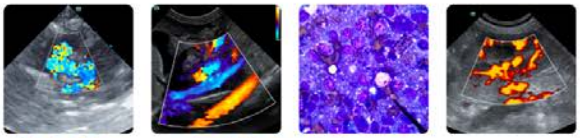

PATIENT

Taza Bissell

SPECIES

Canine

BREED

German Shepherd

SEX

Spayed Female

AGE

12 Years

WEIGHT

60 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Animal Hospital of Lake Brandt

REFERRING VET

Dr. Smith

INVOICE

74034

DATE

3/26/26

PRESENTING CLINICAL SIGNS

P presented for frank blood dripping from vulva, urinalysis unremarkable as well as bloodwork.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, and ureteral papillae appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi. The urethra largely appears within normal limits. On some views there is a poorly defined hyperechoic region dorsal to the uterine body, measuring 0.52 cm x 1.24 cm, which could represent some hyperechoic material associated with the urethra (debris, mass effect, etc.). The nature of this structure is not clear.

The left kidney has a normal shape and size (6.34 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal 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 (5.47 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal 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 0.54 cm at the cranial pole and 0.57 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 1.48 cm at the cranial pole and 0.75 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 (2.25 cm in width at the level of the hilus), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There is a hypoechoic/mixed echogenicity, slightly moth-eaten appearing, poorly defined nodule towards the head of the spleen measuring 1.07 cm x 1.32 cm.

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. There is a very subtle, irregular, hyperechoic lesion visualized in the parenchyma measuring 1.21 cm x 2.15 cm.

The gall bladder lumen is significantly distended. The gallbladder wall appears slightly prominent, hyperechoic and thickened, with some adherent debris. There is a large amount of primarily non-

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organized echogenic debris. Some of the debris appears hyperechoic with soft shadow, possibly consistent with mineralized/sandy debris. There is no evidence of bile duct dilation.

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. Duodenum wall meaures 0.57 cm. Jejunum wall measures 0.32 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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. There is no significant lymphadenopathy. The omentum is normal echogenicity.

Other

The right auricle and pericardium were visualized and were unremarkable. No obvious pathology is visualized. If cardiac function evaluation is desired a full echocardiogram is warranted.

There is a tubular structure visualized between the urethra and the colon, most consistent with a fluid distended uterine body measuring approximately 1.5 cm in diameter, which extends at least 6.4 cm. No definitive mass lesions are observed. There is some questionable wall thickening visualized towards the apical region of the stump. The uterus is not visualized cranially.

ULTRASONOGRAPHIC FINDINGS

- Mixed echogenicity hypoechoic/moth-eaten nodule visualized in the spleen – There is a non-cavitated, hypoechoic splenic nodule visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.

- Poorly defined, irregular hyperechoic nodule in the liver – This generally has the appearance most consistent with a benign lesion, although an early neoplastic lesion cannot be ruled out. Consider a fine needle aspirate (if coagulation parameters are normal and there is a safe window for sampling) and continued monitoring with ultrasound.

- Large gallbladder debris with some mineralized debris and prominent, hyperechoic gallbladder wall – Correlate with current lab work. Findings could be consistent with mild cholecystitis.

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- Fluid distended uterine body – Findings could be consistent with stump pyometra, mucometra, hematometra, etc. A definitive mass effect is not visualized.
- Hyperechoic tissue visualized associated with the distal urethra – The significance of this is uncertain. This could represent a mineralized mass effect, debris, or tissue adjacent to the urethra.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

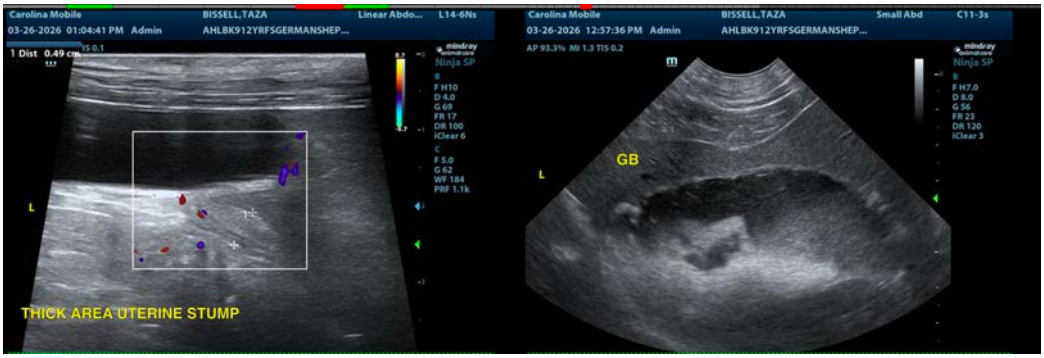
The distal uterine body appears distended with echogenic fluid. This could represent blood, purulent material, mucus, etc. A definitive mass effect is not visualized but cannot be ruled out. This would be unusual to occur in a female that is not under the influence of estrogen (unless a mass is present). Consider measuring antimullerian hormone levels, looking for the presence of persistent gonadal tissue, which could indicate an ovarian remnant.

There is some subtle hyperechoic tissue visualized near the urethra, dorsoventral to the uterus. The nature of this tissue is not evident, but there is concern this could be associated with the urethra. Correlate with a rectal exam in case focal thickening of the urethra can be palpated.

Consider measuring coagulation parameters and ideally consider a contrast CT scan to confirm the nature of these changes prior to surgical evaluation. If this is not an option, recommend referral to a veterinary surgeon, particularly in the case of a possible ovarian remnant.

There is a small mixed echogenicity nodule in the spleen and a hyperechoic nodule in the liver. Consider a fine needle aspirate of these structures if a safe window for sampling is available, and continued monitoring with ultrasound.

