

PATIENT

Calico Riozzis

SPECIES

Canine

BREED

French Bulldog

SEX

Intact Female

AGE

1 year

WEIGHT

19 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

The Venturing Vet

REFERRING VET

Dr. Marisa Herzog

INVOICE

15778

DATE

1/4/23

PRESENTING CLINICAL SIGNS

History of giving birth via cesarean section 8 days ago. 7 puppies in total were born, 1 surviving. Patient has had a decrease in appetite and a change in vaginal discharge on Sunday; mucoid and fresh blood. Vaginal cytology - suppurative inflammation.

Current meds: Clavamox, mirtazapine, famotadine, and SQ fluids.

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 calculi or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural criteria was noted.

The uterus exhibited generalized prominent size exhibiting intact mild to variably prominent wall layering. The uterine wall width measured up to 0.5 cm. Hyperechoic inclusions were noted in the ventral uterine wall, suggestive of suture given the history of recent cesarean section. Mild generalized variably echogenic uterine luminal content was noted. Subtle evidence of periuterine mild hyperechoic mesentery was noted without evidence of periuterine or peritoneal effusion. No overt pathology was noted in the area of the left or right ovary.

No overt medial Iliac or sublumbar lymphadenopathy.

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 dilatation. The left kidney measured 4.3 cm in length. The right kidney measured 4.6 cm in length.

Adrenal Glands

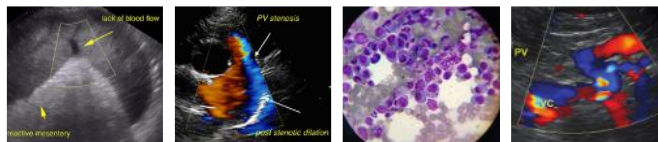
The area of the left adrenal gland was free of pathology. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.3 cm length x 0.44 cm width at the caudal pole.

Spleen

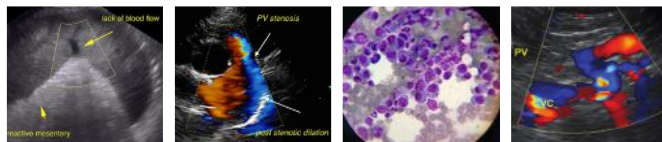
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute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

Liver/ 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. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing primarily anechoic content with minor, non-dependent, echogenic, luminal gallbladder



PATIENT	debris. No evidence of gallbladder or peripheral gallbladder inflammation was noted. The minor gallbladder debris is considered incidental given no evidence of posthepatic cholestasis. The cystic and common bile ducts were normal.
Calico Riozzi	
SPECIES	<i>Gastrointestinal</i>
Canine	The stomach presented intact mildly prominent wall layering. Intact wall layering was maintained and distinct. The stomach contained a mild amount of potentially retained ingesta exhibiting focal discrete to progressive areas of shadowing along with luminal gas. No evidence of mechanical pyloric outflow obstruction was noted.
BREED	
French Bulldog	
SEX	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 small intestinal ileus, obstruction, or
Intact Female	The colon exhibited sonographically unremarkable wall layering. The generalized colon appeared to contain semi-formed to possible soft fecal matter. Monitoring for possible emerging diarrhea is advised.
AGE	
1 year	<i>Pancreas</i>
WEIGHT	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 were evident.
19 lbs.	
INTERPRETED BY	<i>Free Abdomen</i>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Subtle evidence of periuterine mild hyperechoic mesentery was noted without evidence of periuterine or peritoneal effusion.
IMAGING PERFORMED BY	ULTRASONOGRAPHIC FINDINGS
Kelly Vazquez	<ul style="list-style-type: none"> • Subjective postpartum metritis pattern with mild periuterine reactive mesentery - no evidence of periuterine peritonitis or compromised cesarean site incision • Mild gastritis pattern with gastric hypomotility, sonographically unremarkable small bowel
HOSPITAL NAME	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
The Venturing Vet	Culture and sensitivity of vaginal discharge to include both anaerobic / aerobic testing is recommended. Pending culture and sensitivity, empirical therapy for metritis and coverage for E.coli with recommended Enrofloxacin as an initial choice would be appropriate.
REFERRING VET	
Dr. Marisa Herzog	Ideally, serial sonographic monitoring of the uterus for evidence of improved sonographic appearance vs. progressive inflammatory changes or progressive luminal content with an initial recheck in 3-5 days is recommended. Potential ecobolic therapy could be considered yet consultation with a reproductive specialist is advised is ecobolic therapy is being considered.
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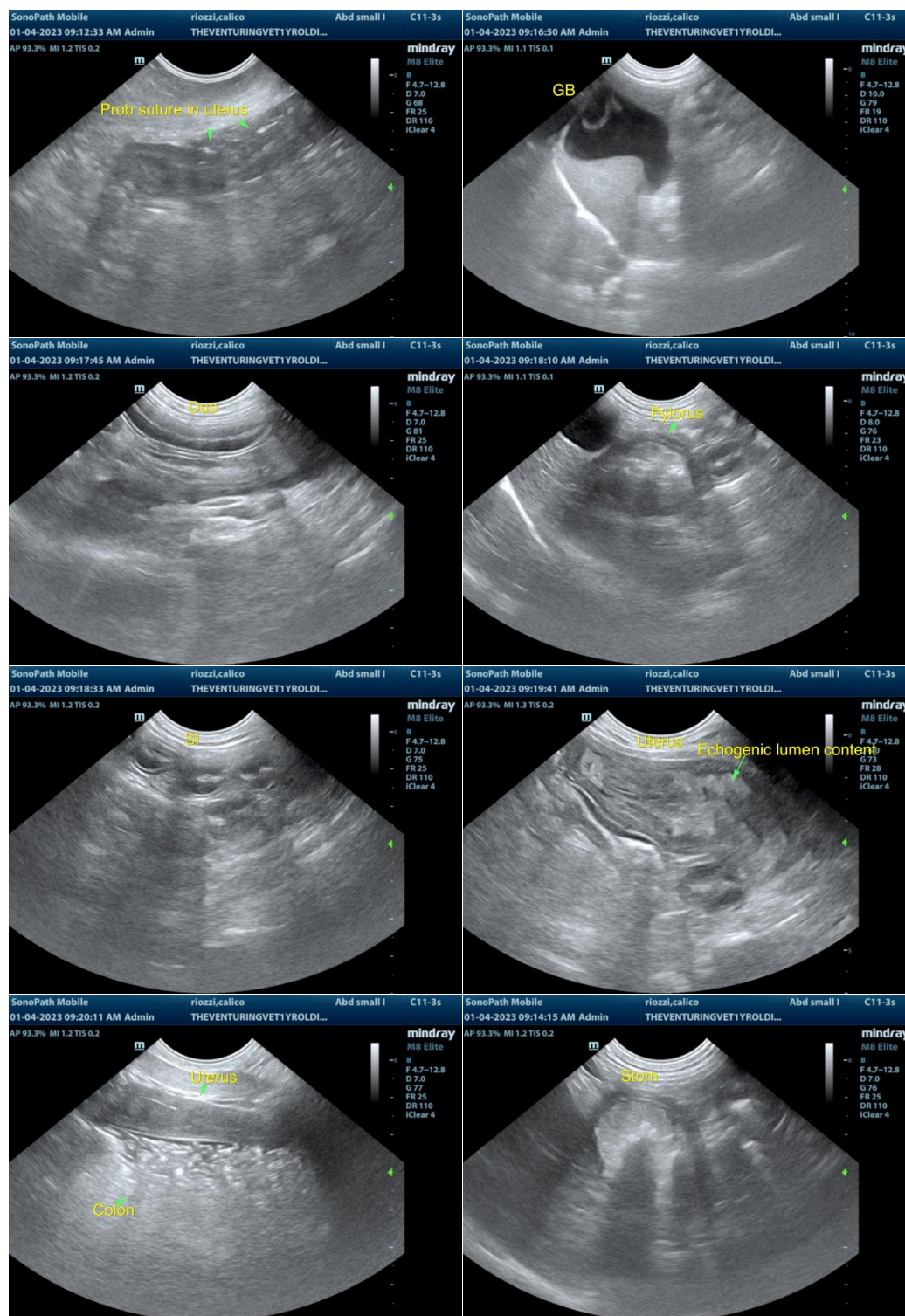
Dr. Marisa Herzog

