



**PATIENT**

Arya Dey

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

Spayed Female

**AGE**

2 years

**WEIGHT**

63 lbs

**INTERPRETED BY**

Lisa Carioto, DVM,  
DVSc, Diplomate  
ACVIM

**IMAGING PERFORMED BY**

A Murphy CVT

**HOSPITAL NAME**

Wauwautosa VC

**REFERRING VET**

Dr. Shimon

**INVOICE**

30149

**DATE**

5/4/22

**PRESENTING CLINICAL SIGNS**

Follow up ultrasound, owner thought dog was showing signs of heat. Physical exam reveals that there are no obvious signs of heat mammary glands are not swollen, vulva-not swollen, no valvular discharge  
Abnormal PE/Chem/CBC/UA Results: DVM is questioning if fluid filled structure dorsal to the caudal bladder and distal colon or uterine stump

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is well distended with anechoic contents. The wall is smooth and regular. No abnormalities are noted with the trigone or proximal urethra, and there is no evidence of sediment, cystoliths, polyps or a mass.

An anechoic structure is visualized cranio-ventrally to the urinary bladder. The structure measures 2.17 cm in diameter. Its full length cannot be measured (outside of footprint of probe).

It is most likely a portion of the uterine body or the "uterine stump" based on the shape and location of the structure, which would be longer than usual.

Echogenic material in the form of aggregates is present within the fluid filled structure or uterine body. The echogenic material within the lumen may be blood, mucus, and/or pus.

**Left lateral position**

In left lateral position, the structure is more elongated compared to what was noted in right lateral. It measures 5.87 cm in length. Echogenic frond-like material is adhered to the intraluminal wall, suggestive of polyps or lymphoid follicles.

**Ventral-dorsal position**

In a ventral-dorsal position, the structure measures 5.94 cm. A "division" is present at the cranial end of what I am calling the uterine body. This could be the left uterine horn (see below) or a type of diverticulum.

**Kidneys**

The **left** kidney measures 6.59 cm. The capsule is smooth and its overall architecture, including the definition of the cortico-medullary junction, are preserved. There are no signs of nephroliths, pyelectasia, or hydroureter. The surrounding mesentery is not hyperechoic. A structure consistent with a uterine horn is not visualized.

The **right** kidney measures 5.6 cm. The capsule is smooth and its overall architecture, including the definition of the cortico-medullary junction, are preserved. There are no signs of nephroliths, pyelectasia, or hydroureter. The surrounding mesentery is not hyperechoic. A uterine horn is not visualized. A structure consistent with a uterine horn is not visualized.

**Other**

**Colon**

Gas and formed stools are present within the colon when in right lateral recumbency.



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**Lymph nodes**

No abnormalities are observed

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**Abdominal effusion** is not visualized.

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**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Spayed Female

- High index of suspicion that the structure ventral to the urinary bladder is the body of the uterus. It measures at least 6 cm in length, which seems long for a uterine stump, but still possible.
- Another possibility is that Arya was spayed using the European procedure of performing an ovariectomy (i.e., only the ovaries are surgically resected and the uterine body remains). Although the incidence of pyometra is not supposed to be increased using this method, it is possible that Arya is suffering from pyometra (yet she seems quite well physically). Other more likely differential diagnoses include hydrometra or mucometra.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

An exploratory laparotomy is strongly recommended.

