



PATIENT

Bella Jin

SPECIES

Canine

BREED

Poodle

SEX

Female

AGE

15 Years

WEIGHT

4.9 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Mayra Sanchez

HOSPITAL NAME

Sunset Animal Hospital

REFERRING VET

Dr. Mayra Sanchez

INVOICE

25203

DATE

9/7/21

PRESENTING CLINICAL SIGNS

Presented for hyporexia, ataxia and lethargy x 48 hours Per owner patient's last heat cycle was 6 months ago Vaginal discharge began 10 days ago No hx of toxin ingestion

Abnormal PE/Chem/CBC/UA Results: PE: ataxia with delayed CP RFL; abnormal mentation - depressed with head swaying; increased lung sounds L hemithorax CBC: NAF Chem: BUN 33, ALB 2.2, ALP 315 Radiographs (thorax and abdomen): No cardiomegaly (VHS = 10.5), diffuse bronchial pattern, no pulmonary edema or pleural effusion, no overt masses in thorax; large mass effect in caudal abdomen (suspect pyometra)

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 has a normal shape and size (3.1 cm). 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, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.2 cm). 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, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect.

The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. 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 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 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



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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.

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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.

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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.

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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.

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Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a mild sublumbar lymphadenopathy present. Sublumbar lymph node measures 0.45 cm in diameter. There was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is generally of normal uniform echogenicity.

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Other

There is a large, tubular, fluid-filled structure visualized near the bladder, and additionally near the left and right kidney. This is most consistent with a fluid-filled uterus, likely pyometra, mucometra, hydrometra, etc.

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ULTRASONOGRAPHIC FINDINGS

- Large, dilated, fluid-filled, tubular structure in the abdomen – most consistent with a dilated uterus. Differentials include pyometra (most likely), mucometra, hydrometra, etc.
- Decreased corticomedullary distinction both kidneys – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis.
- Mild sublumbar lymphadenopathy – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

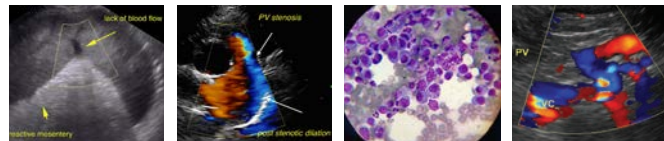
There appears to be a large fluid-filled present. Based on the history provided, I suspect this is pyometra. Recommend stabilization and surgical removal. Recommend blood pressure evaluation for kidneys including urinalysis and culture, and 3-view thoracic radiographs.

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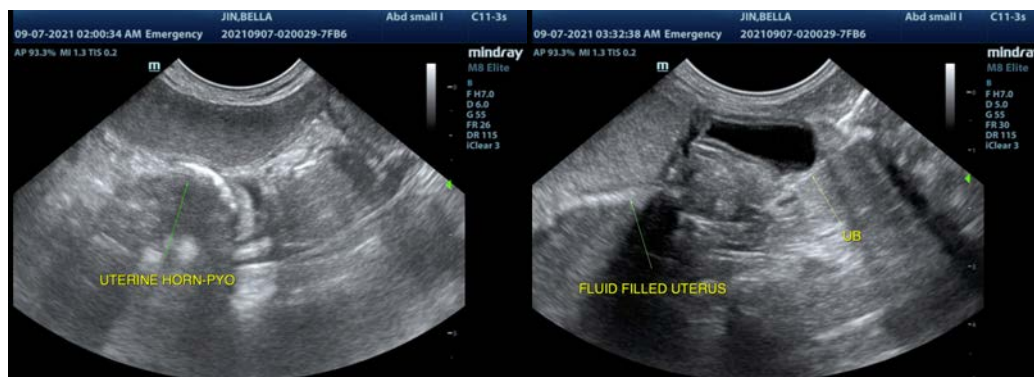
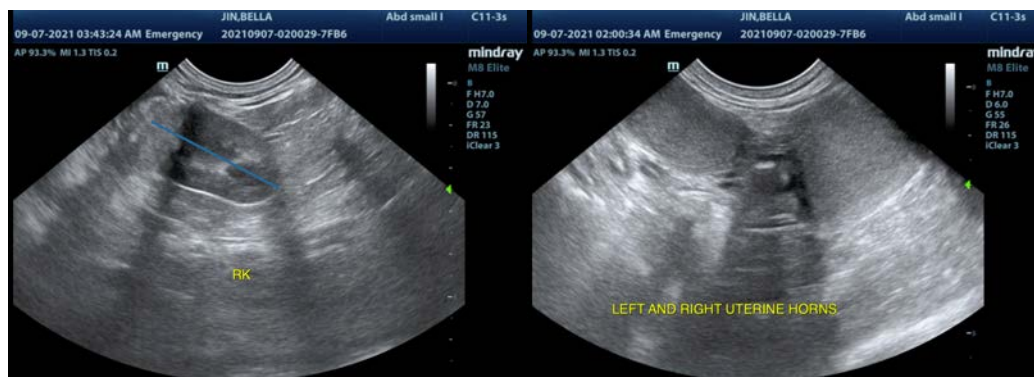
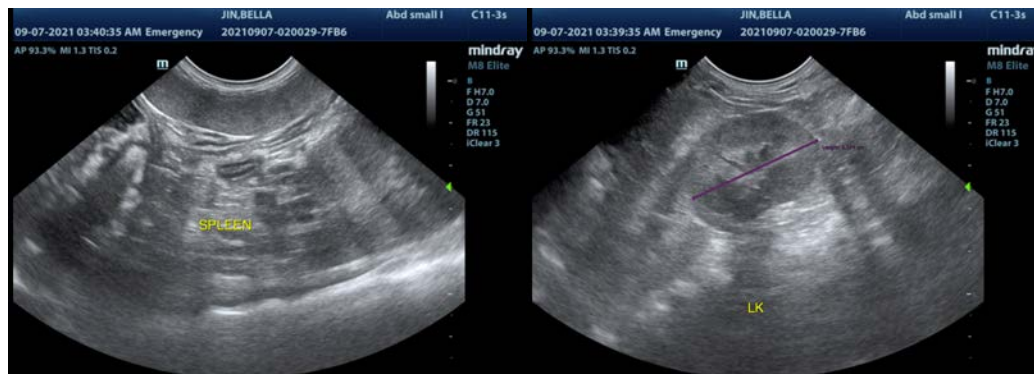
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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