

**PATIENT**

Pixel Patnoe

SPECIES

Canine

BREED

Great Dane

SEX

Intact Female

AGE

3 Years

WEIGHT

99 Pounds

INTERPRETED BYR. McKenzie Daniel, DVM,
DABVP (Canine and Feline)**IMAGING
PERFORMED BY**

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Narske

INVOICE

20619

DATE

1/19/23

PRESENTING CLINICAL SIGNS

History: Large amount pink discharge from vulva, lethargic, and depressed. Decreased appetite. Labor started Friday at 2pm; 1 still born, 1 absorbed, and 2-3 sacks that may not of come out. Final birth was Saturday at 2. Drinking a lot of water.

Abnormal PE/Chem/CBC/UA Results: Temp today 103.1, HR 157 WBC 17.39, BUN 6

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted. No obvious evidence of medial iliac or sublumbar lymphadenopathy or masses.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 8.3 cm in length. The right kidney measured 8.5 cm in length.

Adrenal Glands

The left adrenal gland was indistinctly visualized without overt pathology, subjectively measuring 0.44 cm at the caudal pole in width.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 3.2 cm in length x 0.69 cm width at the caudal pole.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

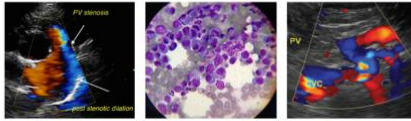
Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate ingesta, exhibiting subtle progressive distal acoustic shadowing, along with gastric luminal gas. No obvious evidence of mechanical pyloric outflow obstruction.

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no evidence of mechanical/metabolic ileus.

Normal visible colon wall layers were present with apparent formed feces in lumen.

SPECIES***Pancreas***

Canine

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

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Free Abdomen

No overt lymphadenopathy or evidence of peritoneal effusion/peritonitis was present.

SEX***Other***

Intact Female

The uterus exhibited generalized prominent size with subjective intact mildly prominent uterine walls. Diffuse mild to variably echogenic luminal soft tissue echogenicity was noted, with intermittent, primarily scant to small pockets of anechoic uterine fluid. The uterine horn measured 2.7 cm in diameter. No obvious visualized uterine luminal content, mineralization, suggestive of fetal skeletal mineralization. Subtle periuterine hypoechoic mesentery was noted. No overt pathology in the area of the left or right ovary, although not definitively visualized owing to patient size.

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ULTRASONOGRAPHIC FINDINGS

- Suspect postpartum metritis- potential nonobvious retained/absorbed fetuses, retained placenta, or less likely emerging pyometra, cannot be excluded.
- Sonographically unremarkable gastrointestinal tract with moderate gastric ingesta/gas- possible nonobstructive gastric stasis if documented NPO.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Culture and sensitivity of the vaginal discharge to include both anaerobic/aerobic testing is recommended. Pending culture and sensitivity, empirical therapy for postpartum metritis with empirical coverage for E.coli with recommended Enrofloxacin as an initial choice with as needed supportive care is recommended. Close serial sonographic monitoring of the uterus for evidence of improved sonographic appearance vs progressive luminal accumulation of echogenic content or luminal fluid accumulation with initial recheck in 3-5 days is recommended. Ecobolic therapy could be a consideration yet consultation with a reproductive specialist is advised is Ecobolic therapy is being considered. Likewise, if the patient is not intended for further breeding, ovariohysterectomy would be strongly suggested.

