

PATIENT

Nyah Grace

SPECIES

Canine

BREED

Labradoodle

SEX

Spayed Female

AGE

4 Years 7 Months

WEIGHT

16.8 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Jolee Stegemoller

HOSPITAL NAME

North Idaho AH

REFERRING VET

Dr. Newenham

INVOICE

41193

DATE

9/9/22

PRESENTING CLINICAL SIGNS

Presented 10 days after another hospital performed her spay. 36 hours of lethargy, hunched posture, vomiting, anorexia, and diarrhea. Received a 24 hour dose of anti-inflammatory but no follow up meds sent home

Abnormal PE/Chem/CBC/UA Results: 103.6 temp, HR: 126, panting. QAR. H/L N. EEN ok. mild tartar. MM pink, moist, slightly prolonged skin tent. Splints, drools and reacts to mid and caudal abdominal palpation. Cranial abdominal palpation soft, complaint. LN N. Skin quiet. Incision healed. CBC: ^WBC 17,840, neutrophilia with bands. ^Creat = 1.9, BUN = 23, ^ALP = 285. Unable to obtain sample for U/A. Abd rads: some lucency in caudal abdomen (free air vs bacterial), kidneys indistinct, Normal gas pattern in stomach and intestines. Suspicious opacities mid-abdominal. Rec AUS to pursue further. O agrees. Right renal ureter dilated at renal pelvis. Rec stat US consult. Concern for ligated ureter.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented minor apical wall thickening. Micropolypoid changes noted, minor.

The **right kidney** was enlarged at 8.4 cm with pyelectasia with echogenic debris and dilated ureter. The ureter appeared to be strictured approximately 3-4 cm distal from the right renal pelvis with echogenic debris, consistent with pyelonephritis. However, given the recent surgery, adhesions are suspected to be an issue. Echogenic mesentery noted around the right ureter.

The **left kidney** presented normal size and contour, measuring 6.7 cm.

Adrenal Glands

The **left adrenal gland** was 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 1.8 cm x 0.50 cm at the cranial pole and 0.42 cm at the caudal pole.

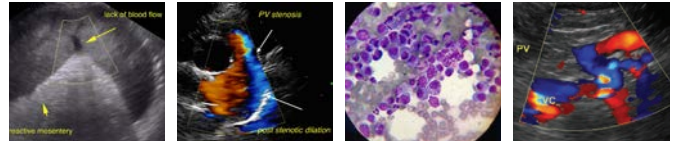
The **right adrenal gland** was not visualized.

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.

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.



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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.

Free Abdomen

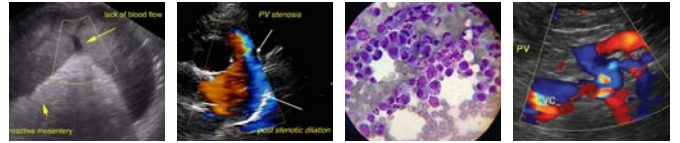
The residual uterus was thickened with regional inflammation. The uterus measured 1.4 cm in width and extended well beyond the urinary bladder.

ULTRASONOGRAPHIC FINDINGS

- Inflamed uterine base
- Strictured right ureter and inflammation
- Bladder wall thickening

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend exploratory surgery with liberation of the right ureter and further resection of the uterine stump to the level of the cervix. This is a surgical urgency.



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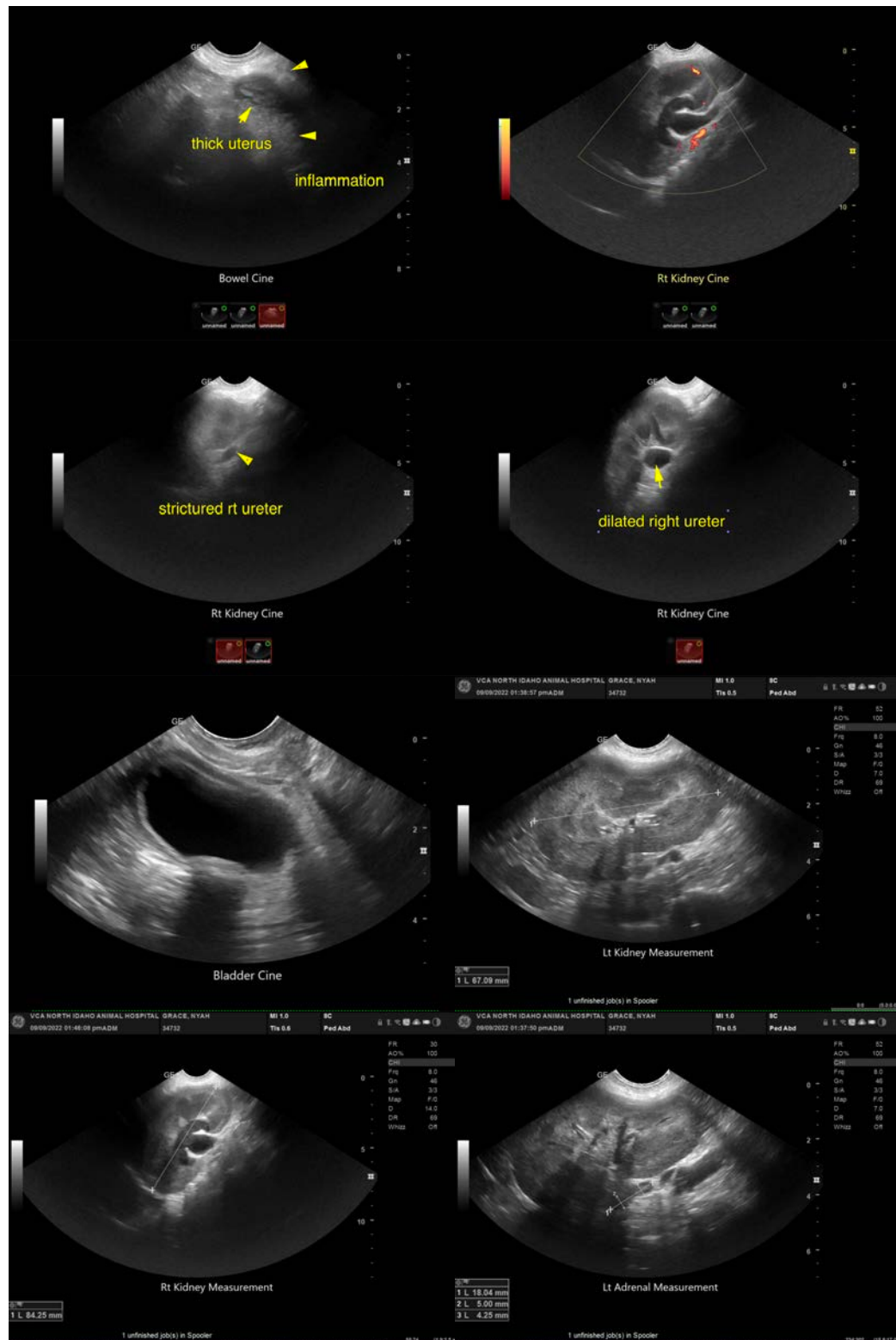
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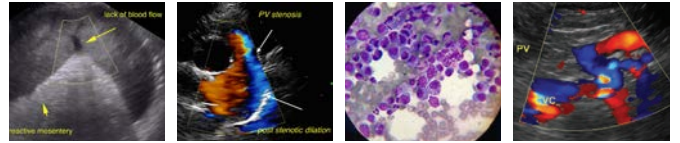
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The information and recommendations provided are based on the images presented by the



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referring veterinarian/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.

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info@SonoPath.com

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