

**DATE**

6/24/22

**PRESENTING CLINICAL SIGNS**

Fresh blood from vulva noted 6/17/22. Hx hyphema/panuveitis (controlled and off meds)- Ophtho referral. O ran out of Incurin- was not controlling at 1mg EOD. Arthritic.

**PATIENT**

Jessa Noye

Current Medications: Incurin restart 2mg SID, Amoxicillin 500mg BID, Galliprant 60mg SID. Gabapentin 300mg and Trazodone 100-200mg the night before and 2 hours prior to scan.

Radiographs: 6/20- slight density between colon/bladder caudal aspect of bladder on lateral view- spondylosis L-5 spine.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

**SPECIES**

Canine

**BREED**

Pit Mix

**SEX**

Spayed Female

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****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.

**AGE**

12/2/09

The left kidney has a normal shape and size (6.67 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.

**WEIGHT**

64 lbs

The right kidney has a normal shape and size (6.22 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)

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.92 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**

Bel Air VH

The right adrenal gland is normal in size measuring 0.9 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. Stevenson

**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**

31244

**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 significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting.

### ***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 of normal uniform echogenicity.

### ***Other***

The uterus is prominent and possibly thickened. There is no evidence of mineralization or significant intraluminal fluid, etc.

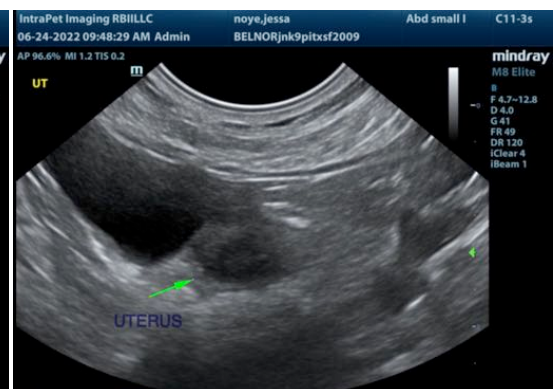
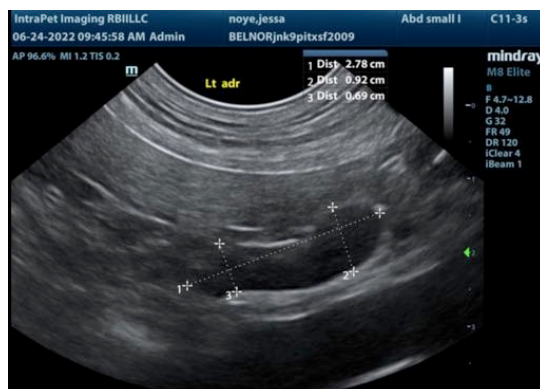
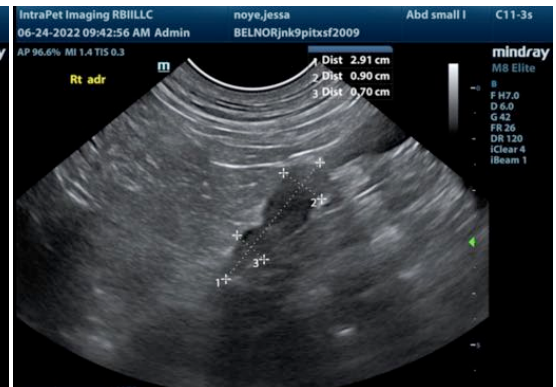
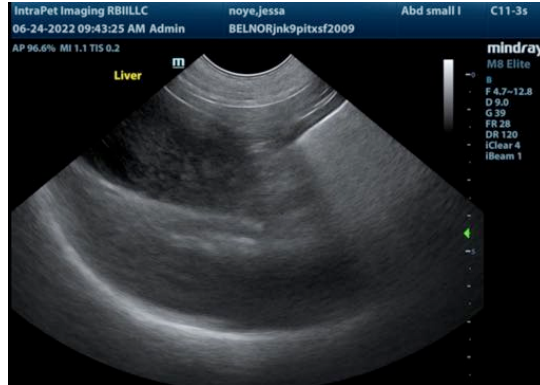
## **ULTRASONOGRAPHIC FINDINGS**

