

**DATE**

1/14/22

**PRESENTING CLINICAL SIGNS**

History: p has been experiencing abnormal vaginal bleeding for 1x month over the past year.

Current Medications: Cytopoint 50mg Q 4-12 weeks.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Ketamine.

Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, RDMS.

**PATIENT**

Zoie Bailey

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The urinary bladder is minimally distended with anechoic urine. The bladder wall appears slightly thickened and irregular measuring 0.35 cm. The area of the trigone and proximal urethra to a depth of 2.0 cm and ureteral papillae appear normal and free of any evidence of mass effects or calculi. The findings are most consistent with diffuse cystitis or lack of urine distension.

**BREED**

Pitbull Terrier

**SEX**

Intact female

The left kidney has a normal shape and size (6.64 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. Numerous, small, non-obstructive nephroliths were noted. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

**AGE**

7/17/16

The right kidney has a normal shape and size (6.48 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. Non-obstructive nephroliths were noted. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

**WEIGHT**

41.7 lbs

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.46 cm at the caudal pole It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.67 cm at the caudal pole It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

**INTERPRETED BY**

Kathleen Sennello  
DVM, MS, Diplomate  
ACVIM (Small Animal  
Internal Medicine)

**HOSPITAL NAME**

Northwind AH

**Spleen**

The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

**REFERRING VET**

Dr. Wilson

**Liver**

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed. The gallbladder lumen is moderately distended. The wall of the gallbladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

**INVOICE**

95258

### ***Gastrointestinal***

The stomach is moderately dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layering is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. The duodenum measured as normal (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.) Visualized peristalsis appears appropriate. There is a small section of jejunum with a shadowing foreign object in the lumen measuring 0.94 cm. There is no evidence of an obstructive pattern in this area so I am hopeful it is just passing ingesta.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

### ***Pancreas***

The pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

### ***Free Abdomen***

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

### ***Other***

The right and left ovaries are visualized and appear normal. The left ovary measured 0.77 cm in diameter and the right ovary measured 0.92 cm in diameter. The uterus is additionally visualized. Some areas have a small amount of intraluminal, which can be normal or consistent with mild metritis.

## **ULTRASONOGRAPHIC FINDINGS**

### **PRIMARY FINDINGS:**

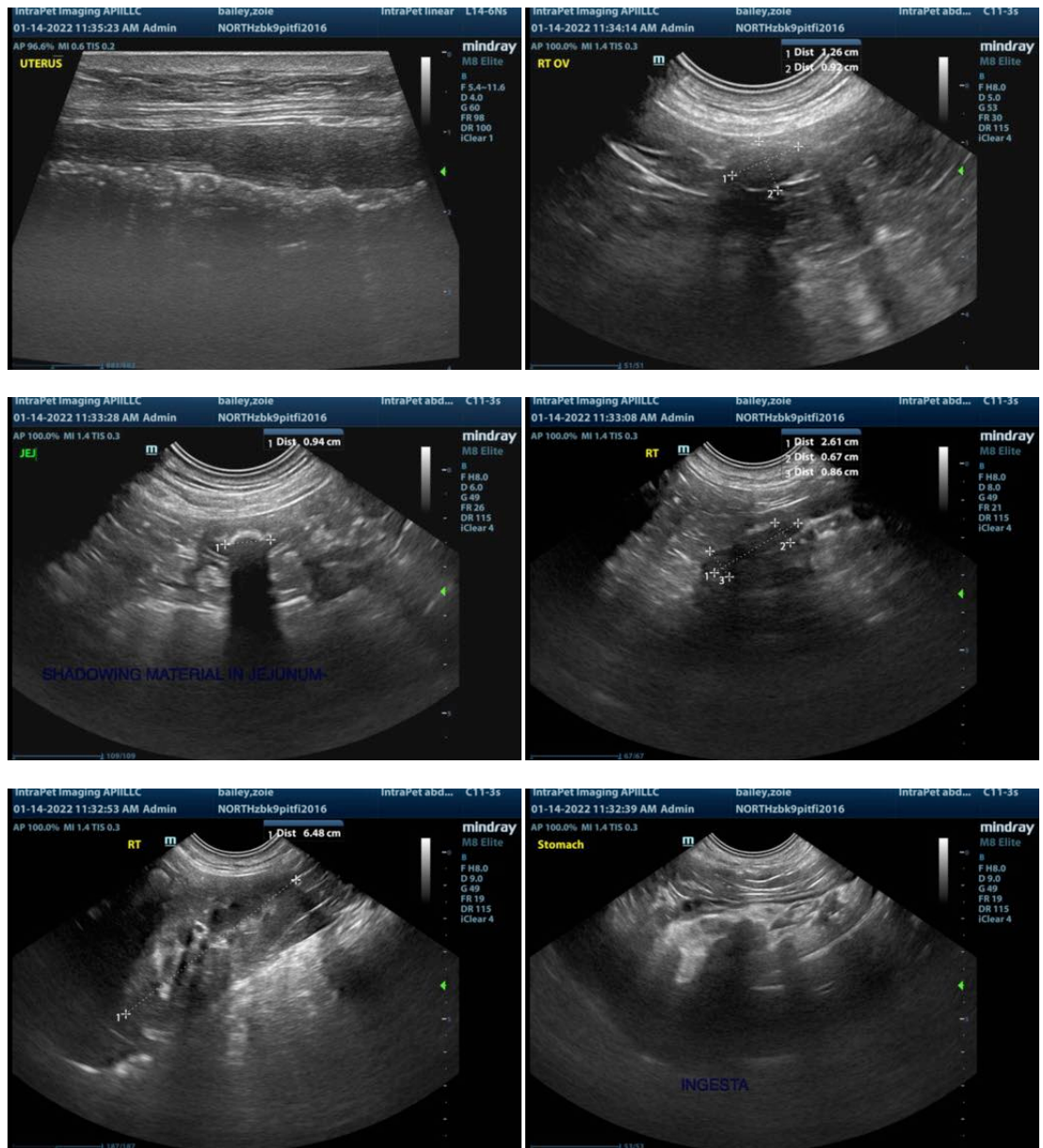
- Small, non-obstructive shadowing object in the small intestine. I recommend to continue monitoring for the development of GI signs as an indicator that an obstruction has developed. Correlate findings with abdominal radiographs.
- Slightly, prominent uterus with scant free fluid. These findings can be within normal limits for an intact female or could be consistent with mild metritis. There is no inflammation noted.
- Subjectively thickened bladder wall. The bladder mucosal changes could be consistent with cystitis or artifactual due to lack of adequate luminal distension. Bladder neoplasia cannot be ruled out but is considered unlikely in this patient.

