

**DATE PRESENTING CLINICAL SIGNS**

1/18/22

History: Presenting Complaint: Vaginal Discharge; Lethargic. Date: 01-18-2022 Notes: over the past 24 hours- lethargic, not eating- but drinking water; on/off diarrhea, not wanting to walk - owner noticed vaginal discharge last night hack/vomit last night- but she does do this occasionally last heat cycle was 1 year ago. Assessment: fever; vaginal discharge; swollen vulva; lethargy; not eating. Plan: FAST scan- fluid filled tubular structure cranial to the bladder- concern about possible pyometra vs gas in the intestinal loop-discussed PE Findings with owner - discussed the concern about possible pyometra- recommend bloodwork, rays, IVF, antibiotics- if confirmed a pyometra- surgery when stable-discussed the risk of surgery in an older pet- increased risk with organ dysfunction; discussed other possible causes for what is going on.

PATIENT

Lily Cline

SPECIES

Canine

BREED

Dr. Willer

Lab Results: Attached separately.

Radiographs: gas and fluid in the colon no obvious dilation of the uterus noted on the film.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

SEX

Intact Female

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**AGE**

11/3/11

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

WEIGHT

5.4 Pounds

The left kidney has a normal shape and size (3.38 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

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

The right kidney has a normal shape and size (3.51 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

IMAGING PERFORMED BY

Rachel Brilhart RDMS

Adrenal Glands

The left adrenal gland is normal in size measuring 0.52 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.

HOSPITAL NAME

Animal Emergency
Hospital

The right adrenal gland is normal in size measuring 0.52 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.

REFERRING VET

Dr. Willer

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.

INVOICE

34345

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 minimally distended and appears contracted. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

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. Duodenum wall measured 0.43 cm. Jejunum wall measured 0.36 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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

Both ovaries are visualized and appear within normal limits. The left ovary measures 0.62 cm x 1.16 cm. The right ovary measures 0.64 cm x 0.91 cm.

The uterine body and both uterine horns are visualized. The wall of the uterus appears somewhat thickened, and there is fluid visualized within both horns. Findings would be most consistent with pyometra, mucometra, hydrometra, etc.

PRIMARY FINDINGS

- Fluid distention of the uterine body and uterine horns – suggestive of a pyometra, mucometra, hydrometra, etc.

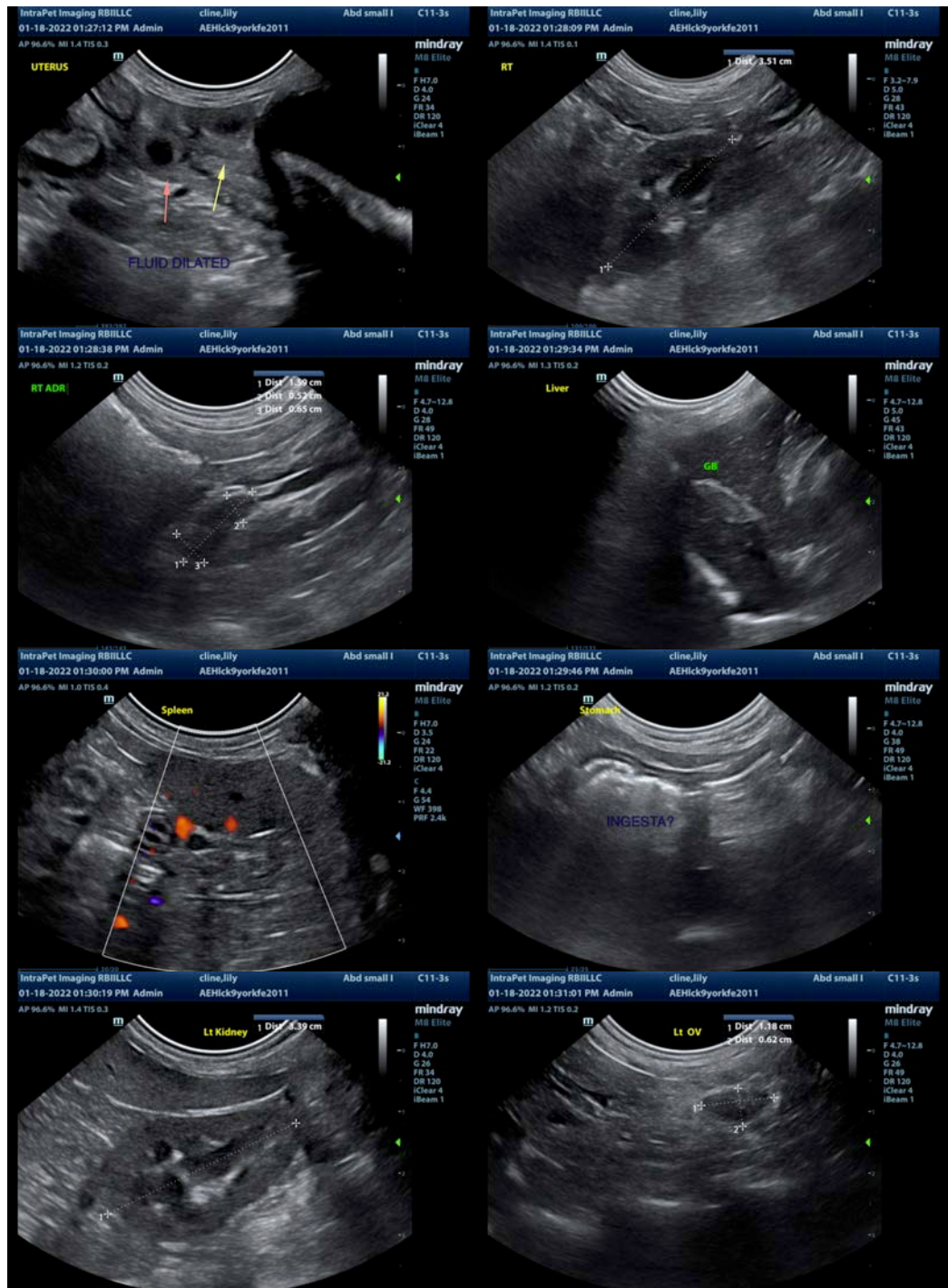
SECONDARY FINDINGS

- Moderate ingesta within the gastric lumen – correlate with feeding history. If adequately fasted, this could be consistent with delayed gastric emptying or partial gastric outflow obstruction (none observed).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The uterus appears moderately distended with fluid. It appears largely hypoechoic, but in some area there is some echogenicity to the fluid. This could be consistent with pyometra, mucometra, hydrometra, etc. Given the fever, ADR and vaginal discharge present, this clinically resembles a pyometra, and I would consider

ovariohysterectomy.





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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)
 kathleen.sennello@sonopath.com