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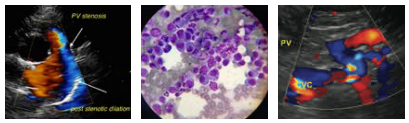

SonoPath
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DATE
11/5/21

PATIENT
La Pulga Stinson

SPECIES
Canine

BREED
American Pit Bull Terrier

SEX
Female

AGE
2017

WEIGHT
31.2 lbs

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

IMAGING PERFORMED BY
Rachel Brilhart RDMS

HOSPITAL NAME
Animal Emergency Hospital

REFERRING VET
Dr. King

INVOICE
92912

PRESENTING CLINICAL SIGNS

History: Vomiting, Drinking Less, & Not Eating.
Date: 11-04-2021 Notes: Had puppies starting on Oct 28th. Had six puppies total but 4 out of the six were dead. These 2 are still alive and being bottle fed, doing well. She originally passed one large puppy that was dead then three more were delivered alive. She then passed more puppies on Oct 31st. Since then has continued to be lethargic and is now very sick. Seen at RDVM-- septic shock, severe azotemia-- off scale and bili is elevated CBC: WBC 11.81, neut (L) 0.44, bands suspected, lym (H) 5.70, mono (H) 5.62, eos (L) 0.04) Chemistry: Cr too high to read, BUN (H) > 130, phos >16.1, TP (H) 11.5, glob (H) 8.3, alk 544 (H), t.bil (H) 6.1, cho (H) 374, amyl (H) 1600, Na (L) 142, K (H) 6.0, Cl (L) 100 Started on bolus fluids, warming and given IV cefazolin transfer for further care 1). lateral abdominal radiograph: stomach empty, colon empty, small intestines completely empty, appears to have a bladder and an additional loops of soft-tissue opacity in the caudal abdomen (suspect uterus), no identifiable feti.
Current Medications: Enrofloxacin (Baytril) 100mg/mL Injection (Per mL)
Lab Results: PCV = 33 % (37 – 55)
TS = 10.2 g/dL (5.0 - 8.0)
Glucose = 107 mg/dL (80 - 120)
Radiographs: Fluid Check (Abdominal/Thoracic/Pericardia) IH
no free fluid in abdomen, small fluid in uterus.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required for scan.
Stat Report: Not requested.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with mild primarily suspended echogenic debris present. 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 calculi. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris.

The left kidney has a normal shape and size (5.97 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. pyelectasia was noted and measured 0.43 cm. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (6.74 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.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.68 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 0.51 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.

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.

Liver
The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. 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.

Gastrointestinal
The stomach contains minimal luminal contents. 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 layers 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 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 generally of increased echogenicity.

Free Abdomen
Both ovaries are imaged and appeared normal. The left ovary measures 1.4 cm and the right ovary measures 1.52 cm. The uterus is dilated and enlarged filled with mixed echogenicity, fluid, amorphous debris. The uterine wall is severely thickened and measured from 0.65-2.05 cm.

ULTRASONOGRAPHIC FINDINGS
PRIMARY FINDINGS:

- Large, thickened uterus filled mixed echogenic fluid/material. The findings are most consistent with severe metritis/pyometra post partum.

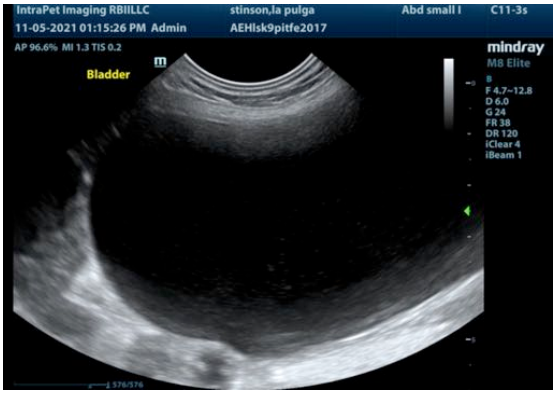
- Heterogenous liver. The diffuse hepatic changes are non-specific and could be consistent with

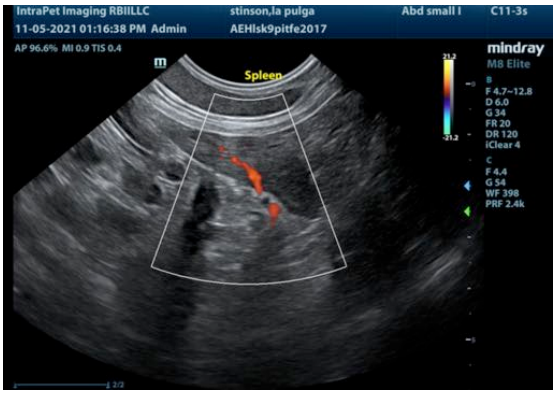
vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy.

- Left-sided renal pyelectasia. Pyelectasia of the left kidney could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Based on the history provided and the appearance of uterus I suspect that this is a post partum septic metritis with multiple, organ failure. Aggressive stabilization with eventual ovariohysterectomy is recommended. I do not see any evidence of viable fetuses.






