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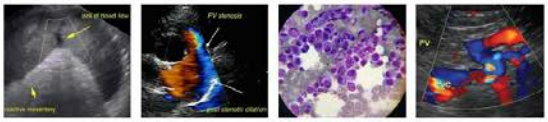

IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Wren Schott

SPECIES

Canine

BREED

Mixed

SEX

Spayed Female

AGE

1 Year 4 Months

WEIGHT

28.6 Pounds

INTERPRETED BY

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

IMAGING BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

FourPaws AC

REFERRING VET

Dr. Sue Lester

INVOICE

40159

DATE

8/3/22

PRESENTING CLINICAL SIGNS

NOT SEDATED Adopted from Mexico, had distemper per o. Spayed in Mexico as well. Since adoption p has had bleeding from vagina – have scoped this area with NSF. Ingested Advil on 7.11.22

Abnormal PE/Chem/CBC/UA Results: BLOOD VISIBLE AROUND OPENING- ON CYSTO, NO BLOOD IN UB- Abnormal Chemistry Values 7.11.22: BUN 54 (7-27) (when p ingested Advil) otherwise, no hx of bloodwork. Abnormal UA Values 7.11.22: Protein 30+ Blood: +++ WBC: 2-5 phpf RBC: 2-3 phpf When p ingested Advil, otherwise no hx

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.

The left kidney is irregular in shape (possibly due to previous infarcts?) and measures 5.28 cm with small non-obstructive nephroliths present. Overall echogenicity is slightly hyperechoic with poor 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, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is irregular in shape (possibly due to previous infarcts?) and measures 4.6 cm with small non-obstructive nephroliths present. Overall echogenicity is slightly hyperechoic with poor 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, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.39 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 0.39 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.

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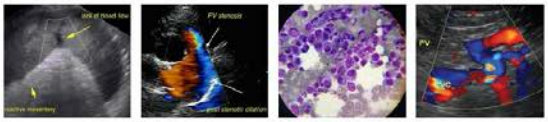

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The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach 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

There is scant free fluid. The sublumbar lymph nodes are slightly prominent. The right measures 0.99 cm in width. The left measures 0.81 cm in width. There is a mesenteric lymph node visualized at 0.56 cm.

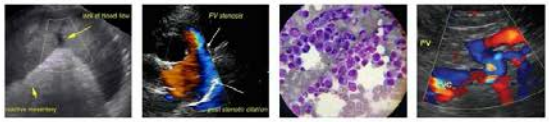
Other

A tubular, fluid filled structure is visualized between the urethra and the colon. This is most consistent with a mildly fluid dilated uterine stump. This could be consistent with a pyometra, mucometra, etc…

There is questionable hyperechoic material with shadowing that could represent a mineralized stump granuloma/mineralized suture material. There was no evidence of ovaries or intact uterine horns visualized.

ULTRASONOGRAPHIC FINDINGS

- Irregular, hyperechoic kidneys with decreased corticomedullary distinction and nephroliths– Loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis or infectious /inflammatory nephritis.
- Suspect fluid filled uterine stump (with possible granuloma(/suture reaction?) – This could be a source of the hemorrhage noted on exam. If a source of estrogen is present this could represent a stump pyometra/metritis etc…



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- Mild sublumbar lymphadenopathy – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

