



**PATIENT**

Audi Welch

**SPECIES**

Canine

**BREED**

Pitbull

**SEX**

Intact Female

**AGE**

5 Years

**WEIGHT**

N/A

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Diane McFadden

**HOSPITAL NAME**

Animal General

**REFERRING VET**

Dr. Castimore

**INVOICE**

12535

**DATE**

11/15/21

**PRESENTING CLINICAL SIGNS**

History: vomiting for 2 days; anorexia, lethargy. In estrus 2 months ago.

Abnormal PE/Chem/CBC/UA Results: WBC 32.5 with monocytes and neuts elevated, lymphs and eos low. platelets low 126 (148-484).

**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 were noted. Ureteral papillae were normal.

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 7.74 cm. The left kidney measured 7.78 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 2.34 cm x 0.49 cm at the caudal pole and 0.52 cm at the cranial pole. The right adrenal gland measured 2.65 cm x 1.39 cm at the cranial pole and 1.0 cm at the caudal 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 were 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 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.

**Gastrointestinal**

**Gastric** stasis was present owing to likely metabolic ileus. The small intestine and colon were unremarkable.

**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.

## SPECIES

Canine

### Free Abdomen

An Iliac **lymph node** was mildly enlarged and reactive, measuring 2.0 cm x 1.0 cm.

## BREED

Pitbull

### Other

The **uterus** was dilated (approximately 3.0 cm maximum width) with fluid filled lumen, consistent with pyometra. Echogenic debris and enhanced surround mesentery were noted.

## SEX

Intact Female

- Pyometra
- Enlarged iliac lymph node, reactive
- Gastric stasis, likely owing to metabolic ileus

## AGE

5 Years

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

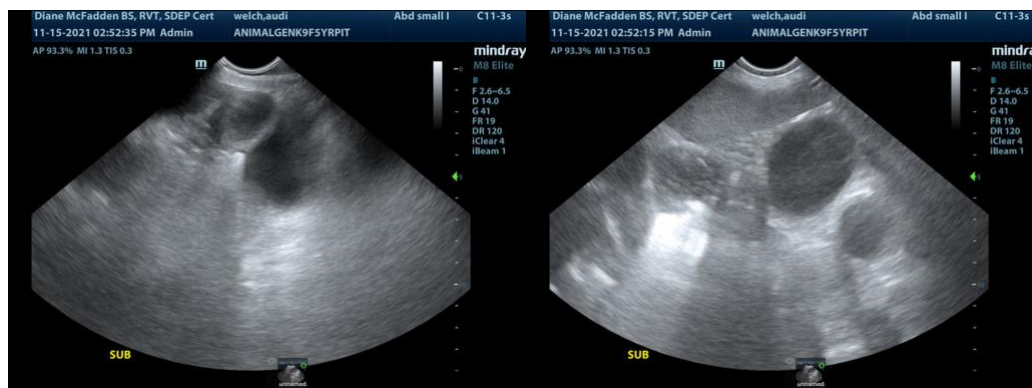
Immediate exploratory surgery, ovariectomy recommended. No other evident pathology.

## WEIGHT

N/A

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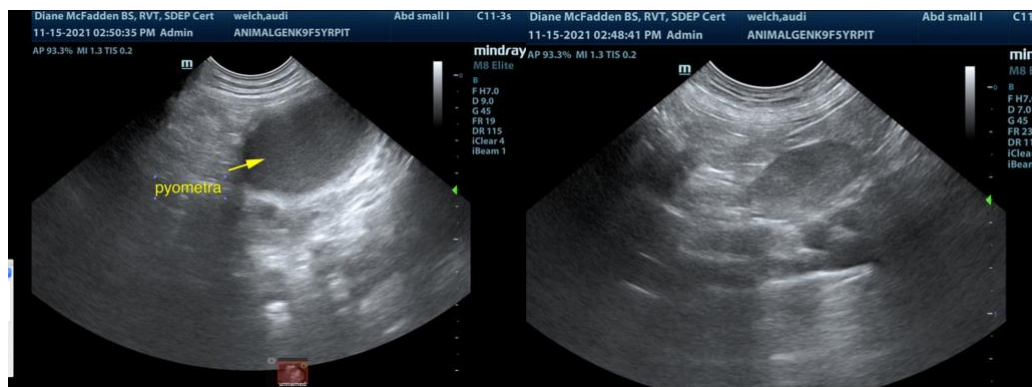


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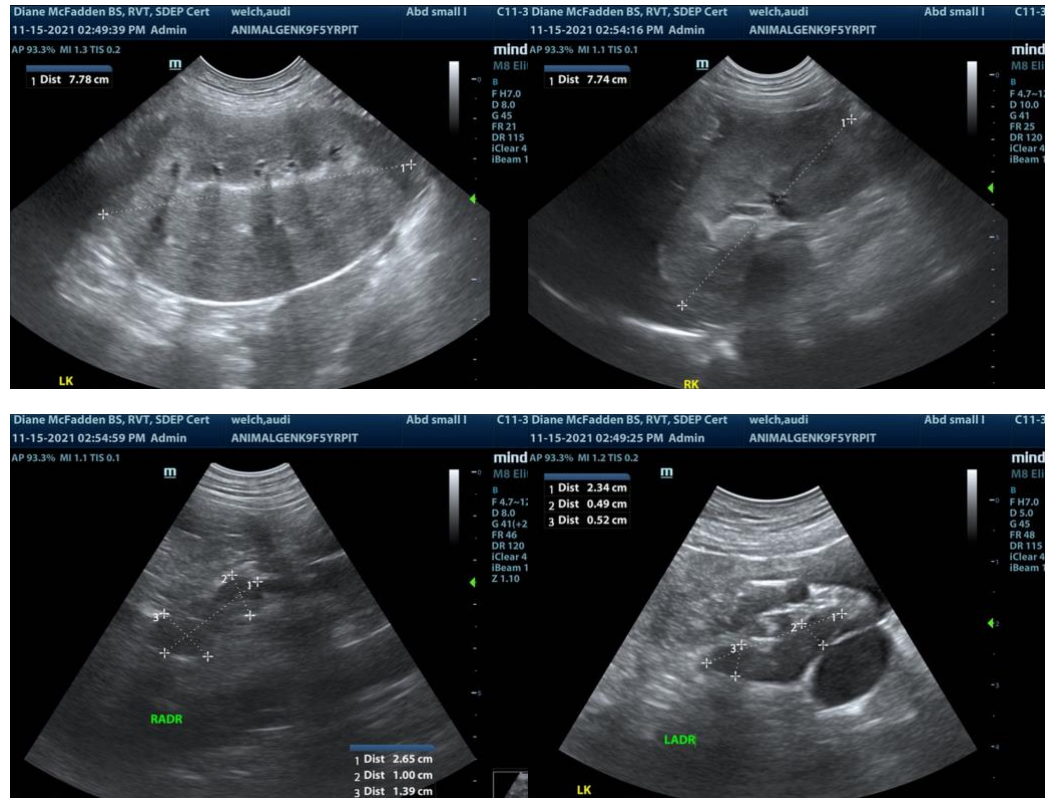
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or I can be of any further assistance please contact me.

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