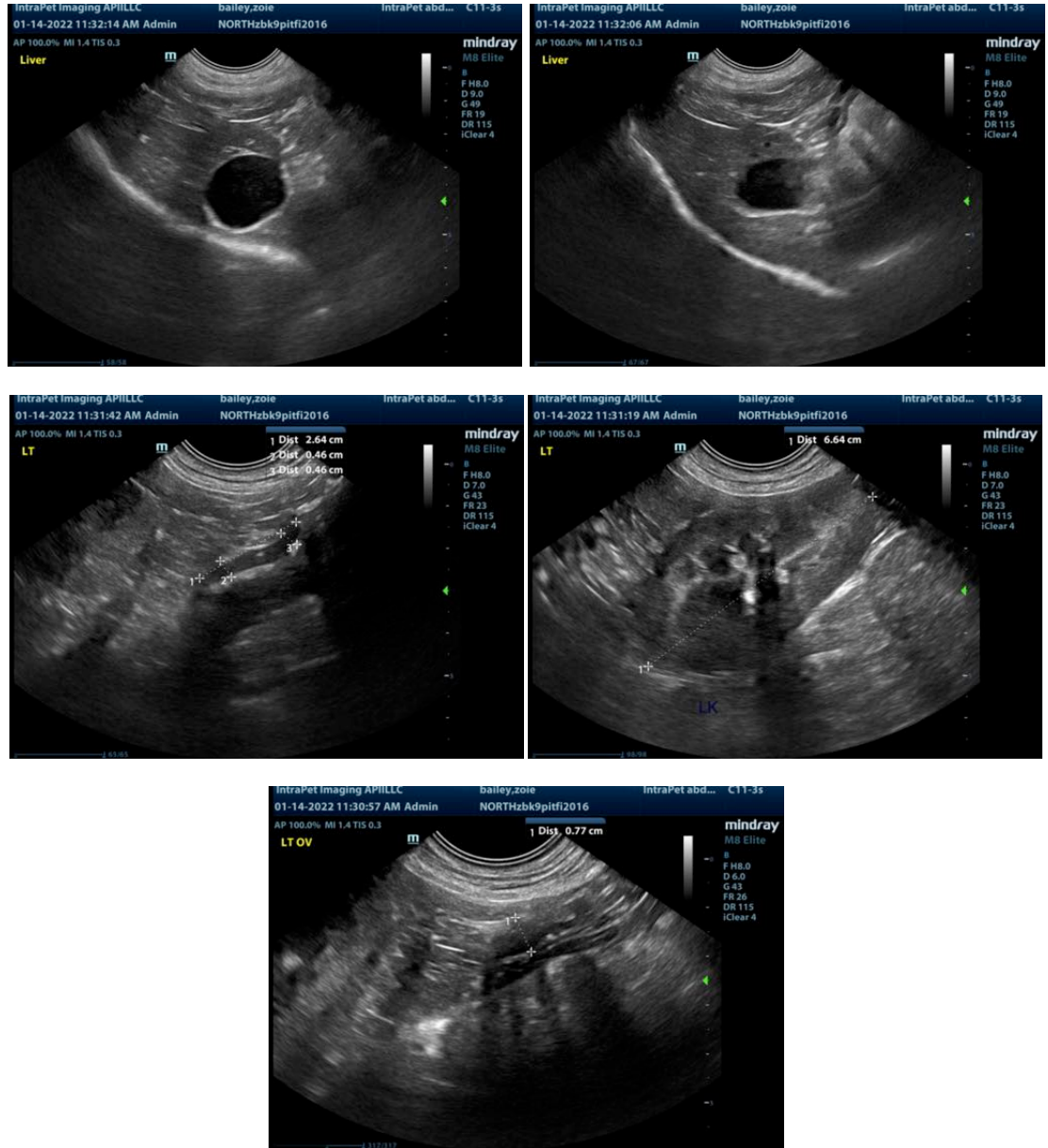
### **SECONDARY FINDINGS:**

- Non-obstructive nephroliths. The hyperechoic mineralized foci observed at the corticomedullary junction of the left and right kidney are consistent with small, non-obstructive nephroliths.

### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There are no definitive lesions associated with the urinary tract or reproductive tract to explain the vaginal bleeding reported. I recommend digital vaginal exam to palpate for any masses, foreign bodies, etc. Consider a coag panel and vaginal cytology to try and determine if this could be an atypical pyometra, etc. Consultation with reproductive specialist could be helpful. Possible differentials would be pyometra, metritis, exogenous estrogen, coagulopathy, etc.





The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

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