**DATE**

3/25/22

PRESENTING CLINICAL SIGNS

Periodic vomiting/diarrhea.

Current Medications: Doxycycline 300mg BID.

PATIENT

Millie Kraus

Lab Results: elevated WBC since March 2nd, elevated neutrophils and lymphocytes, WBC on 3-2(17.1), Neutrophils on 3-2(11115), WBC on 3-23(19.6), Neutrophils on 3-23(9800), Lymphocyte on 3-23(5096).

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

SPECIES

Canine

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

BREED

Labrador

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Intact female

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.

AGE

5/26/16

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 5.91 cm. The left kidney measured 6.29 cm.

WEIGHT

73 lbs

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 2.78 cm x 0.81 cm at the caudal pole and 0.89 cm at the cranial pole. The left adrenal gland measured 2.48 cm x 0.58 cm at the cranial pole and 0.6 cm at the caudal pole.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**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.

HOSPITAL NAME

Madonna VC

REFERRING VET

Dr. Cangro

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.

INVOICE

14521

Gastrointestinal

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No concerning lymphadenopathy was visible. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility.

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.

Free Abdomen

Mesenteric **lymph nodes** (the largest node measured 4.56 cm x 1.29 cm) presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

Other

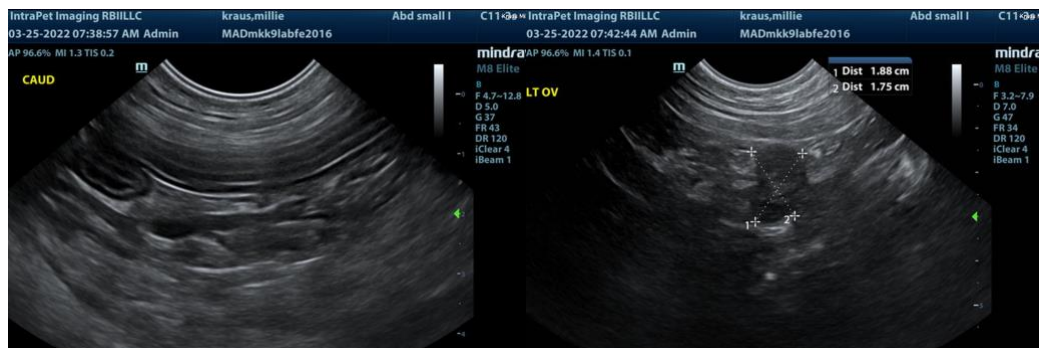
The **uterus** was thickened and dilated at 1.5 cm - 2.2 cm. The right ovary was uniform, measuring 2.17 cm x 1.37 cm. The left ovary measured 1.88 cm x 1.75 cm.

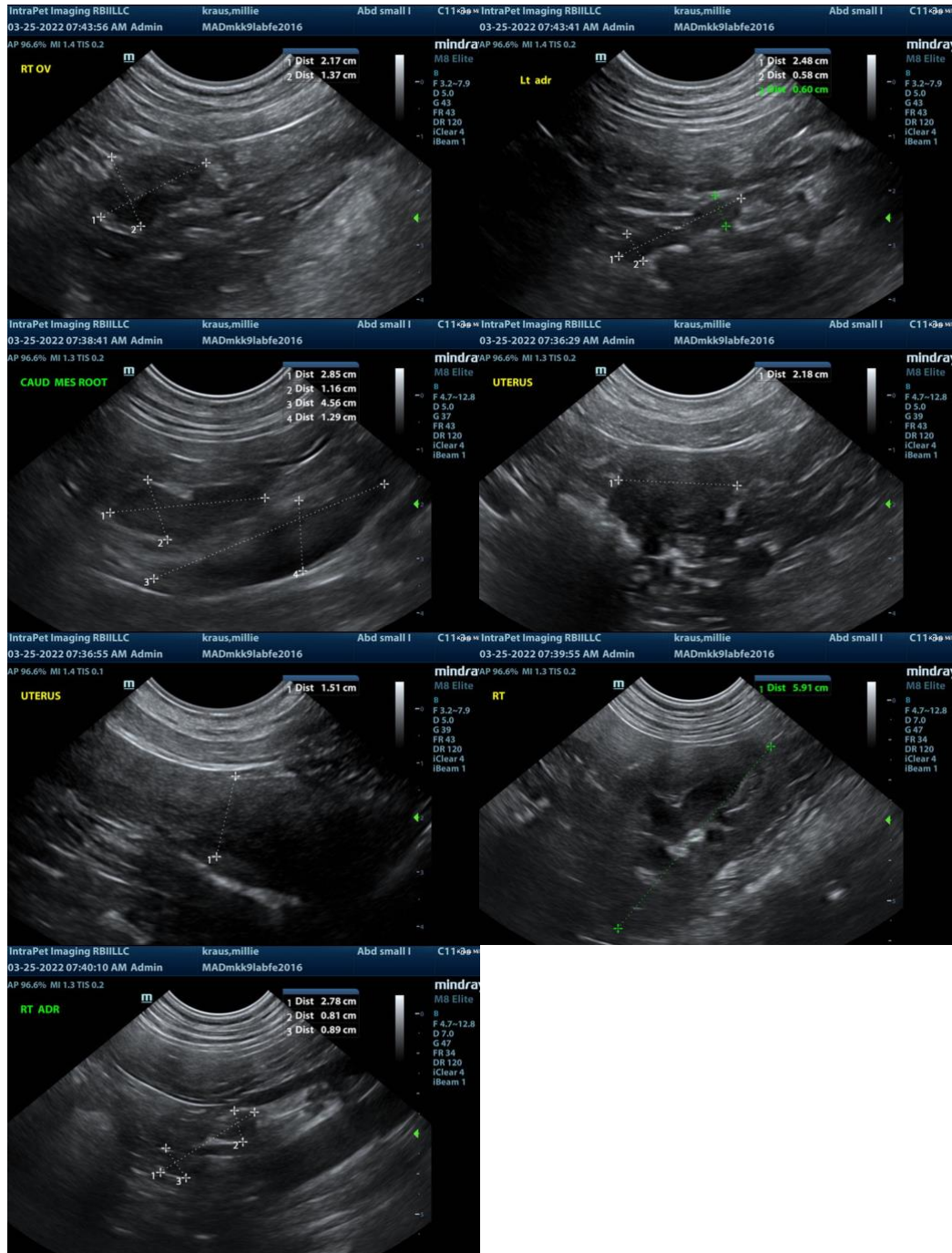
ULTRASONOGRAPHIC FINDINGS

- Thickened uterus
- Normal ovaries
- Mesenteric lymph node enlargement
- IBD GI pattern

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Concern for open pyometra in this patient. Ovariohysterectomy and intestinal and lymph node biopsies recommended for long term management and would be optimal in this patient. Medical management for metritis could be considered, however, if ovariohysterectomy is not desired, the uterus should be monitored sonographically 1-2 times weekly until resolved.





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 if I can be of any further assistance please contact me.

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