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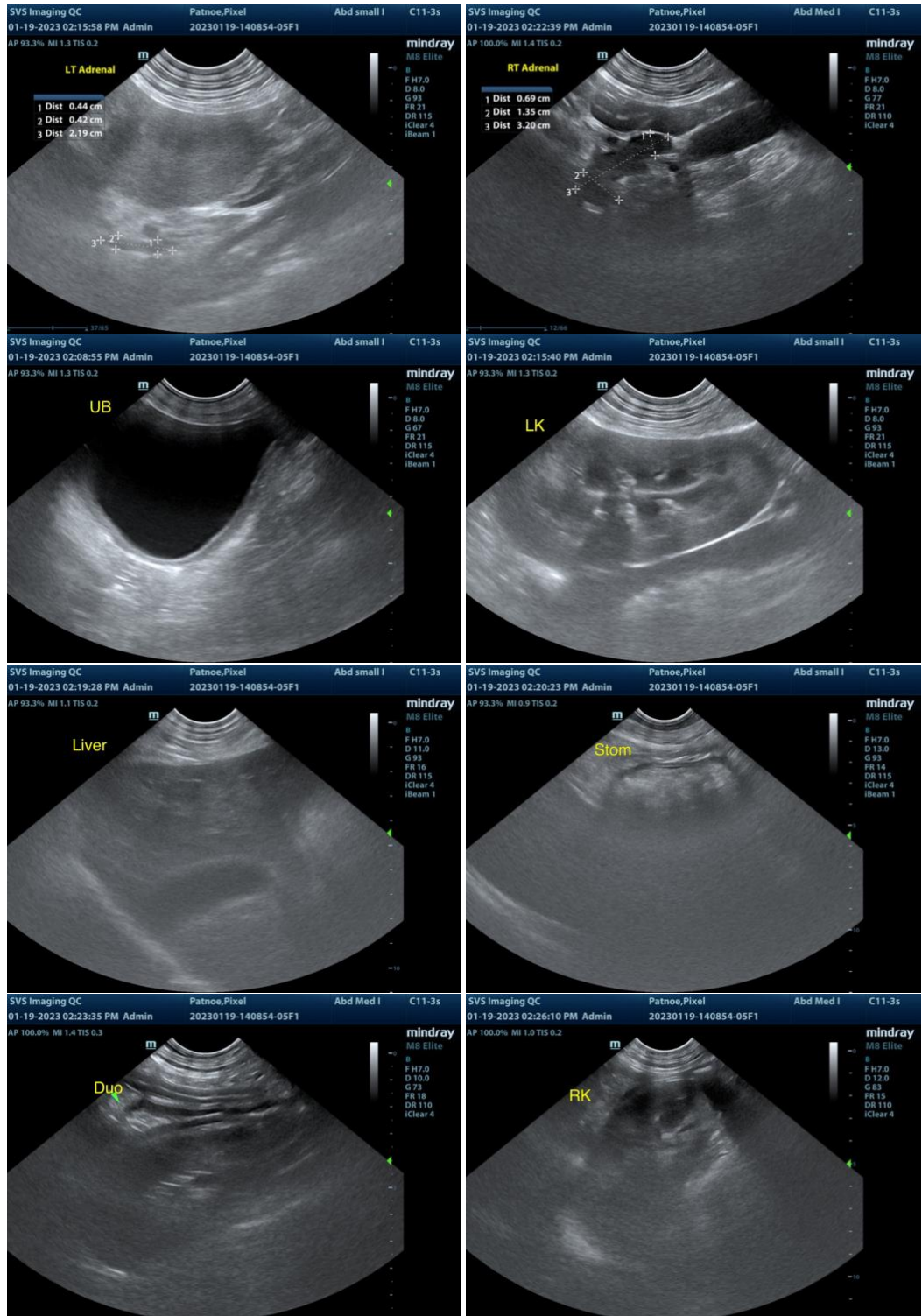
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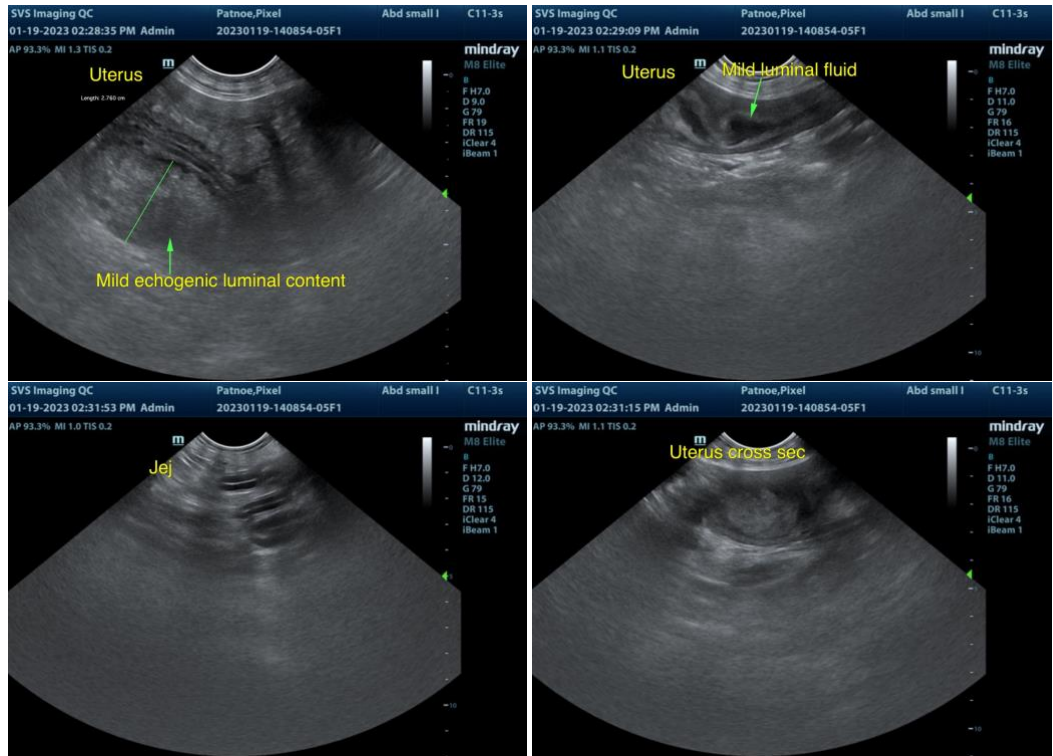
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com