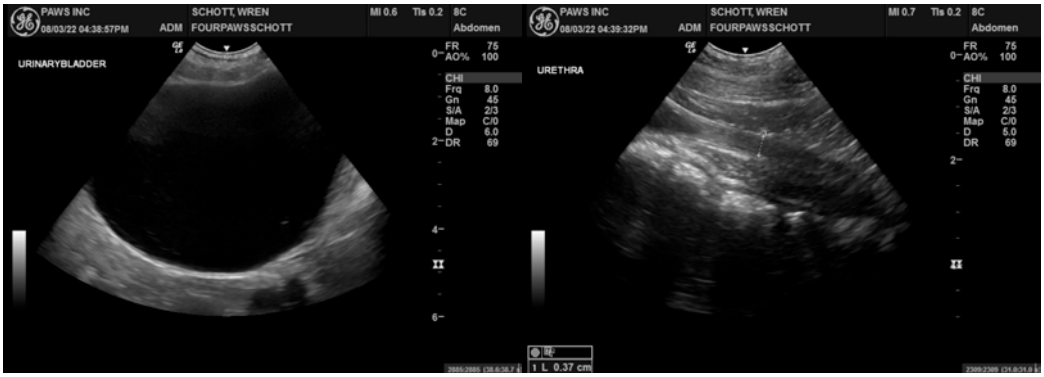
Possible sources for vaginal hemorrhage would include the urinary tract or the reproductive tract. The kidneys evaluated in this study appear abnormal, but this is unlikely to contribute to hemorrhage. No stones or masses were visualized in the urethra or the urinary bladder.

The uterine stump is visualized and appears mildly fluid dilated. The significance of this is uncertain, but with the history provided, there is concern that this could be a source for the hemorrhage – was this evaluated at the time of scoping?

Confirm that clotting parameters are within normal limits and that there is no possible coagulopathy (buccal mucosal bleeding time may be the best way to determine a true ability to clot). If clotting ability is normal, then I would consider the possibility of a vaginal or uterine lesion/infection etc... Options moving forward would include exploratory surgery to evaluate the uterine stump and likely resect it. If this is done, tissue should be submitted for histopathology +/- culture. Alternately, you could consider a CT scan to obtain better detail in this area. Lastly, reevaluation with a scope, focusing on the reproductive tract, could be considered.

If this lesion represents a stump pyometra, then a source of estrogen wold need to be present. Ovarian tissue was not visualized on todays exam but this can be very small and difficult to identify on ultrasound. This can sometimes be identified at the time of surgery. Additionally hormone testing can be used to try and identify/confirm a uterine remnant.

Both kidneys appear somewhat irregular and large with decreased corticomedullary distinction and nepholiths. These changes are consistent with chronic renal disease, possible nephritis(?), infectious disease, +/- congenital factors. Recommend a urinalysis, urine culture, blood pressure evaluation in addition to current full bloodwork with electrolytes. Consider an ACTH stimulation test, Lepto screening, possibly screening for Leishmania(?) or other possible infectious diseases native to where this patient was born. I do not suspect the Advil ingestion to have caused these lesions, but it may have exacerbated the renal disease.



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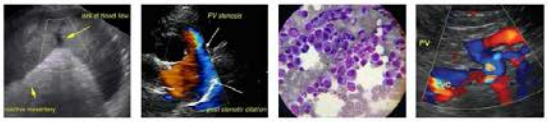