IntraPet Imaging RBIILLC
stinson,la pulga
Abd small I
C11-3s
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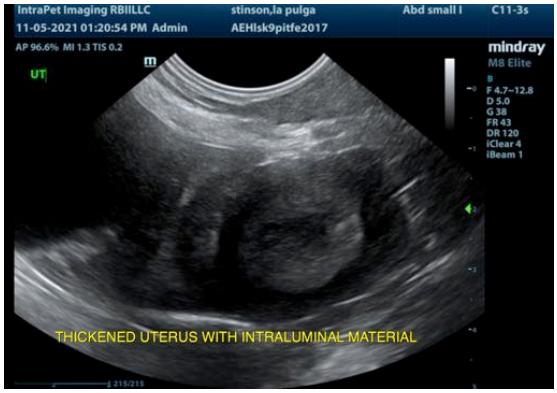
AEHlsk9pitfe2017
AP 96.6% MI 1.3 TIS 0.2
mindray
M8 Elite
RT OV
1 Dist 1.52 cm
2 Dist 1.29 cm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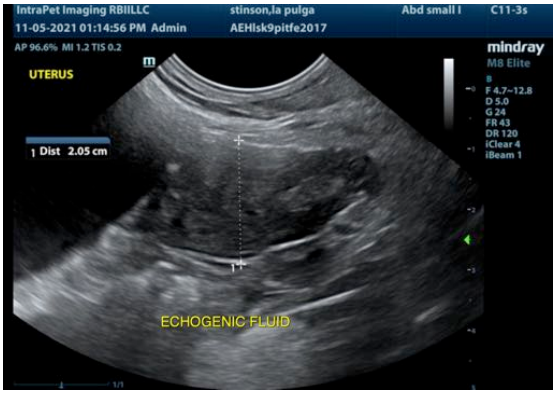
mindray
M8 Elite
UT
THICKENED UTERUS WITH INTRALUMINAL MATERIAL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mindray
M8 Elite
UTERUS
1 Dist 2.05 cm
ECHOGENIC FLUID


IntraPet Imaging RBIILLC
stinson,la pulga
Abd small I
C11-3s
11-05-2021 01:21:08 PM Admin
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mindray
M8 Elite
UT
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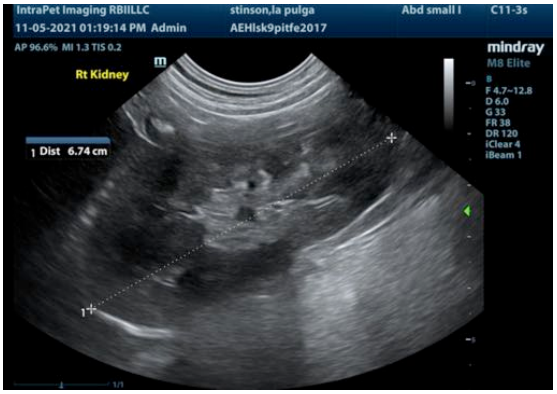
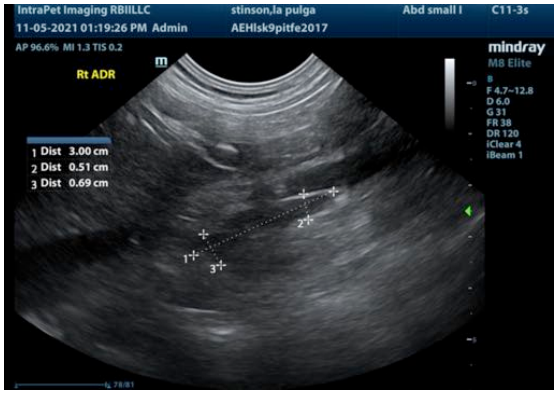
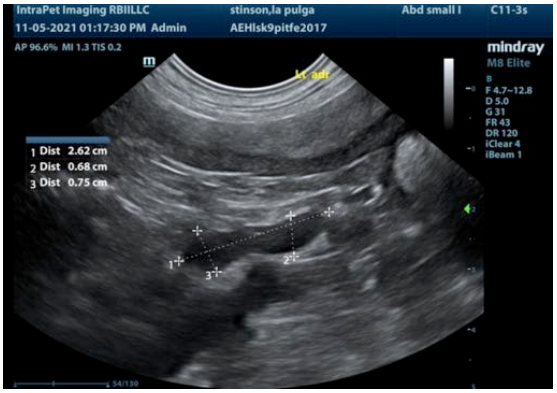
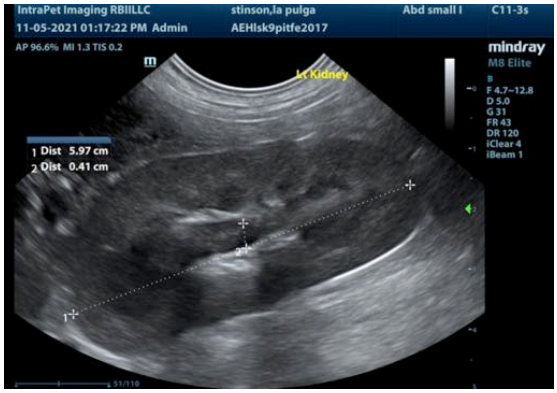
2 Dist 1.15 cm
THICK UTERUS


IntraPet Imaging RBIILLC
stinson,la pulga
Abd small I
C11-3s
11-05-2021 01:19:14 PM Admin
AEHlsk9pitfe2017
AP 96.6% MI 1.3 TIS 0.2
mindray
M8 Elite
Rt Kidney
1 Dist 6.74 cm


IntraPet Imaging RBIILLC
stinson,la pulga
Abd small I
C11-3s
11-05-2021 01:19:26 PM Admin
AEHlsk9pitfe2017
AP 96.6% MI 1.3 TIS 0.2
mindray
M8 Elite
Rt ADR
1 Dist 3.00 cm
2 Dist 0.51 cm
3 Dist 0.69 cm





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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