



PATIENT

Freja Hartelius

SPECIES

Canine

BREED

Welsh Springer Spaniel

SEX

Female

AGE

5 Years 9 Months

WEIGHT

42 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Kathleen Laux

HOSPITAL NAME

Rondout Valley
Veterinary Associates

REFERRING VET

Dr. Eric Hartelius

INVOICE

73177

DATE

2/21/26

PRESENTING CLINICAL SIGNS

Bitch whelped 7 days ago. Has not been eating food well since giving birth. Has an elevated WBC count now. Abnormal PE/Chem/CBC/UA Results: WBC 33K

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder is moderately distended with anechoic urine. No uroliths are seen. The bladder wall is normal in appearance and thickness. No masses are seen.

The right kidney presents normal size (6.8 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (6.6 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 3.6 mm and the caudal pole measures 2.3 mm.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 4.7 mm and the caudal pole measures 5.0 mm.

Spleen

The spleen is normal in size, shape, margination and echogenicity. No masses are seen.

Liver

The liver presents normal size and shape with smooth lobar margins. The parenchyma has normal echogenicity with normal echotexture. No focal lesions are seen. Intrahepatic bile ducts are normal. Normal vascular pattern.

The gallbladder presents normal size with anechoic contents. Normal gallbladder wall. No evidence of bile duct distention or obstruction.

Gastrointestinal

The patient does not appear to be fasted for this exam. The stomach is moderately distended with partially digested food and what appears to be recently eaten kibble. The intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness.

Pancreas

The visible pancreas is normal in size with normal echogenic parenchyma and surrounded by normal peri-pancreatic mesentery.

Free Abdomen

There are no enlarged abdominal lymph nodes seen on this exam. No free abdominal fluid is seen.



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Diffusely, the patient's uterus and uterine horns are moderately fluid filled with a hyperechoic uniform appearing fluid. The uterus measures approximately 1.1 cm in width.

ULTRASONOGRAPHIC FINDINGS

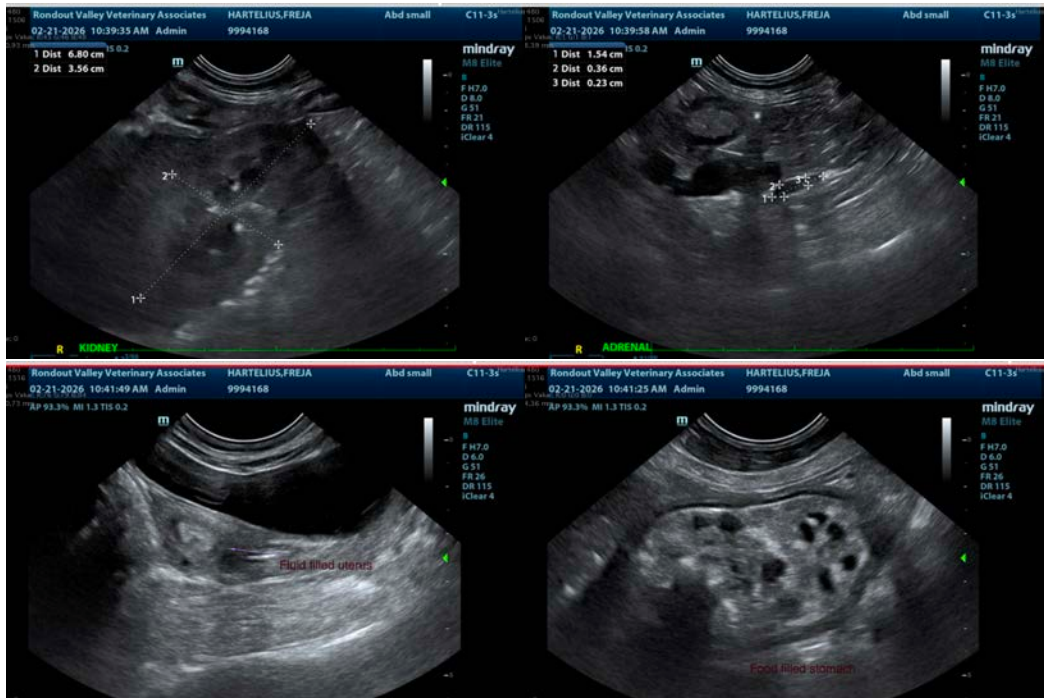
- Diffusely fluid filled uterus (more than expected for a patient that is 7 days post-partum).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no obvious evidence of a retained placenta or retained fetus on this exam. There is concern that the fluid present in the amount of fluid seen in the uterus 7 days post-partum may represent an infectious endometritis. It is not recommended to aspirate the fluid due to concern for seeding the possible infection into the peritoneum causing a septic peritonitis.

