



PATIENT

Chiclet Read

SPECIES

Canine

BREED

Chihuahua

SEX

FS

AGE

9mo

WEIGHT

2.2kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Dr Jill Rankin

HOSPITAL NAME

Castleridge Vet Clinic

REFERRING VET

Dr Kaschak

INVOICE

23702

DATE

01/28/2026

PRESENTING CLINICAL SIGNS

- This patient is a small chihuahua presenting with a persistent post-operative fever of unknown origin following a recent, otherwise uncomplicated spay procedure.
- The patient underwent a spay and had baby teeth addressed on a Tuesday. Four days later, on Saturday the 20th, the dog presented with a fever and poor appetite and was started on antibiotics. Upon re-evaluation on Monday the 26th, the fever persisted despite antibiotic therapy. Physical examination on that day revealed no abnormalities; specifically, there was no evidence of a suture reaction, swelling, or abdominal distension, and the surgical incision appeared fine.
- Blood work performed on Monday the 26th showed a neutrophilia (21.69) and monocytosis (3.56), with a mildly elevated ALP of 170, which was noted to be normal pre-operatively. A urinalysis on the same day showed 2+ protein and 2+ bilirubin in very concentrated urine; however, on BW total bilirubin blood was normal. As of the most recent visit, the owner reported a new clinical sign of the dog frequently licking its front paws.
- On PE today:
 - Temperature: 39.3°C. The patient is currently on antibiotics for a previous fever of 40°C that has persisted since the spay surgery.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The visualized uterine remnant was mildly prominent yet without overt pathology given recent spay. No evidence of uterine remnant granuloma or pyometra measuring 0.7 cm in diameter.

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 3.1 cm in length. The right kidney measured 3.7 cm in length.

The area of the aortic trifurcation was free of pathology. The visualized medial iliac lymph nodes were sonographically normal without evidence of inflammatory or neoplastic criteria.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.43 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.50 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.



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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.

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Liver/Gallbladder

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. Normal vascular volume. 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.

BREED

Chihuahua

Gastrointestinal

SEX

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild shadowing ingesta sonographically with no signs of obstruction.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material.

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

Pancreas

WEIGHT

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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.

Free Abdomen

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No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Mildly prominent uterine remnant, suspect normal post-operative uterine remnant given recent spay, potential emerging uterine remnant granuloma thought less likely at this stage yet possible, no evidence of stump pyometra
- Unremarkable normal volume liver- consistent with low-grade benign hepatopathy
- Normal gallbladder
- Normal gastrointestinal tract with mild shadowing gastric ingesta

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

REFERRING VET

Dr Kaschak

No evidence of significant visceral pathology or associated significant abdominal lymphadenopathy as an obvious contributing factor to the patient's fever. No indication for immediate surgical intervention with sonographic monitoring of the uterine remnant recommended.

INVOICE 23702

Correlation with most recent meal ingestion is recommended. If documented NPO or if gastrointestinal signs are present, 12-hour fast and sonographic reassessment of the stomach is indicated.

