



PATIENT

Princess Sav Leite

SPECIES

Canine

BREED

Staffy Mix

SEX

FI

AGE

10 years

WEIGHT

23.8 kg

INTERPRETED BY

Karen Ebersole, DVM,
 DABVP (Canine and
 Feline)

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Hamilton Region
 Veterinary Emergency
 Clinic

REFERRING VET

Dr. Pask

INVOICE

10831

DATE

11/28/2025

PRESENTING CLINICAL SIGNS

Pain in caudal abdomen, concern for pyo vs abd mass.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder was normal in size and shape. The bladder wall was normal in thickness for the volume of urine present. The bladder contents were anechoic with echogenic sediment, without visible discrete urolith formation. There was no visible inflammation in the bladder or urethra.

The iliac trifurcation was normal in structure and volume. Focally enlarged iliac lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic with a smooth capsule contour. Evidence of perilymphatic inflammation was evident. An example of lymph node size was 3.3 cm x 1.8 cm.

Both kidneys were normal in size with a mildly irregular capsule contour. There was a mild to moderate increase in cortical echogenicity. The corticomedullary junction was mildly indistinct. There was no pelvic dilation. The left kidney measured 6.7 cm in length. The right kidney measured 7.3 cm in length.

Reproductive System

The uterus was markedly enlarged and dilated with primarily anechoic fluid with echogenic sediment. The uterus extended cranially to the level of just caudal to the stomach. This is most consistent with pyometra, but hydrometra, mucometra or hematometra are also possible.

Adrenal Glands

Both adrenal glands were mild to moderately enlarged yet maintained a normal shape and smooth capsule contour. The parenchyma was uniform and normal in echogenicity.

The left adrenal gland measured 0.80 cm width at the caudal pole and 0.93 cm width at the cranial pole. The right adrenal measured 0.73 cm at the caudal pole and 2.8 cm at the cranial pole.

Spleen

The spleen was normal in size and shape, with a smooth capsule contour. The parenchyma was finely textured and homogeneous. The vasculature showed good vascularity with power doppler.

Liver

The liver was subjectively normal in size with mildly irregular capsule contour. The hepatic parenchyma was mildly heterogenous with moderate coarse echotexture. The parenchymal changes are subjectively benign remodeling and likely represent an aging change. The hepatic vasculature was normal in volume and structure.

The gall bladder was normal in size and shape, but the smooth capsule contour contained several small, strongly shadowing densities consistent with choleliths. There was no visible obstruction in the gallbladder, cystic, or common bile duct.

Gastrointestinal



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The stomach was normal in size and shape, with a smooth serosal contour. The stomach wall was normal in thickness and layering. The small intestine displayed normal curvilinear patterns throughout. Subjectively normal wall thickness and layering was maintained. The visible colon wall was normal in thickness and layering.

Pancreas

The left limb, body and right limb of the pancreas were visualized and found to be normal in size and shape. The pancreatic capsule was smooth, without deviation or expansion. The parenchyma was isoechoic to the surrounding mesentery. The pancreatic duct was normal in size and appearance. There was no evidence of discrete masses or inflammation.

Free Abdomen

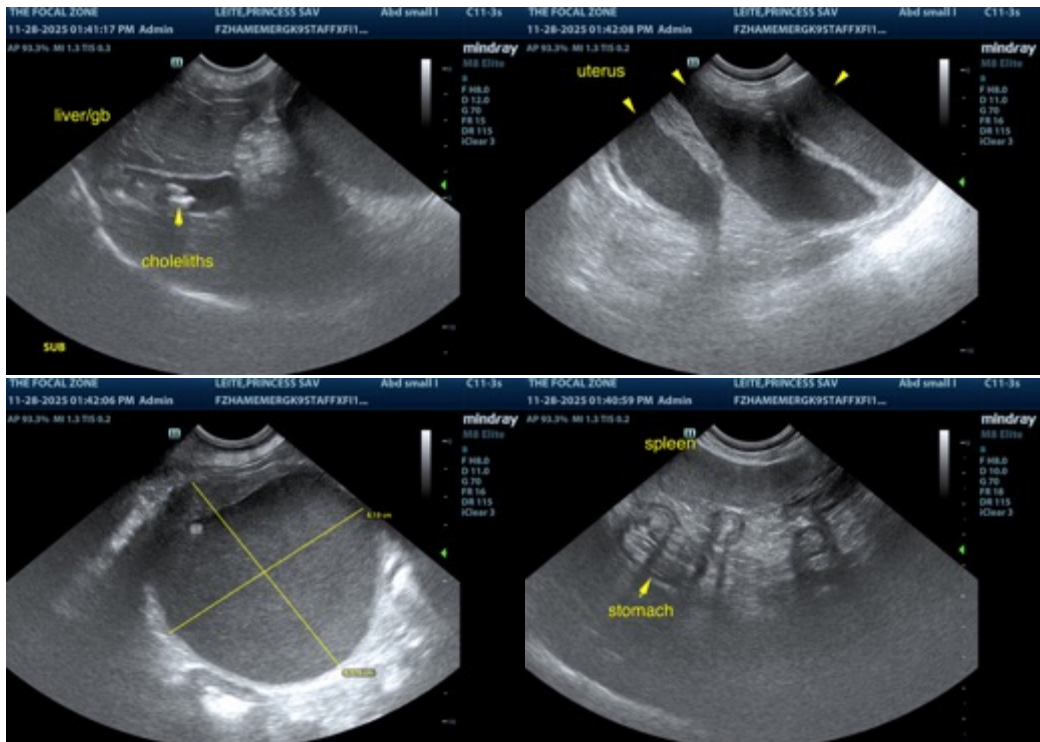
There was no visible free fluid at the time of the sonogram.