I recommend starting a broad-spectrum antibiotic such as Clavamox or similar that is considered safe for nursing mothers. Recheck an ultrasound of the uterus in 48 hours to ensure the fluid is decreasing significantly. If the patient's uterus still appears fluid filled at that time, then an ovariohysterectomy may be recommended. If at any point the patient clinically decompensates, then an emerging ovariohysterectomy would be recommended. If it does appear that the fluid has decreased significantly in 48 hours, continue with medical management plan. Given that the patient appears to have recently eaten a full meal of kibble, that would suggest the patient's prognosis is fair to good to make a full recovery.

If not already performed, take an abdominal radiograph to rule out a retained fetus. If a retained fetus is present, then recommend ovariohysterectomy as soon as possible.





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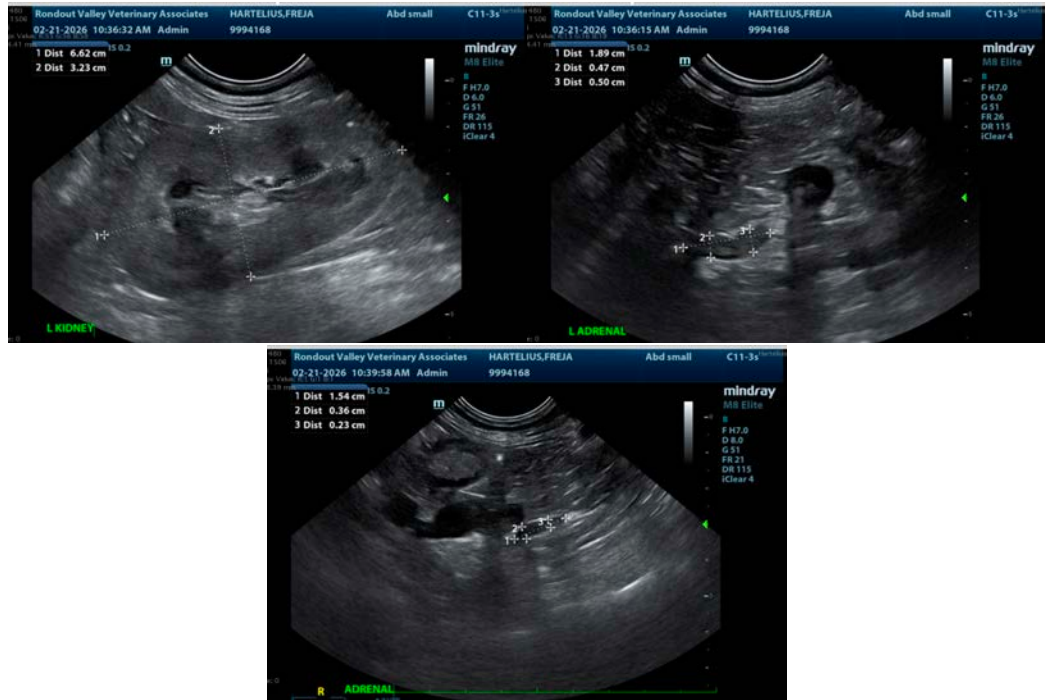
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Greg Kuhlman, DVM, DACVIM (SAIM)

Veterinary Internal Medicine Specialist

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