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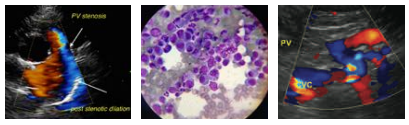

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DATE
11/5/21

PATIENT
Lucy Long Island Bull Dog Rescue

SPECIES
Canine

BREED
Pug

SEX
Spayed Female

AGE
2015

WEIGHT
16 lbs

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

IMAGING PERFORMED BY
Rachel Brilhart RDMS

HOSPITAL NAME
Homeward Bound VS

REFERRING VET
Dr. Vance

INVOICE
92916

PRESENTING CLINICAL SIGNS

History: Was spayed at rescue last week. WBC upon coming here day after was 56. Started on antibiotics, is down to 22 but she is still have bloody discharge from her vaginal area and is still not acting right per owner.
Current Medications: Cefpoxidime 100mg
Lab Results: elevated WBC.
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 anechoic urine. The apical bladder wall appears relatively normal, but as you approach the trigone region the bladder wall is thickened and somewhat scalloped in appearance measuring 0.44 cm. This thickening progresses and is visualized in the area of the urethra as well with a focal thickening measuring 2.41 x 0.71 cm. It is difficult to determine if this is an intraluminal mass effect or regional thickening/reactivity. There is no evidence of cystic calculi.

The left kidney has a normal shape and size (4.57 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.

The right kidney has a normal shape and size (5.06 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 0.64 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 0.5 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 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.

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 and the jejunum measured as normal (0.27 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 prominent and mottled compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

A scant amount of anechoic free fluid was noted in the caudal abdomen. There is a significant caudal lymphadenopathy present with a lymph node that measured 1.41 x 1.5 cm in the caudal abdomen adjacent to the area of the uterine stump. The omentum is of increased echogenicity around the uterine stump.

Other

Dorsal to the urinary bladder is a large, thick walled (0.39 cm) tubular structure that measured >2.5 cm in diameter. This tissue appears severely inflamed and the tubular structure appears to contain mixed echogenic fluid. The location and appearance of the structure is most consistent with a stump pyometra and secondary focal peritonitis. This is causing severe regional inflammation, lymphadenopathy and the bladder and urethra in this area are abnormal. This may indicate the reactivity/adhesions or primary unrelated bladder pathology.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

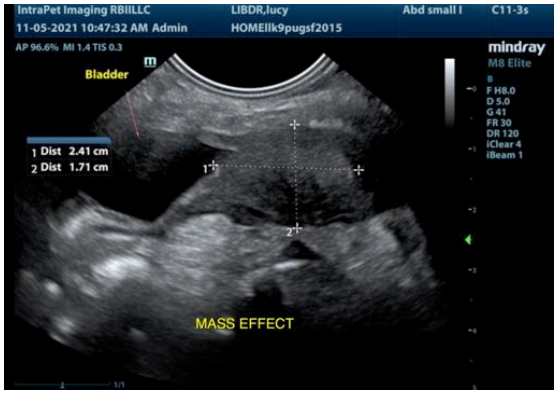
- Suspect stump pyometra. There is a severe intrapelvic caudal inflammatory reaction associated with the area of the uterine stump. This could also reflect suture reaction due to the previous surgery.
- Urinary bladder wall thickening in the area of the trigone and proximal urethra. There is focal, thickening of the urinary bladder in this area and a focal mass effect in the urethral area. This does not have the typically appearance of a bladder mass so it could represent reactivity to severe localized inflammation or secondary issue.
- Prominent mottled pancreas. The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.

SECONDARY FINDINGS:

- Gastric dilation with shadowing ingesta. Correlate with feeding history. If the patient is adequately fasted then consider possible gastric outflow obstruction or delayed gastric emptying.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a nidus of inflammation within the caudal pelvis. This appears to be associated with the area of the uterine stump, which is fluid filled, thickened and irregular. This is most consistent with a stump pyometra. There is a regional peritonitis and lymphadenopathy in this area. Additionally, the urinary bladder wall in the area of the trigone and proximal urethra is abnormal and irregular. It is unknown if this represents a reactive change or if this represents primary bladder pathology (a tumor) . Consider surgical exploration of the area with tissues taken for histopathology (uterus, ln, thickened bladder wall), culture and hopefully to resect the abnormal uterine stump. I also recommend evaluation for any retained ovarian tissue and a biopsy of the bladder along with urinalysis and culture. Once the inflammation is down in the intrapelvic area post operatively the urinary bladder can also be revaluated. TCC is possible but with all the pathology in this area a biopsy is necessary to rule this in/out.