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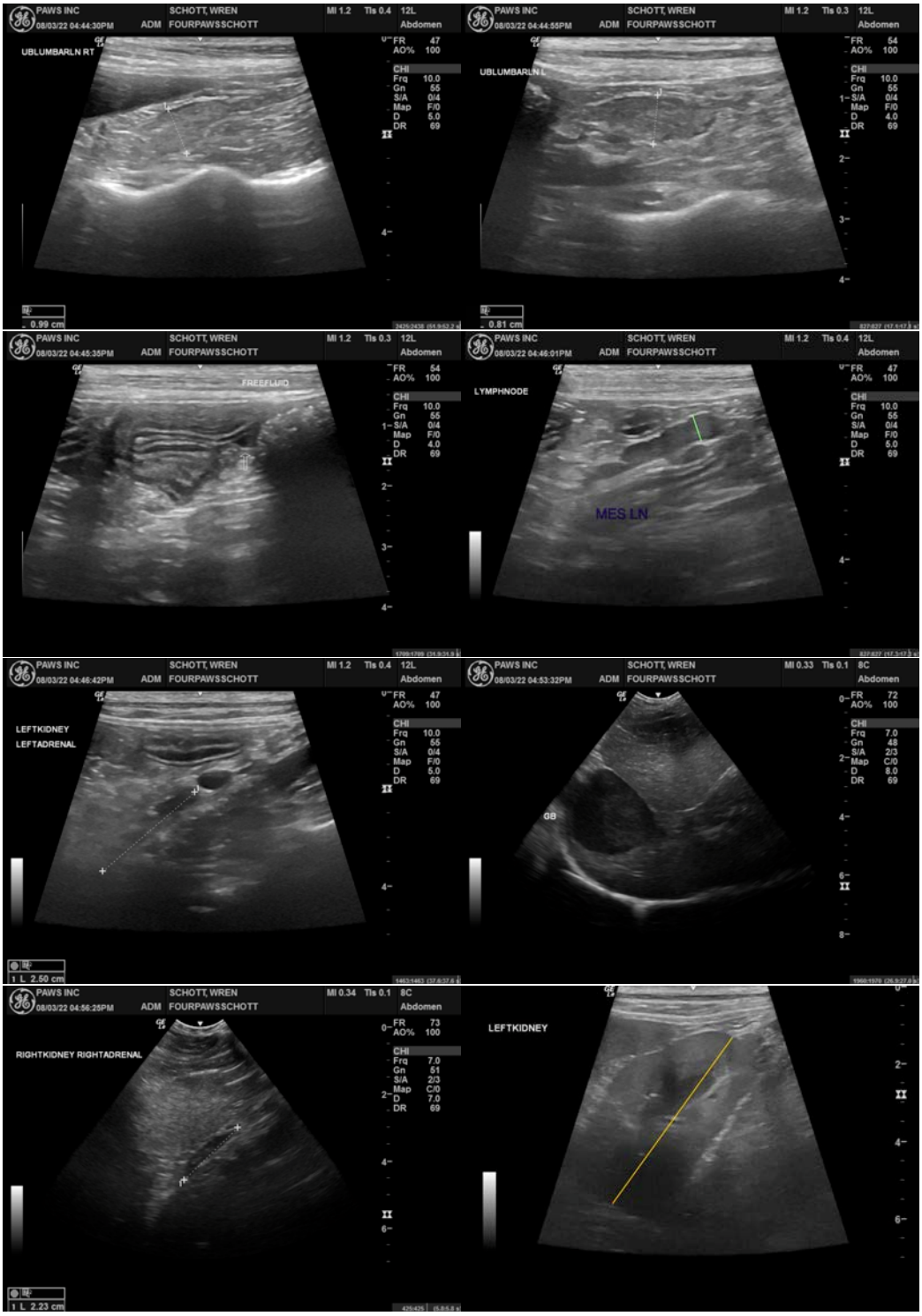

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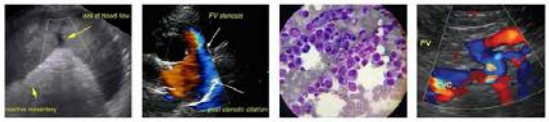

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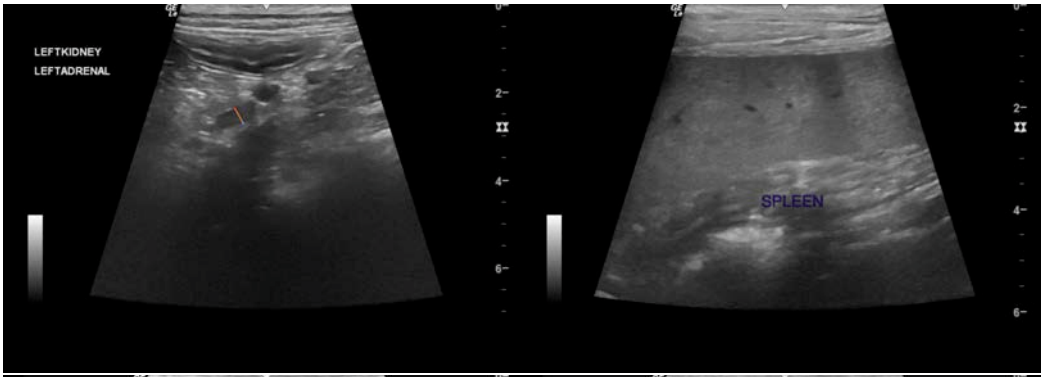

