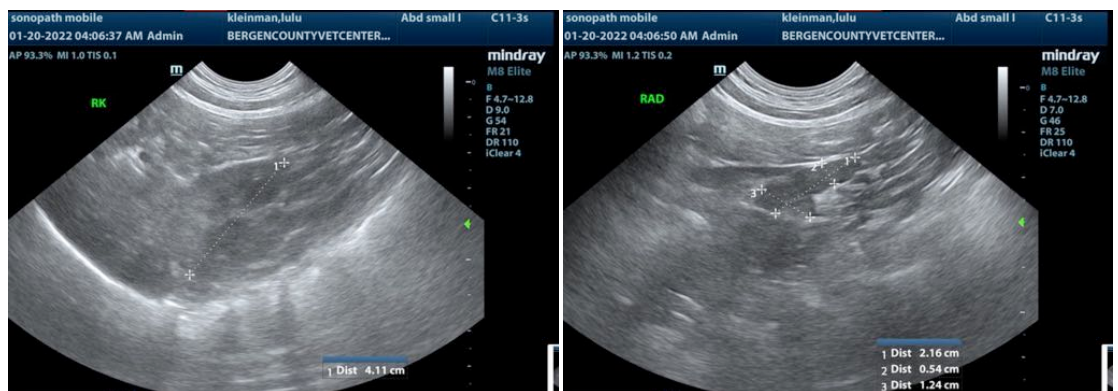
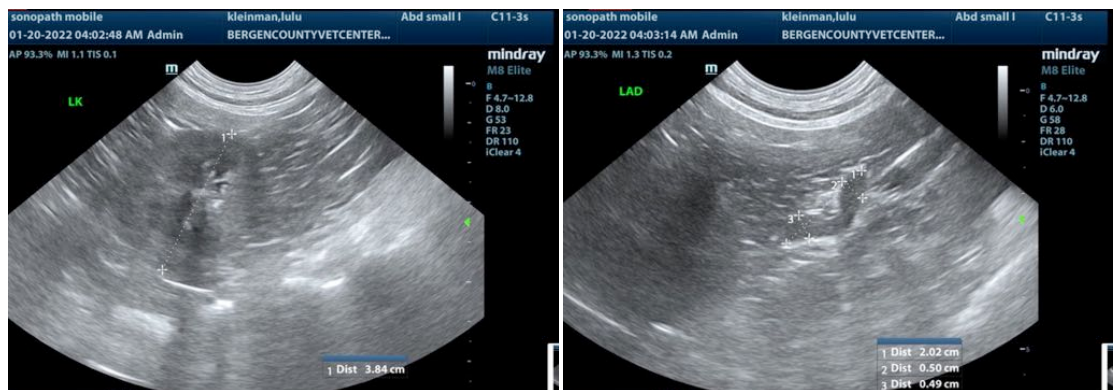
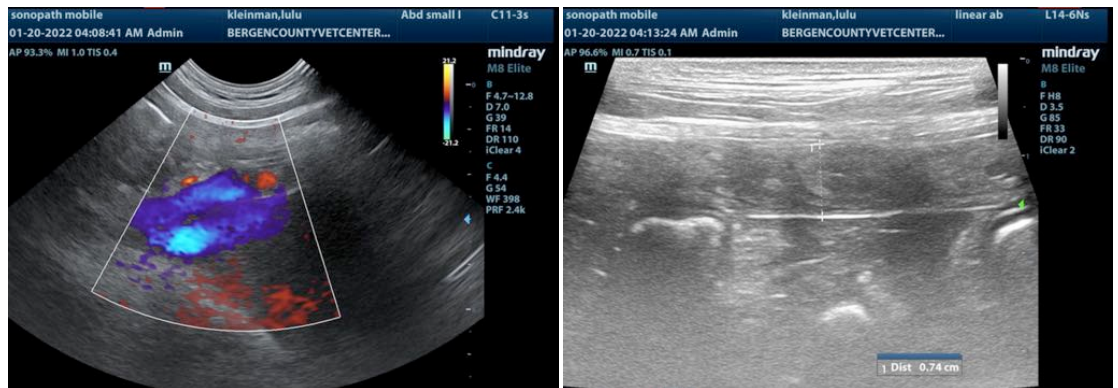
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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  
info@SonoPath.com

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