



PATIENT

Marijani Fitzjames

SPECIES

Canine

BREED

Rhodesian Ridgeback

SEX

Female

AGE

5 Years 2 Months

WEIGHT

60

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Carissa Rhoades

HOSPITAL NAME

Elizabeth AH

REFERRING VET

Leoon Anderson, DVM

INVOICE

21884

DATE

4/6/23

PRESENTING CLINICAL SIGNS

History: 15# weight loss just in last few weeks. Skipped last heat. Appetite is good, energy is a bit low. Last litter 1 year ago.

Abnormal PE/Chem/CBC/UA Results: PE: RIGHT HIND MASS: CAUDAL AND DISTAL TO STIFLE, 8CM, HAIRLESS, RAISED, WIDELY PEDUNCULATED. BLOOD ON THERMOMETER. PURULENT VAGINAL DISCHARGE. MUSCLE ATROPHY. BCS 1.5/5. LONG NAILS. SWOLLEN VULVA. SWOLLEN ANUS AND VERY FULL ANAL GLANDS. STAGE II DENTAL DISEASE. PALE PINK GUMS. Labs: Normal in January. None recent.

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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 5.2 cm. The right kidney measured 5.0 cm.

Adrenal Glands

The **adrenal glands** were not visualized.

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. Cranial folding of the spleen 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 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



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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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Rhodesian Ridgeback

Free Abdomen

Free fluid was noted in the abdomen, consistent with peritonitis.

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Other

The **uterus** was dilated in this patient, consistent with pyometra. Retained fetus was noted in the uterine canal. No evidence of viability.

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An amorphous 10.0 cm **mass** was noted. The exact origin is unclear.

A rapid view of the heart revealed no evident pathology.

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- Free fluid and undifferentiated mass in the mid abdomen
- Pyometra and retained fetus
- Age-related renal changes

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Exploratory surgery is indicated in this patient.

IMAGING PERFORMED BY

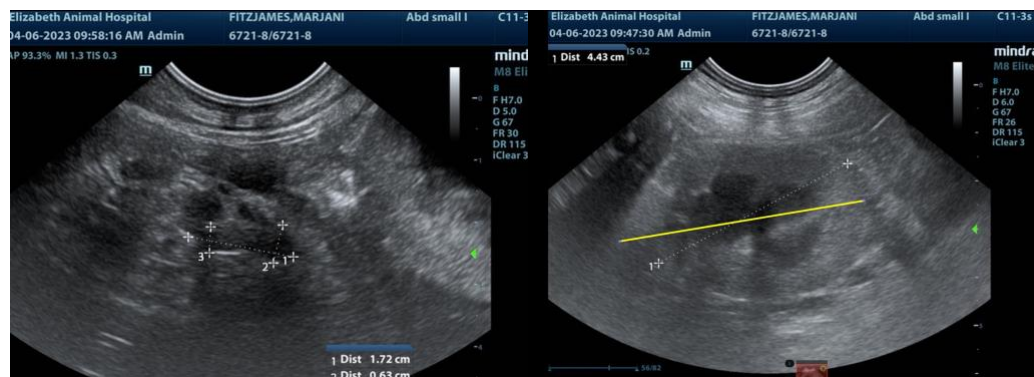
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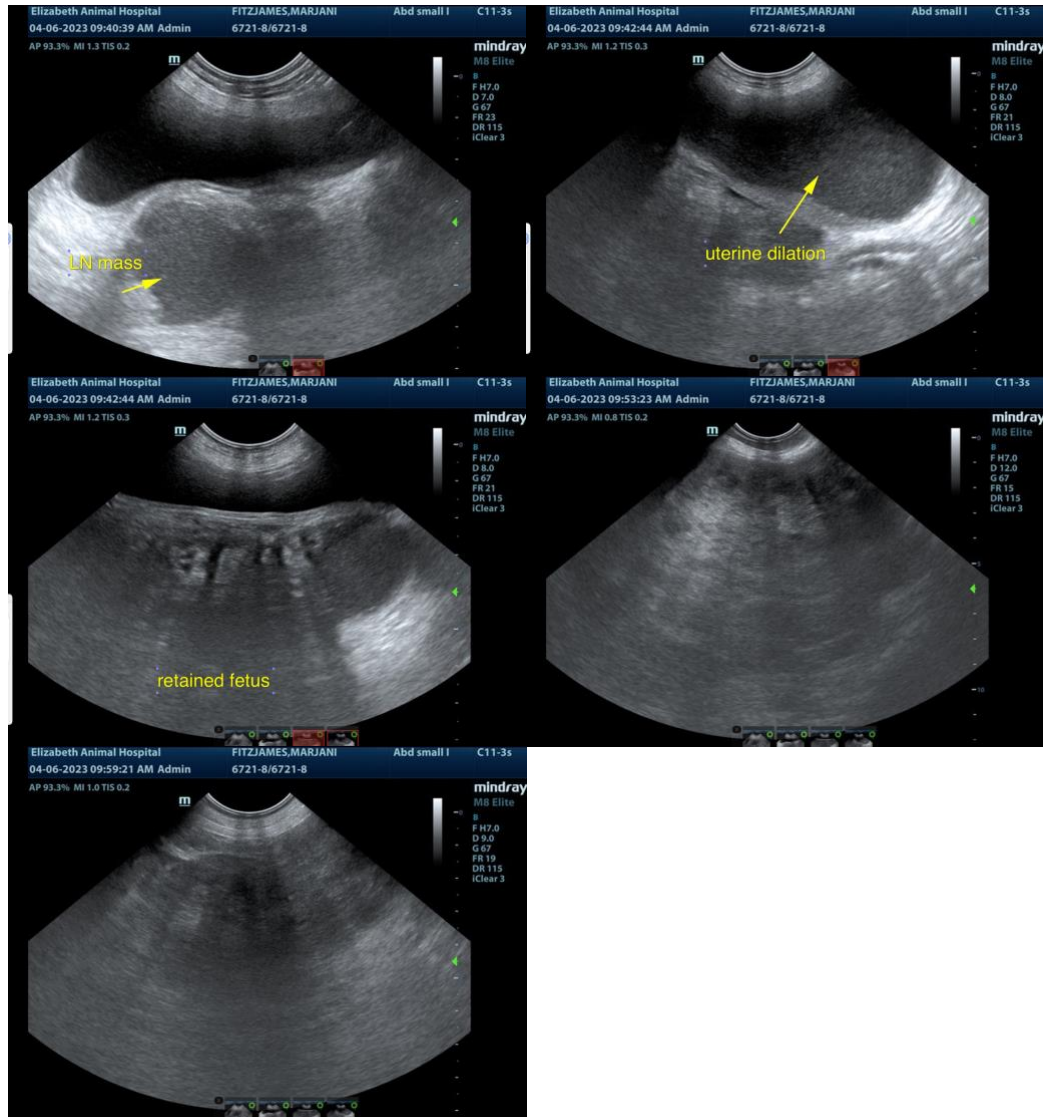
Leon Anderson, DVM

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

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