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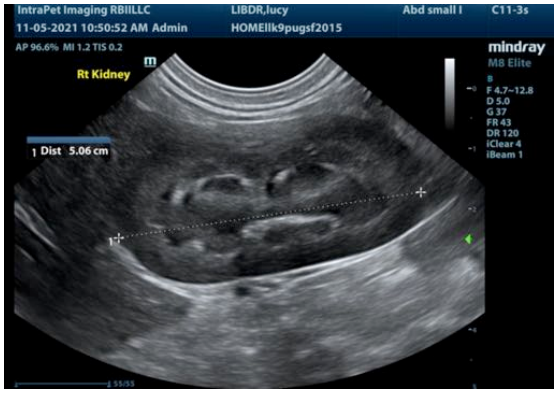
Liver
mindray
M8 Elite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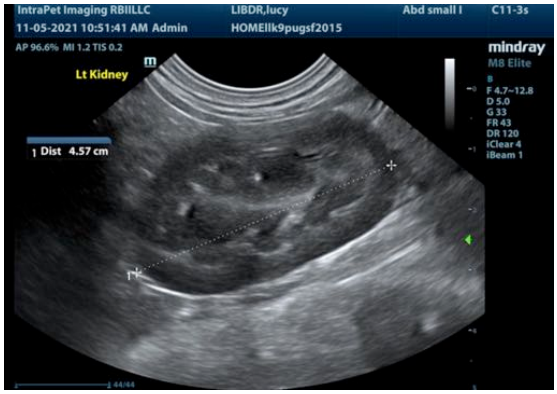
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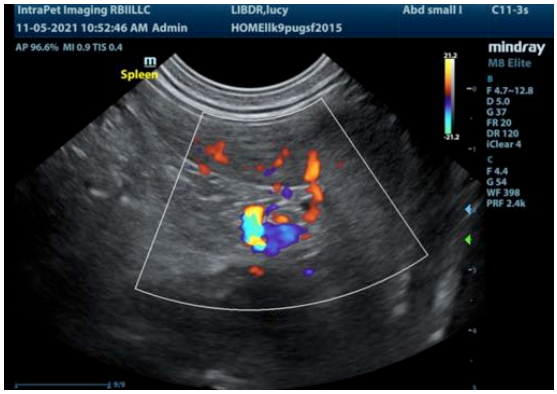
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M8 Elite


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Stomach
INGESTA
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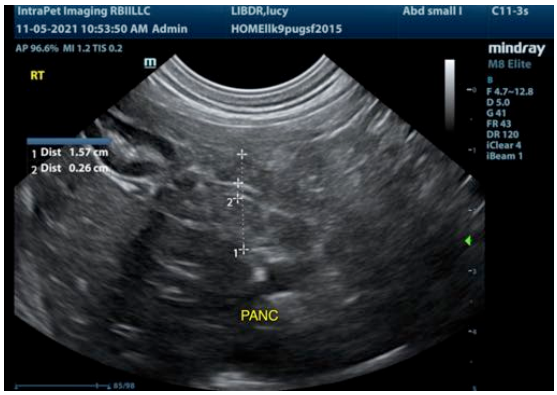
IntraPet Imaging RBIILLC
LIBDR,lucy
Abd small I
C11-3s
11-05-2021 10:53:50 AM Admin
HOMEIIk9pugsf2015
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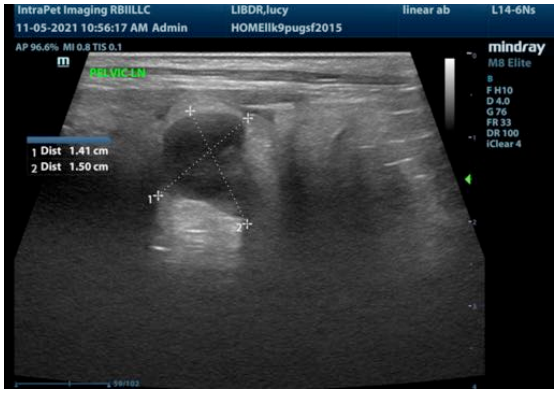
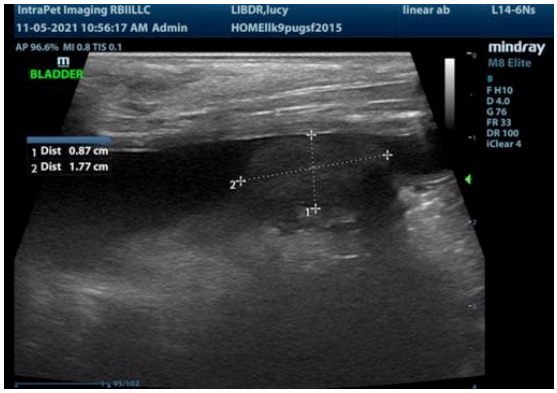
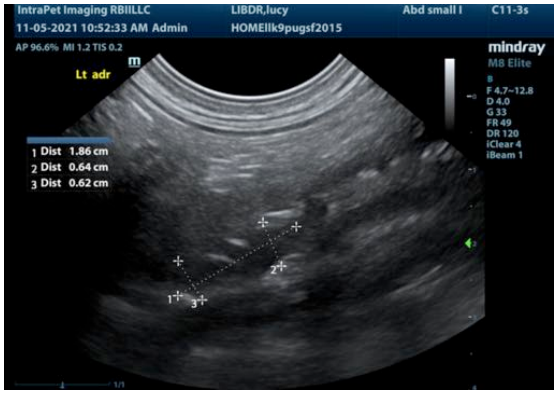
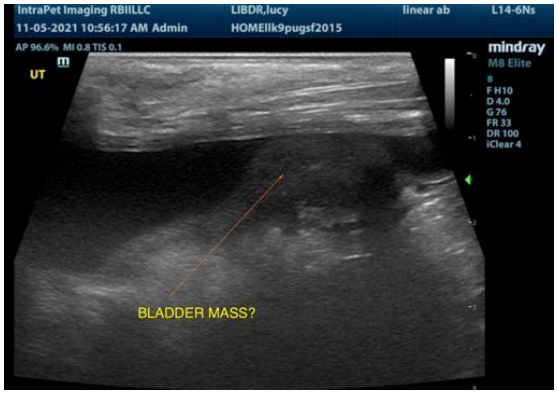
RT
1 Dist 1.57 cm
2 Dist 0.26 cm
PANC
mindray
M8 Elite









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)
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