The gallbladder has a significant amount of debris. Some of the debris is mildly mineralized, and the wall is prominent and hyperechoic. Correlate with current lab work and consider empirical treatment for cholecystitis with Ursodiol, Denamarin, +/- antibiotics and continued monitoring of the gallbladder.



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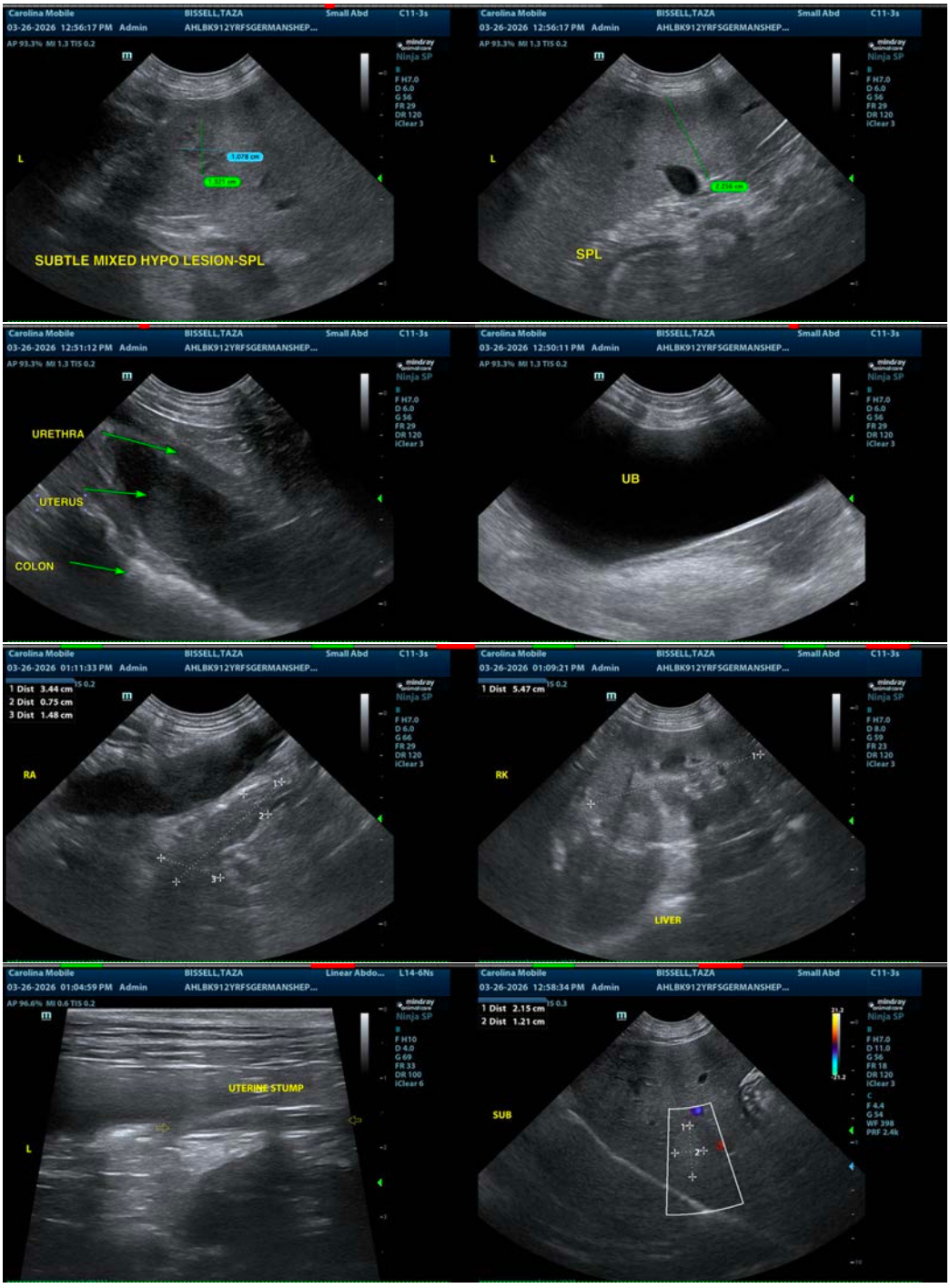

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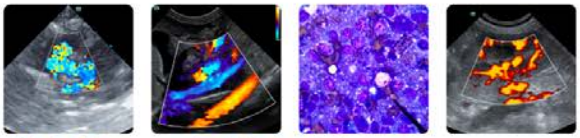

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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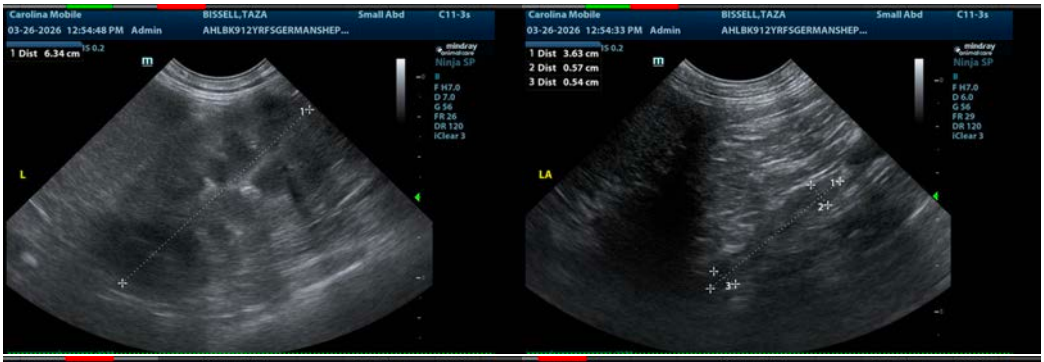

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@sonopath.com