



PATIENT

Murphy Keller

SPECIES

Canine

BREED

Golden Retriever

SEX

Female

AGE

5 years

WEIGHT

30 kg

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Lindsay Powell, CVT

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

Dr. Leann Murphy

INVOICE

11752

DATE

4/21/2026

PRESENTING CLINICAL SIGNS

Bred via AI with progesterone monitoring (3/11-3/17). Increased drinking and urinating. Bloody discharge this morning. Excessively licking of vulva, restless, whimpering. Intermittent diarrhea over past couple weeks. Vomited last week and a few days ago. Decreased appetite. Ate pasta salad about 1 week ago

Abnormal PE/Chem/CBC/UA Results: Relative tachycardia Mild discomfort on abdominal palpation Mild amount of purulent discharge noted at vulva EPOC: BE -5.6 L CBC: Hct 36.7 L, WBC 49.79K H, Neutrophils 43.1K H, Monocytes 2.12K H Chem: Globulin 5.3 H POCUS: distended uterus with irregular heterogenous contents, no fetuses seen.

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. Ureteral papillae is not visualized.

The left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. Moderate non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted. No pyelectasia or ureteral dilation. The left kidney measured 7.0 cm in length.

The right kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. Moderate non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted and one non-obstructive hyperechoic shadowing nephroliths noted measuring 2.0 mm in width. No pyelectasia or ureteral dilation. The right kidney measured 6.8 cm in length.

Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The caudal pole measures 6.9 mm and the cranial pole is not visualized.

The right adrenal gland is not clearly visualized on this exam.

Spleen

The spleen appears diffusely mildly enlarged but has normal echogenicity and echotexture.

Liver

The visible 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.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

Gastrointestinal

The stomach and intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness.



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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.

There is a heterogeneous tubular shaped object in the caudal abdomen that measures 2.5 cm in width. This has hypoechoic foci throughout it that is suspected to be areas of fluid accumulation.

Reproductive System

It appears the patient has pyometra at this time. Within the uterine horn there are larger areas of fluid accumulation present and within this fluid there is a marked amount of echogenic debris.

ULTRASONOGRAPHIC FINDINGS

- There are larger areas of fluid accumulation present within the uterine horn that contain a marked amount of echogenic debris. This patient appears to have pyometra.
- Mild splenomegaly. Most likely due to the patient being sedated.
- Mild gallbladder debris - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.
- Moderate non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted bilaterally and one non-obstructive hyperechoic shadowing nephrolith noted in the right kidney.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patient's lab work and significant elevated white cell count, the appearance of the uterus in these images and the patient's clinical signs, it would be recommended that the patient has an emergency ovariohysterectomy. I would recommend submission of uterus for aerobic/anaerobic culture, and histopathology.



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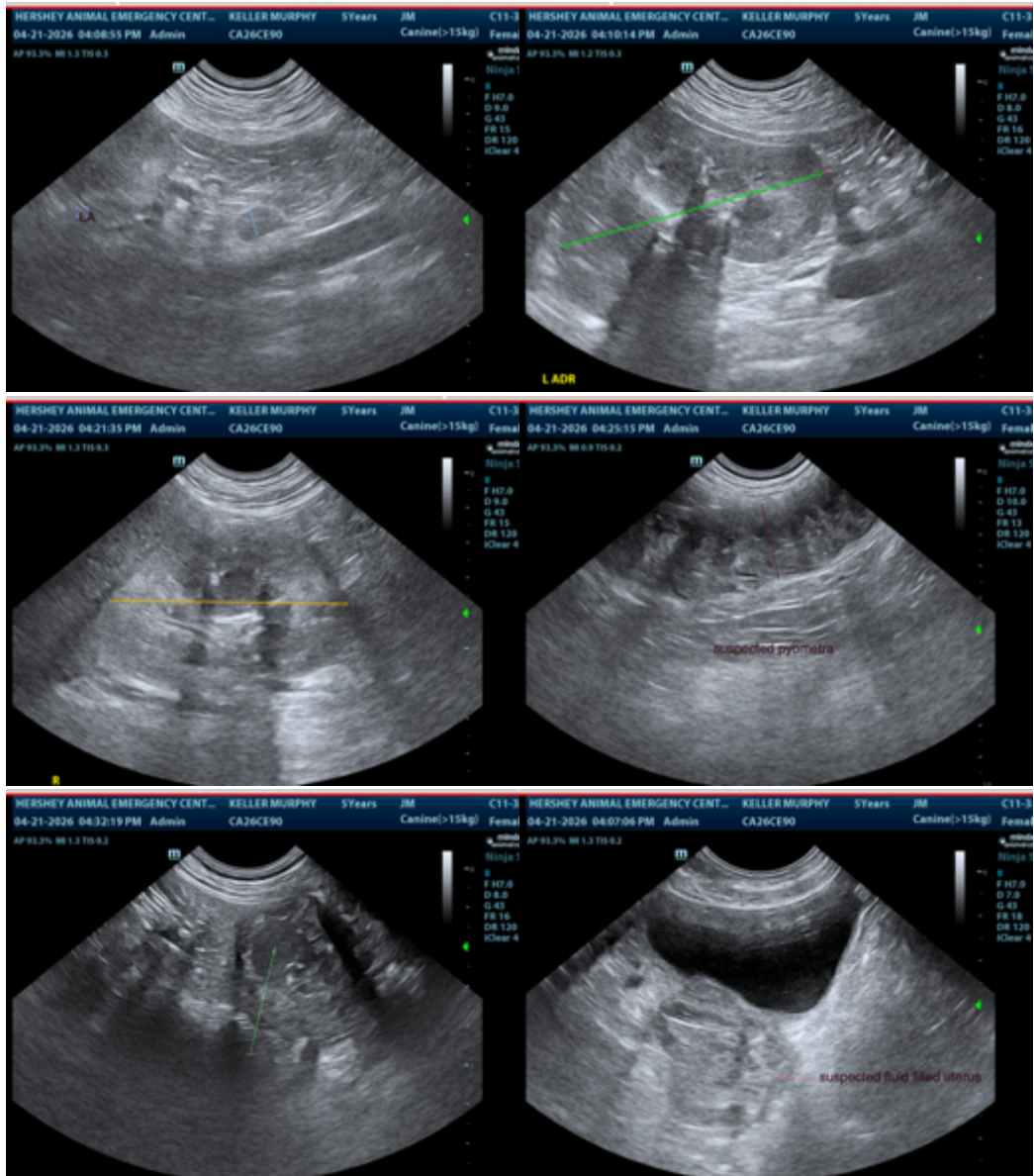
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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