



PATIENT

Leia Armstrong

SPECIES

Canine

BREED

German Shepherd

SEX

Intact Female

AGE

11 Months

WEIGHT

70.2 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Andover AH

REFERRING VET

Dr. Bihlear

INVOICE

21818

DATE

4/3/23

PRESENTING CLINICAL SIGNS

History: D+ 3-4 days duration, hyporexia, a few bouts of vomiting, tense on abd. palpation, green-yellow vaginal d/c in exam room. T=102.4 F, last heat 2wks ago. No current meds other than Torb iv for u/s.

Abnormal PE/Chem/CBC/UA Results: Wbc 30k; Neut 25.2

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. A minimal amount of urine was present at the time of the sonogram. 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 7.88 cm. The left kidney measured 7.17 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 2.66 cm x 0.6 cm at the cranial pole and 0.39 cm at the caudal pole. The left adrenal gland measured 2.02 cm x 0.42 cm at the cranial pole and 0.44 cm at the caudal pole.

Spleen

The **spleen** was mildly enlarged with scalloping contour and fairly uniform parenchyma, and was folded upon itself, consistent with reactive spleen or possibility of emerging round cell neoplasia or splenitis.

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

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.

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

The iliac **lymph nodes** were mildly enlarged (up to 1.0 cm x 0.5 cm) and 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.

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Other

The **uterus** was dilated, measuring 3.5 cm in width. Echogenic fluid and undulating contour were noted. Both horns appeared to be dilated with echogenic debris, superimposing upon themselves. No evidence of torsion or overt peritonitis noted at this time.

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ULTRASONOGRAPHIC FINDINGS

- Closed pyometra (left horn more dilated than the right)
- Reactive iliac lymph nodes
- Reactive spleen

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

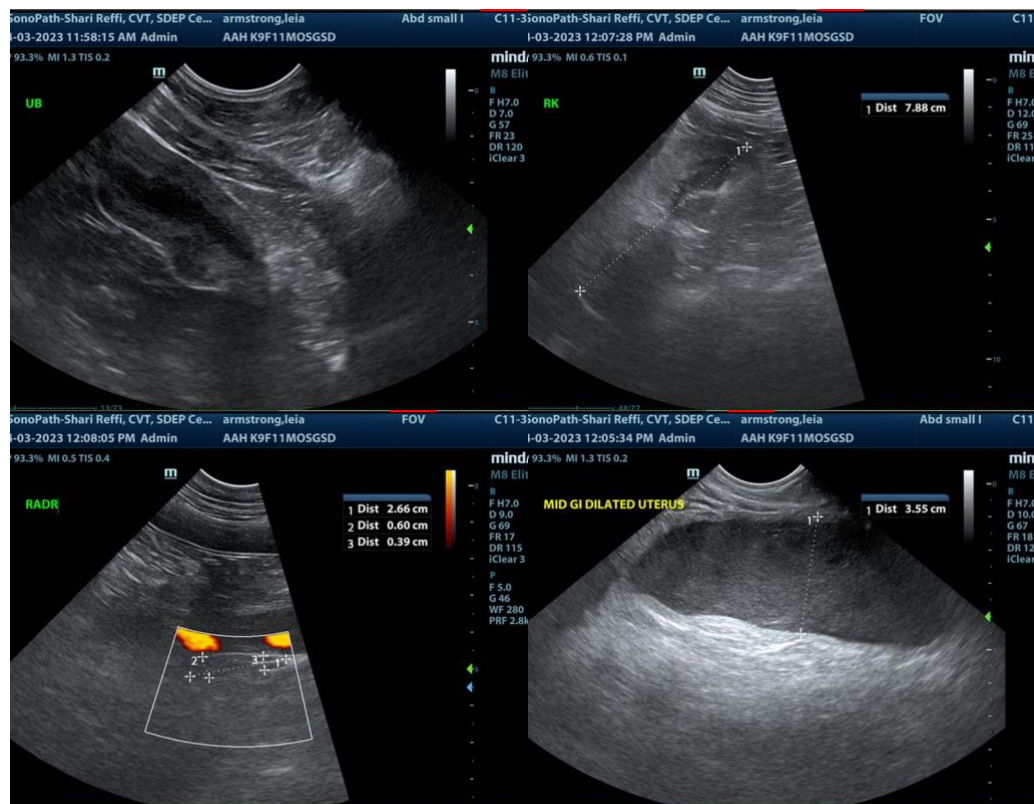
This is a surgical emergency. Immediate IV fluid support and ovariohysterectomy recommended.

