



**PATIENT**

Drew Keida

**SPECIES**

Canine

**BREED**

German Shepherd

**SEX**

Intact female

**AGE**

6 years

**WEIGHT**

75.6 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kelly Vazquez, CVT

**HOSPITAL NAME**

Riverdale Integrative  
VC

**REFERRING VET**

Dr. Kuo

**INVOICE**

42349

**DATE**

11/4/22

**PRESENTING CLINICAL SIGNS**

History: Patient gave birth to 5 puppies on 11/1/22. Patient presents today for vaginal discharge, concern for retained placenta vs. other. Patient is febrile.

Abnormal PE/Chem/CBC/UA Results: Bloods pending.

**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 was noted. Ureteral papillae were normal.

The uterus revealed a minor amount of excessive echogenic debris/lochia in the left horn. The uterus was dilated to 3.0 cm. The right horn was largely unremarkable. No overt retained fetuses were noted in this patient. However, the amount of echogenic debris in the left horn may represent residual fetal material. The region of the ovaries are imaged with no obvious pathology.

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 7.88 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.

**Spleen**

The **spleen** was slightly enlarged with subtle, micronodular changes. This is consistent with splenitis or reactive spleen.

**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**

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A minor amount of non-shadowing, non-obstructive ingesta was noted in the stomach. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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.

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**Pancreas**

The right **pancreatic** limb revealed an anechoic cyst that measured 2.0 cm.

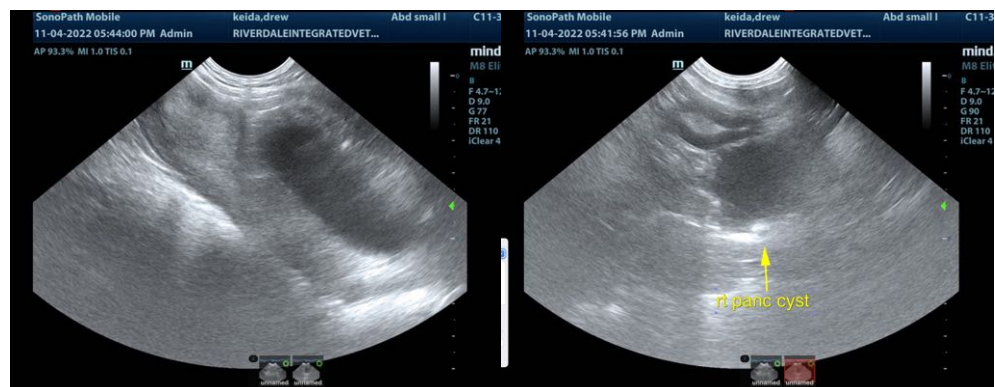
**ULTRASONOGRAPHIC FINDINGS**

Metritis pattern with excessive lochia.

Right pancreatic cyst. This is in the region of the right ovary, I cannot completely rule out this being an ovarian cyst.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Retained placenta material is likely. Medical management for evacuation of the uterus is recommended. Broad spectrum antibiotics that are safe for lactation are indicated. A recheck sonogram is recommended in 3-5 days if the patient is stable. Otherwise, ovariohysterectomy should be considered. There is no evidence of peritonitis at this time. Sedation may be necessary for full visualization of this region.





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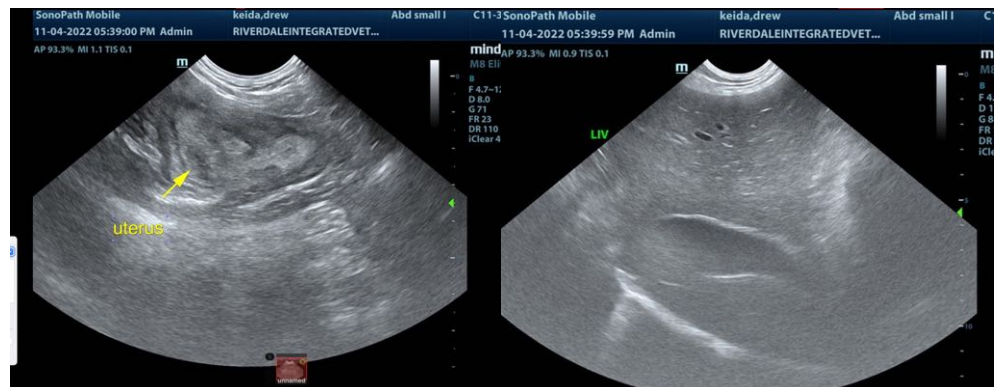
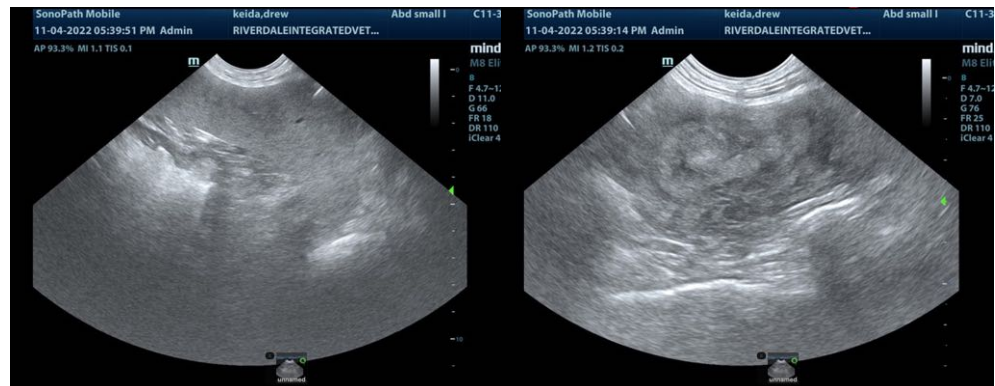
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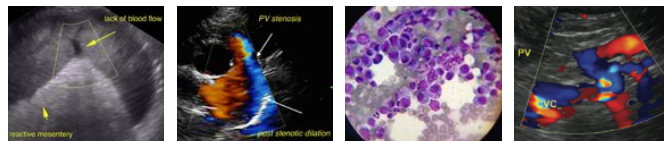


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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