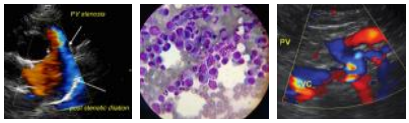
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE
7/6/22

PATIENT
Heaven Lynch

SPECIES
Canine

BREED
Poodle

SEX
Spayed Female

AGE
5/18/20

WEIGHT
17.8 kg

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME
Banfield Towson

REFERRING VET
Dr. Washington

INVOICE
16509

PRESENTING CLINICAL SIGNS

History: Weight loss, inappetence, lethargy, vaginal discharge.

Current Medications: None listed.
Lab Results: Mild leukocytosis.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Declined.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

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 4.58 cm. The left kidney measured 4.58 cm.

Adrenal Glands

The **adrenal glands** were flattened and isoechoic. The left adrenal gland measured 1.27 cm x 0.25 cm at the caudal pole and 0.26 cm at the cranial pole. The right adrenal gland measured 1.93 cm x 0.22 cm at the caudal pole and 0.25 cm at the cranial 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

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.

Other

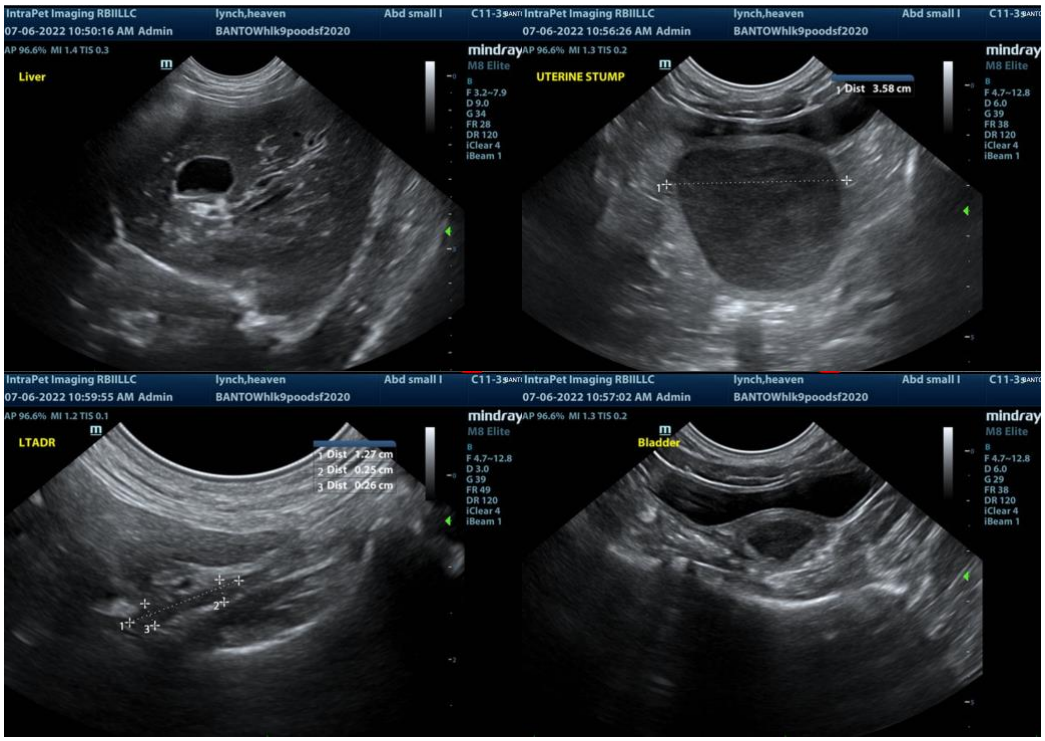
The **uterine stump** was dilated with echogenic debris, measuring 9.0 cm x 2.5 cm in width. The uterine stump was largely fluid filled.

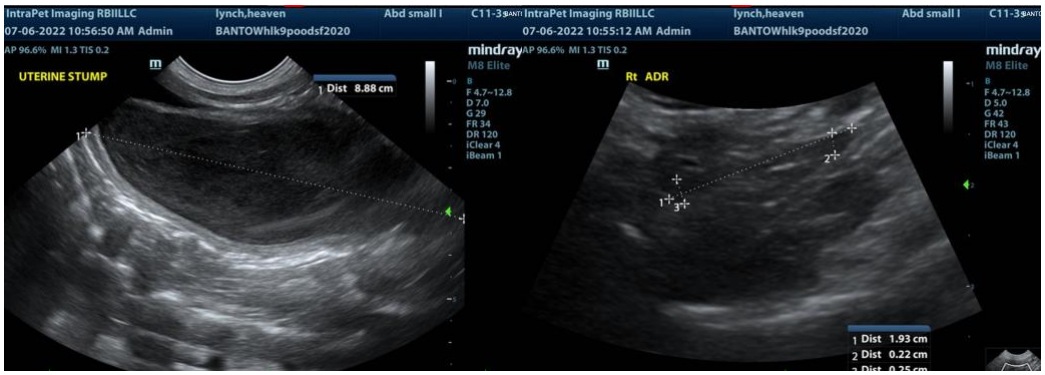
ULTRASONOGRAPHIC FINDINGS

- Flattened adrenal glands
- Uterine stump pyometra- surgical resection is necessary with culture and sensitivity

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The adrenal glands may be a normal variant, however, screening for Addisons is indicated with baseline cortisol or ACTH stimulation





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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