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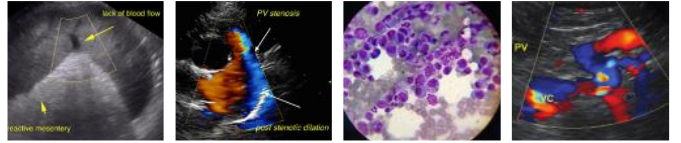
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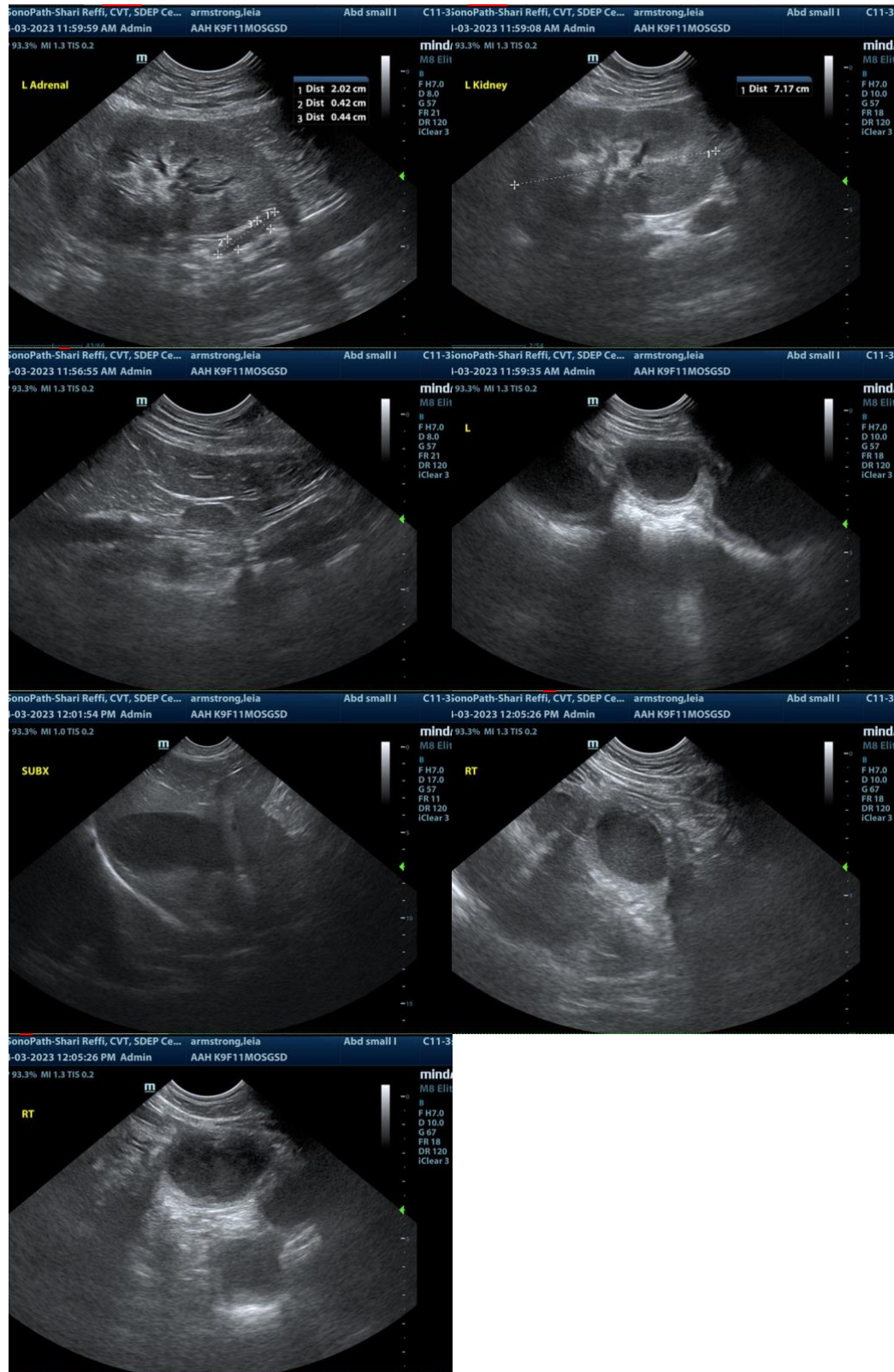
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The information and recommendations provided are based on the images presented by the



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referring veterinarian. 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.

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

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