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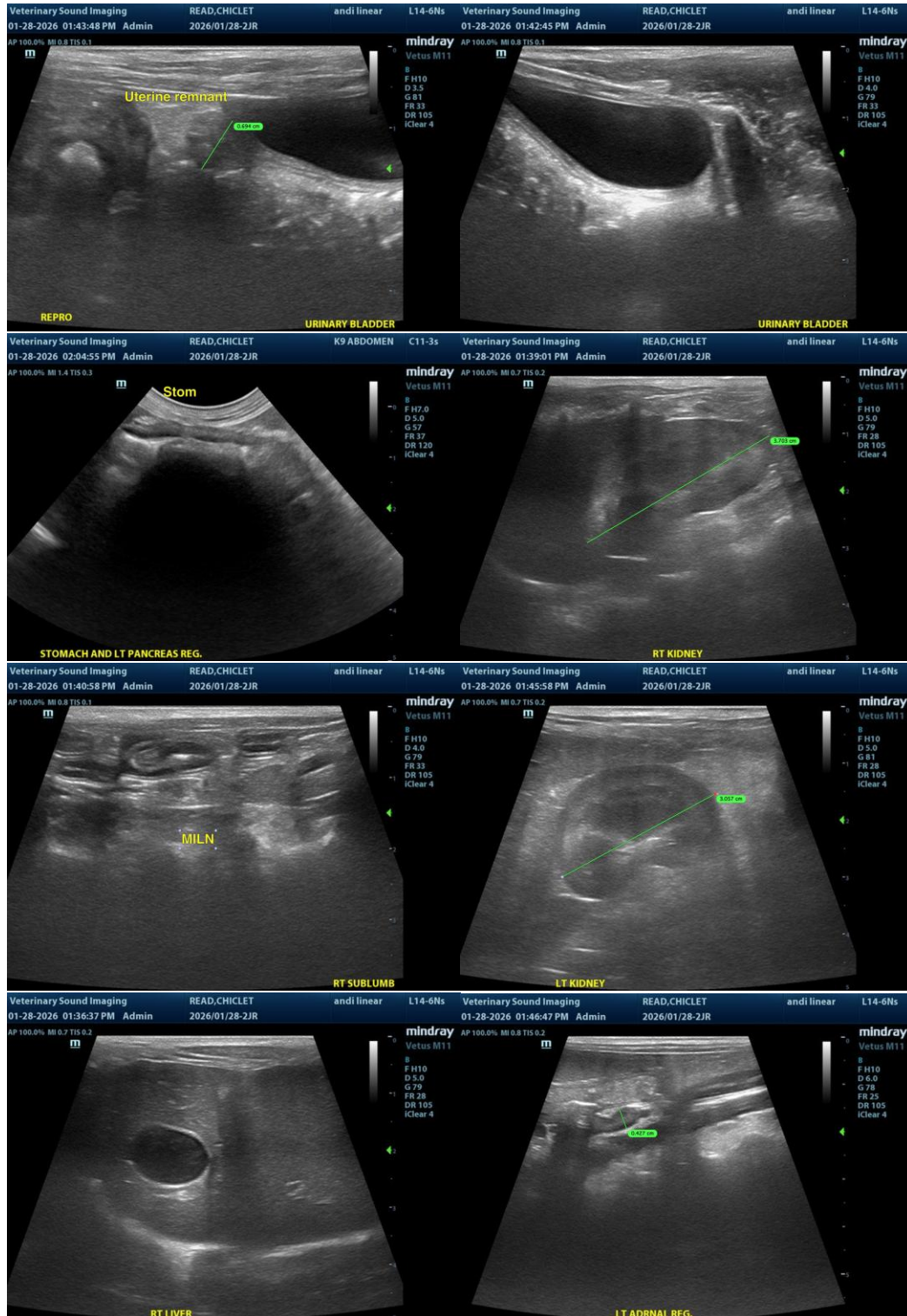
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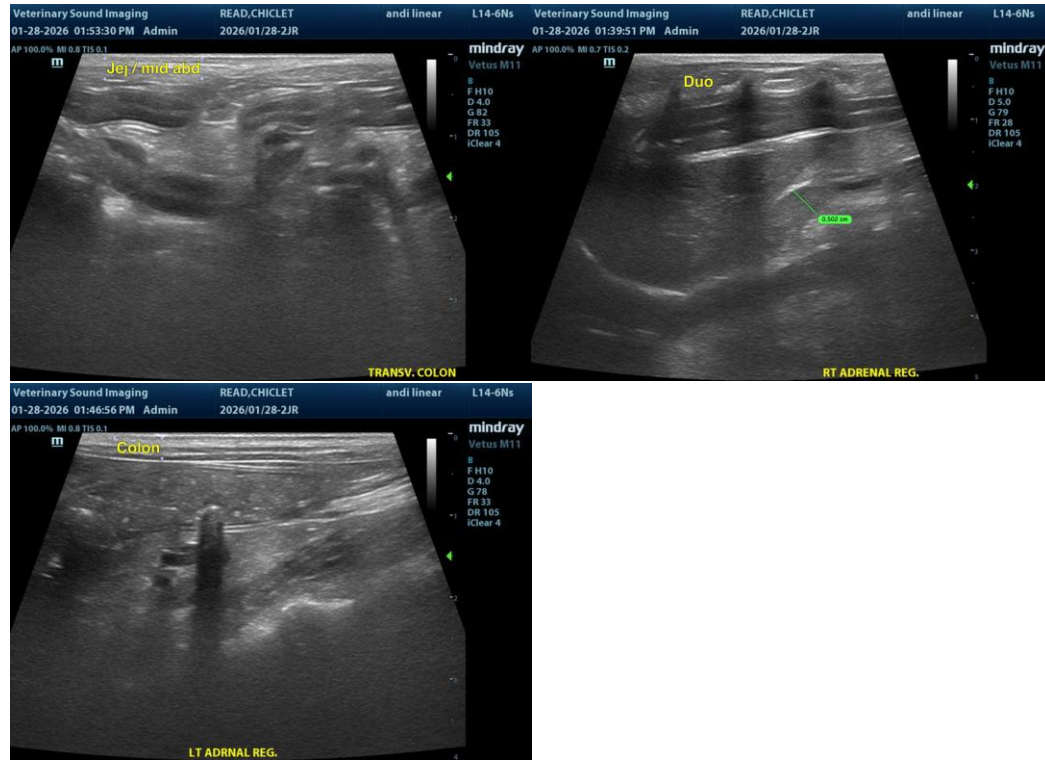
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@sonopath.com