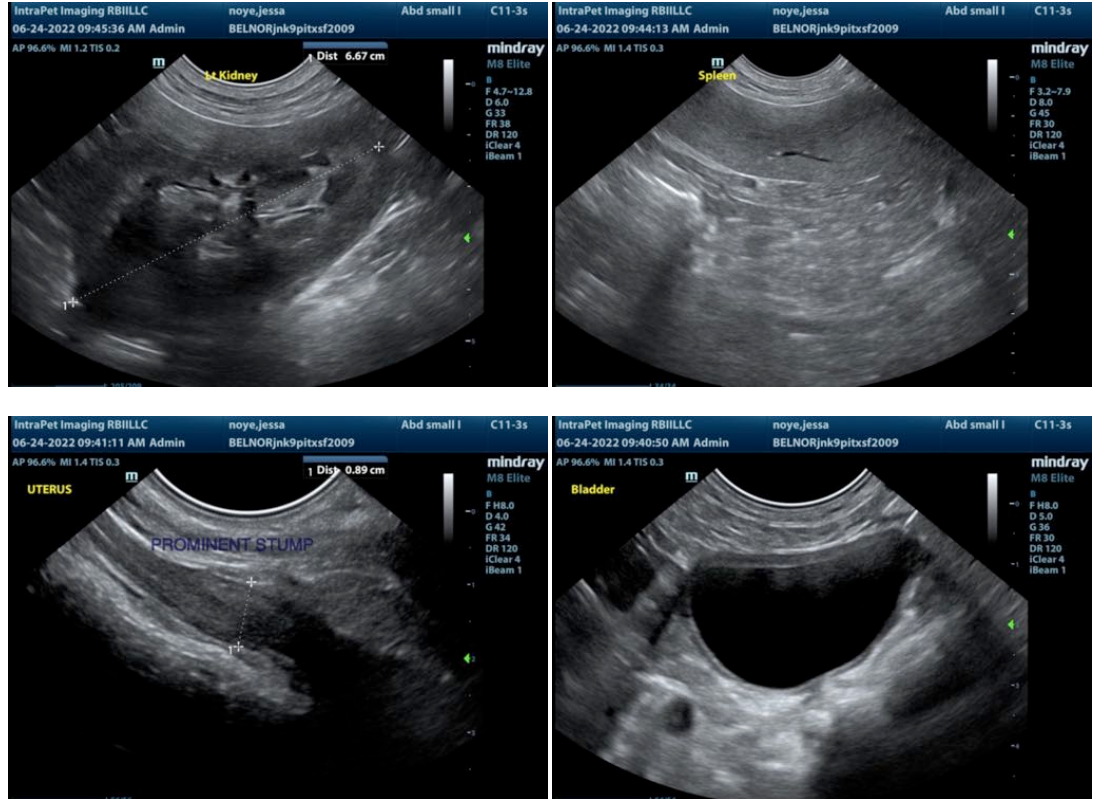
### **PRIMARY FINDINGS:**

Prominent uterine stump. The significance of this is unclear. There is no evidence of a focal mass lesion, but the uterus appears prominent and possibly thickened.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Today's scan appears relatively normal. Upon evaluation of the uterine stump it appears subjectively large, prominent and thickened. NO focal mass lesion is observed and there is no significant surrounding inflammation. Consider a careful digital rectal and vaginal exam. Options moving forward include vaginoscopy to further look for evidence of an intraluminal mass effect causing hemorrhage (probably most ideal plan), contrast CT scan or exploratory surgery to evaluate the uterine stump. Unfortunately the location and nature of the source of the hemorrhage is not definitively identified, so it is possible that this may need to be evaluated in multiple ways. I recommend urinalysis and culture. In addition consider any exogenous estrogen source as these types of changes can be seen during a heat cycle. Both adrenal glands appear normal and are unlikely sources of estrogen. Vaginal cytology can be considered.





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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