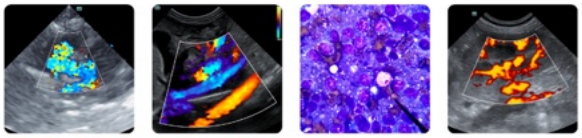


PATIENT

Pocus Ragalia

SPECIES

Canine

BREED

Labrador Retriever

SEX

Intact female

AGE

3 years

WEIGHT

77 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Meghan Morse, LVT, CVT

HOSPITAL NAME

All Animal Veterinary Services

REFERRING VET

Dr. Acworth

INVOICE

68340

DATE

11/5/25

PRESENTING CLINICAL SIGNS

History: Possible silent heat, owner noted light bleeding and then several days of milky white/ creamy discharge

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction and appeared normal. 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 was 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 left kidney measured 5.6 cm. The right kidney measured 5.0 cm.

The **uterus** was visible in this patient and measured 0.7 cm with an empty lumen. The horns and the uterine base were located. The base of the uterus appears to be normal. Portions of the uterine horns after the bifurcation cranial to the urinary bladder. They appeared to be normal or slightly hypertrophied. Reactive mesentery appeared to be associated with portions of what appears to be thickened uterine horns. The right ovary was hypoechoic and unremarkable measuring 4.0 cm.

Adrenal Glands

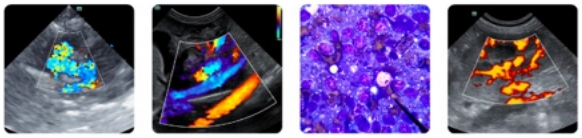
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 2.88 x 0.67 cm at the cranial pole and 0.62 cm at the caudal pole. The right adrenal gland measured 1.8 x 0.72 cm at the cranial pole and 0.45 cm at the caudal 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 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



PATIENT

Pocus Ragalia

SPECIES

Canine

BREED

Labrador Retriever

SEX

Intact female

AGE

3 years

WEIGHT

77 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Meghan Morse, LVT, CVT

HOSPITAL NAME

All Animal Veterinary Services

REFERRING VET

Dr. Acworth

INVOICE

68340

DATE

11/5/25

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.

Free Abdomen

Free fluid was noted.

ULTRASONOGRAPHIC FINDINGS

Regional uterine horn dilation with reactive mesentery and undefined free fluid. Suspect metritis, possible early pregnancy with complications.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided abdominocentesis is warranted to assess the pockets of fluid if accessible. I cannot rule out an early pregnancy in this patient, yet no live fetuses were present. This would not explain the reactive mesentery. If this patient is not destined for reproductive activity I recommend exploratory surgery with ovariohysterectomy and investigation of the enhanced fat and source of free fluid. Otherwise, medical management can be considered with broad spectrum anbiotics and recheck sonogram in 5-7 days if the patient is stable.

Surgical exploratory is indicated or medical management and careful monitoring with a recheck sonogram in 5-7 days. Given the patient's history I strongly recommend proactive ovariohysterectomy in this patient/exploratory surgery.