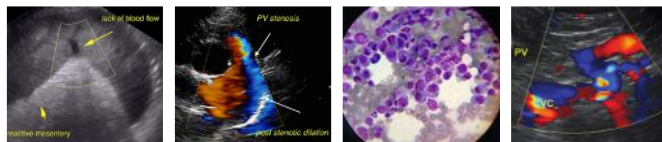
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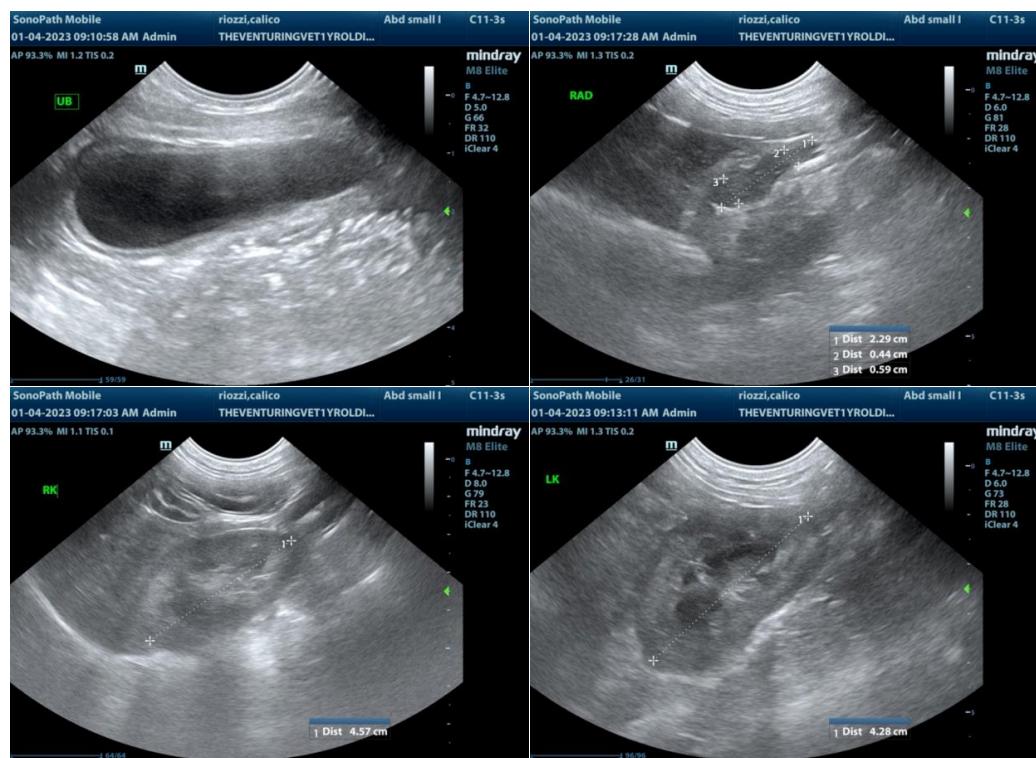
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com