ULTRASONOGRAPHIC FINDINGS

- Severely distended, fluid filled uterus most consistent with pyometra.
- Medial iliac lymphadenopathy, reactive pattern.
- Choleliths – likely incidental finding.
- Adrenal hypertrophy bilateral – Suspect stress related.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Stabilization and OVH is indicated. The uterus does not appear to have ruptured currently, but it is markedly distended, filling the entire abdomen.





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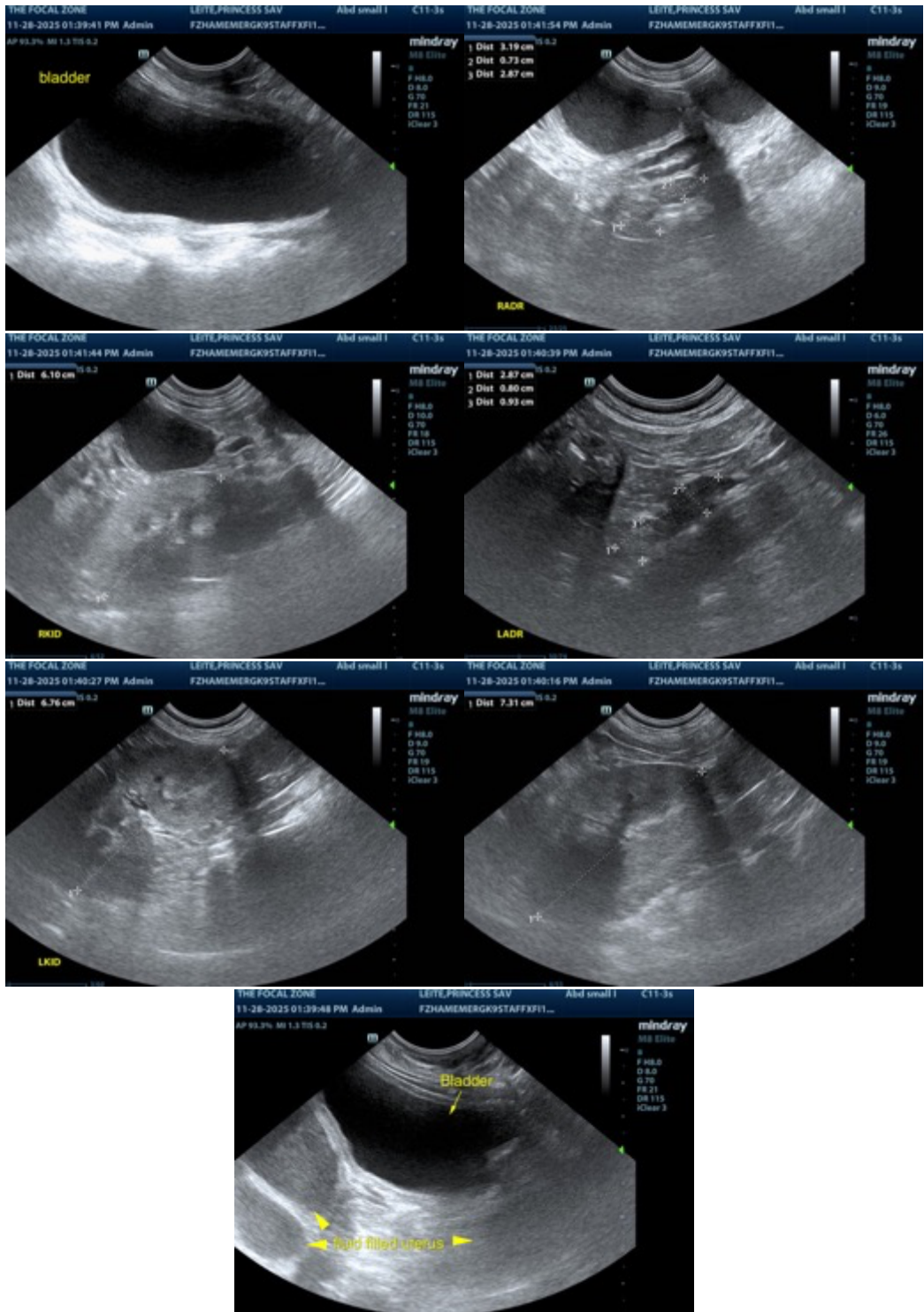
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Karen Ebersole, DVM, DABVP (Canine and Feline practice)
info@SonoPath.com