



<p>PATIENT</p> <p>Mica Zeller</p> <p>SPECIES</p> <p>Canine</p> <p>BREED</p> <p>Collie</p> <p>SEX</p> <p>Spayed female</p> <p>AGE</p> <p>8 years</p> <p>WEIGHT</p> <p>68 lbs</p> <p>INTERPRETED BY</p> <p>Kim Radway, DVM, DABVP (Canine/ Feline)</p> <p>IMAGING PERFORMED BY</p> <p>Chloe Lowe, CVT</p> <p>HOSPITAL NAME</p> <p>Newton VH</p> <p>REFERRING VET</p> <p>Dr. Timony</p> <p>INVOICE</p> <p>78072</p> <p>DATE</p> <p>5/28/26</p>	<p>PRESENTING CLINICAL SIGNS</p> <p>History: Purulent vulvar discharge – roll out stump pile. Hooded Volvo, persistent vulvar discharge(recheck on 5/12 resolved on clavamox). Clavamox 375 mg BID, douxo pyo wipes BID Abnormal PE/Chem/CBC/UA Results: Culture and sensitivity pending.</p> <p>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</p> <p><i>Urinary System</i></p> <p>The urinary bladder, trigone and pelvic urethra presented with normal wall thicknesses with anechoic urine and normal tone. No uroliths or masses were noted in the lumen of the bladder. No evidence of inflammatory or neoplastic changes were noted. The ureters were not visible and considered normal.</p> <p>The kidneys revealed normal size, corticomedullary definition and ratio with the cortex being 1/3 of medulla. Medullary echogenicity differed distinctly from that of the cortex and no evidence of dilation could be seen. The renal pelvic diverticuli were distinct in character. The capsules were acceptably uniform without dramatic irregularities. The left kidney was <u>6.44 cm</u> and the right kidney was <u>6.58 cm</u> in length.</p> <p><i>Adrenal Glands</i></p> <p>The left adrenal gland was visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were acceptable. The left adrenal gland was <u>1.92 cm by 0.34 cm by 0.34 cm</u>. The right adrenal gland was not identified in the images provided.</p> <p><i>Spleen</i></p> <p>The spleen presented with a smooth homogeneous parenchyma hyperechoic to liver and kidney. The capsule was smooth and linear in its contour. The splenic vasculature demonstrated normal volume without signs of congestion, significant contraction, or thrombosis.</p> <p><i>Liver</i></p> <p>The liver revealed normal size, contour, and structure. Parenchymal echogenicity was smooth and homogenous in appearance. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented with anechoic contents and a thin hyperechoic wall. The cystic and common bile ducts were normal. No periportal lymphadenopathy was evident.</p> <p><i>Gastrointestinal</i></p> <p>The gastrointestinal tract revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. There was a small amount of gas in the lumen of the stomach. No obstructive or overt infiltrative disease was noted. No abnormal lymphatic activity was noted and the abdomen was free of gastrointestinal masses and pathological fluid.</p>
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Pancreas

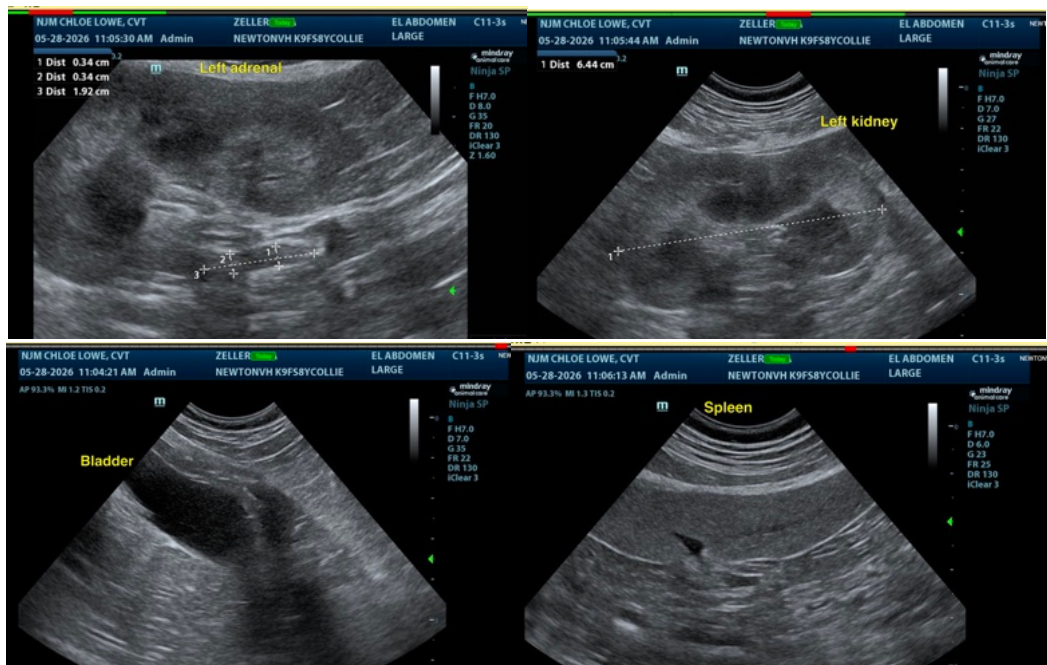
The right and left limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic capsular contour were acceptably normal. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