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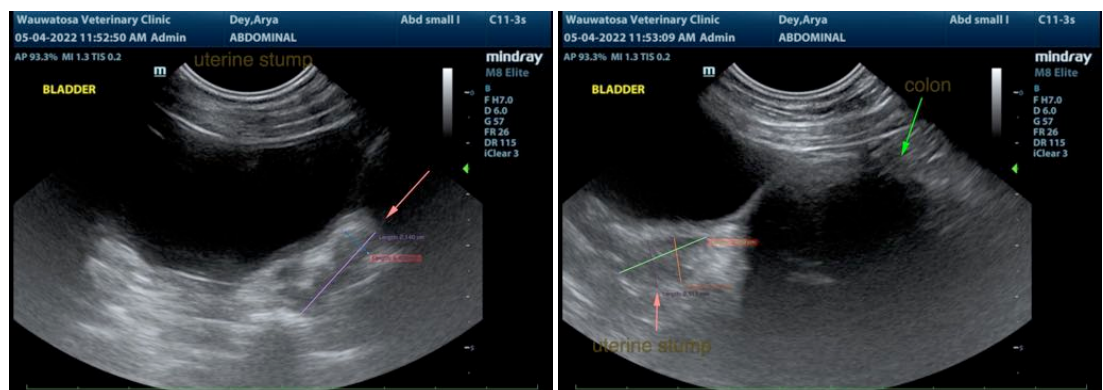
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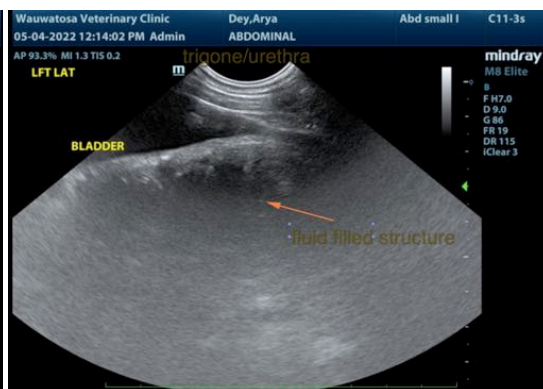
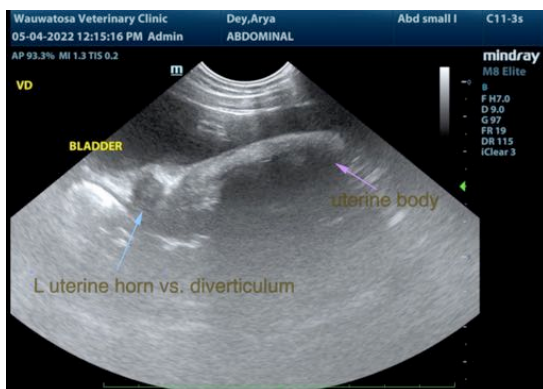
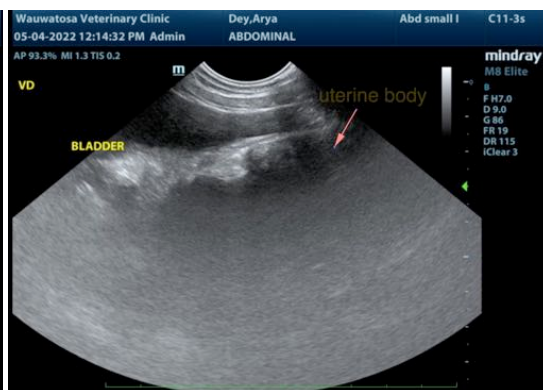
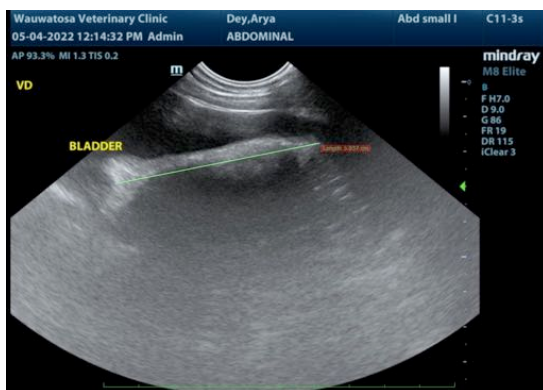
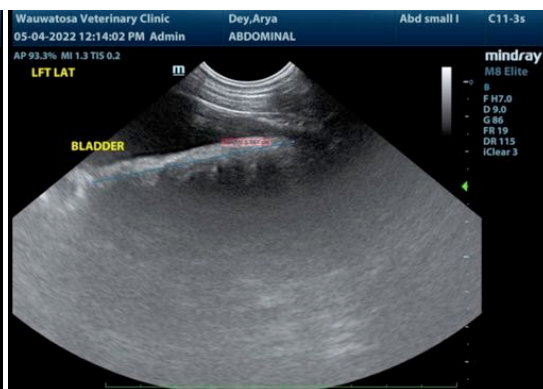
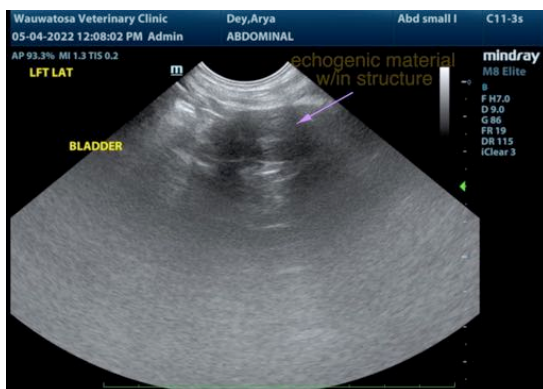
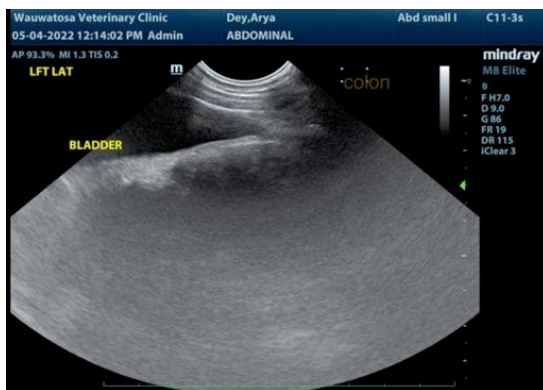
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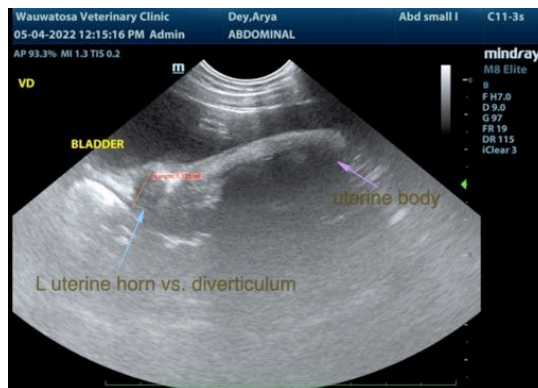
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

[Lisa.Carioto@sonopath.com](mailto:Lisa.Carioto@sonopath.com)