PATIENT

Pocus Ragalia

SPECIES

Canine

BREED

Labrador Retriever

SEX

Intact female

AGE

3 years

WEIGHT

77 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Meghan Morse, LVT, CVT

HOSPITAL NAME

All Animal Veterinary Services

REFERRING VET

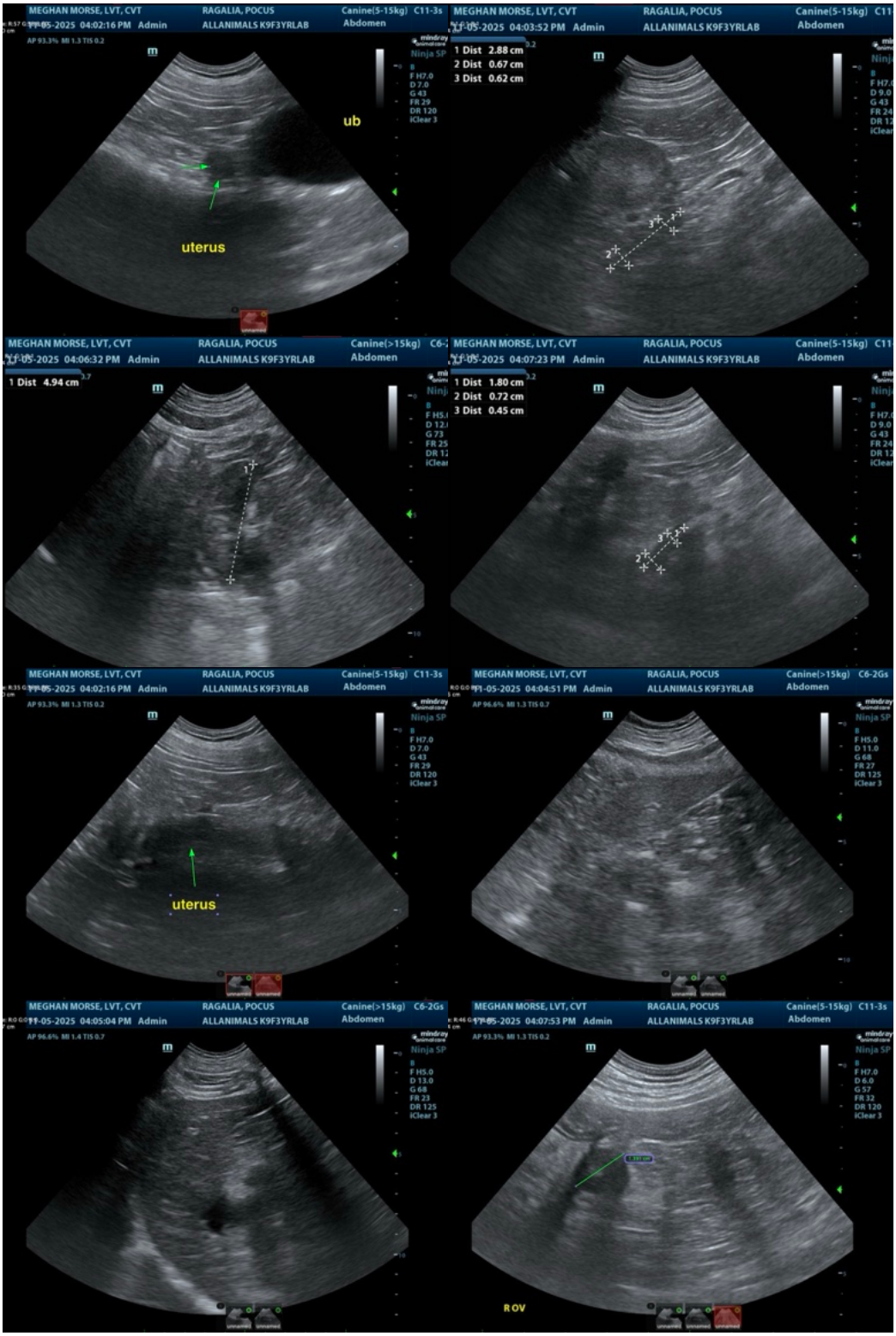
Dr. Acworth

INVOICE

68340

DATE

11/5/25



PATIENT

Pocus Ragalia

SPECIES

Canine

BREED

Labrador Retriever

SEX

Intact female

AGE

3 years

WEIGHT

77 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Meghan Morse, LVT, CVT

HOSPITAL NAME

All Animal Veterinary Services

REFERRING VET

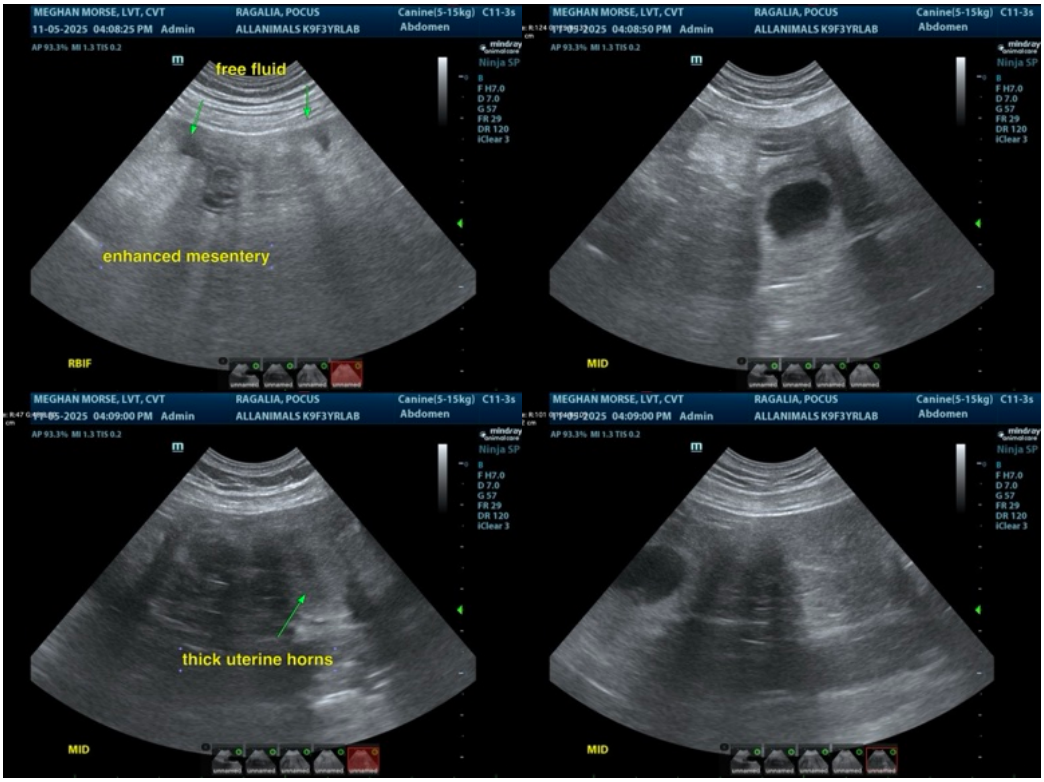
Dr. Acworth

INVOICE

68340

DATE

11/5/25



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