Normal abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This patient was found to have a normal abdomen with no evidence of a dilated uterine stump as a potential cause for the purulent vaginal discharge. There was no pathology within the bladder, trigone region or proximal pelvic urethra noted. It is recommended to continue with the current antibiotic therapy which can be changed based upon the culture and sensitivity results once they have been obtained. If this patient continues to have evidence of chronic recurrent infection, probiotics may be of benefit. A vaginoscopy or cystoscopy procedure may be required if this infection does not resolve with the current therapy. A valvuloplasty procedure for the hooded vulva can be considered. However, it is unusual for a patient to first develop vaginal infection at 8 years of age from confirmation.





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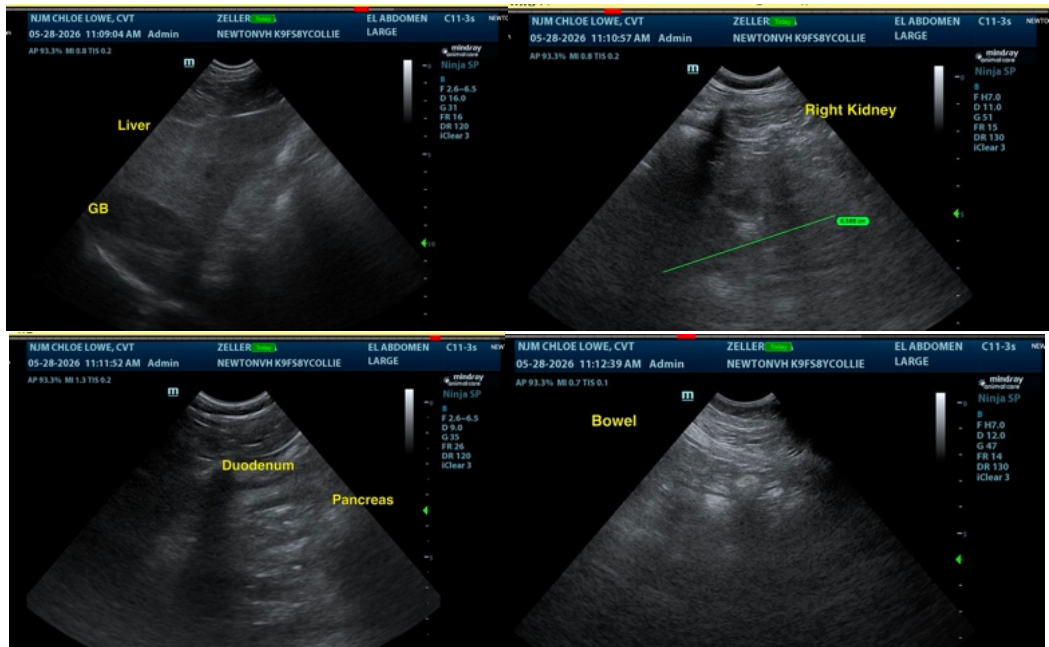
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kim Radway, DVM, DABVP (Canine/ Feline)

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