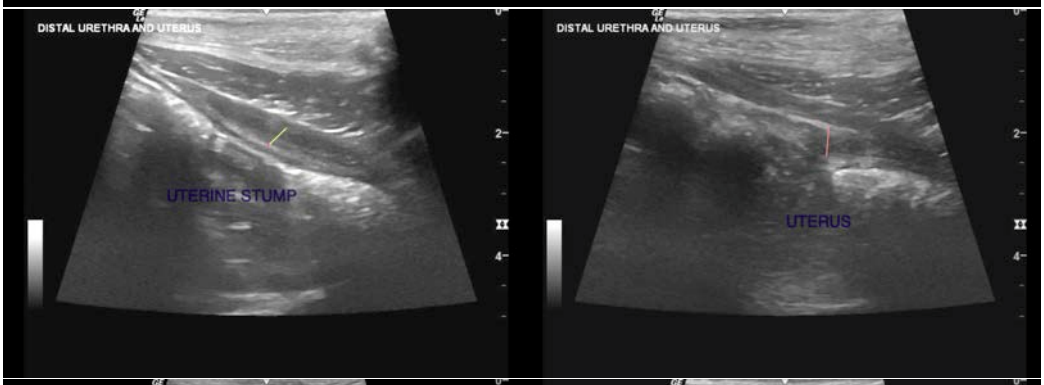

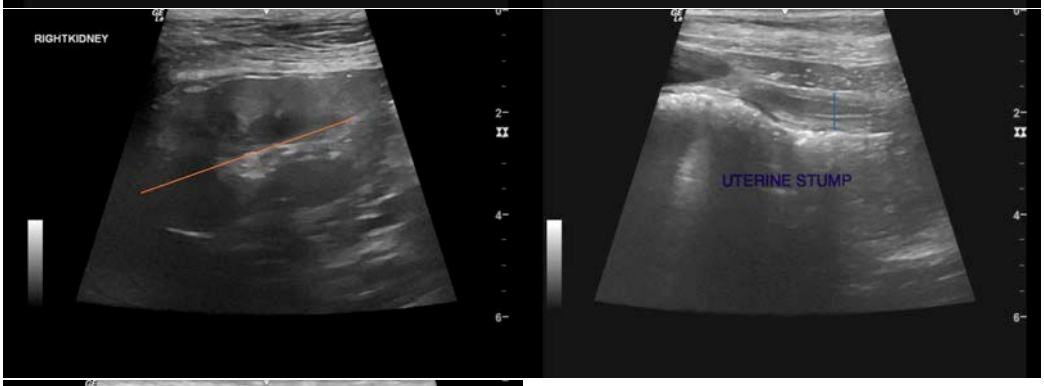

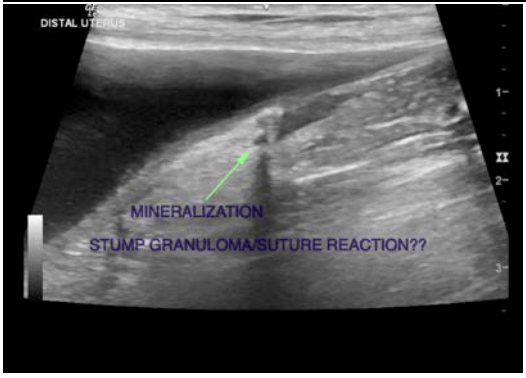

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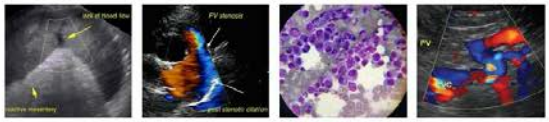

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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