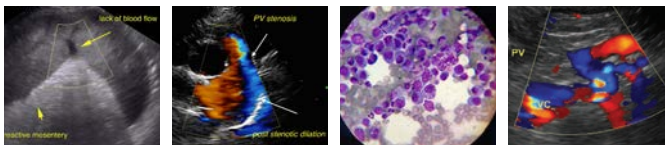
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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1-800-838-4268 info@sonopath.com

**PATIENT**
Matilda Stateman

**SPECIES**
Canine

**BREED**
Cavalier

**SEX**
Intact Female

**AGE**
3 Years 2 Months

**WEIGHT**
19.7

**INTERPRETED BY**
Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**
Dr. Nelson

**HOSPITAL NAME**
McClintock ACC

**REFERRING VET**
Dr. Duplissis

**INVOICE**
47062

**DATE**
5/2/23

## PRESENTING CLINICAL SIGNS

Reason for ultrasound: continued vaginal discharge, vaginal cytology showed bacteria tntc, she was in heat in January and was bred at that time but breeding did not take. Relevant test results (x-rays, bloodwork, etc.): brucellosis test negative and x-rays didn't show obvious uterine distention.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The **urinary bladder** presented a large amount of sand, with an accumulation of approximately 2.0 cm. Suspended debris also present.

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 5.56 cm. The left kidney measured 4.63 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 1.4 cm x 0.30 cm.

### *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*

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*

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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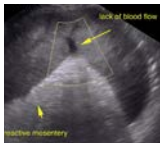
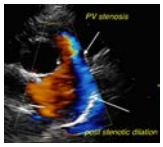
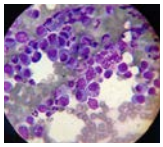
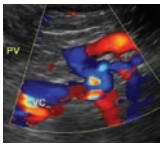

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## *Other*

The left ovary was enlarged at 1.55 cm, fairly uniform. The uterus was thickened with echogenic cystic structure at the base of the uterus measuring approximately 1.5 cm x 2.0 cm. This may represent a retained fetus. Minor luminal dilation noted in the uterine horns.

## ULTRASONOGRAPHIC FINDINGS

- Pyometra pattern with possible retained fetus – the structure does not appear viable.
- Urinary bladder sand

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The possible fetus does not appear viable and appears to have distorted architecture. However, power doppler would be necessary for further definition. Medical management of the uterine and urinary bladder presentation could be considered with urine culture and sensitivity, treatment for any evidence of UTI, and possible diet change, as well as evacuation of the uterus and recheck sonogram. However, if the patient is not to be bred in the future, ovariohysterectomy, cystotomy, bladder lavage, and sand analysis would all be indicated.

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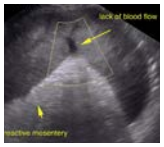
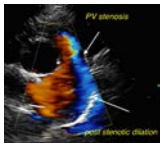
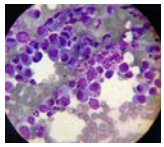
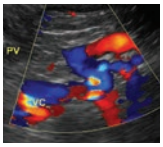

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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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