



## PATIENT

Lucy Golden Rescue

## SPECIES

Canine

## BREED

Goldendoodle

## SEX

Intact Female

## AGE

2 Years

## WEIGHT

41.6 pounds

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP

## IMAGING PERFORMED BY

Dr. Michael  
Wasserman

## HOSPITAL NAME

Morningside Animal  
Hospital

## REFERRING VET

Dr. Michael  
Wasserman

## INVOICE

12948

## DATE

01/05/2026

## PRESENTING CLINICAL SIGNS

Lucy presented 1/2/26 for urinating in the house and vulvar discharge. Urine appeared normal by foster, vulvar discharge red tinged but reportedly normal. BCS 3/9. 6 weeks ago, litter of 7-8 puppies with one runt passing away. Today 1/5/26 improved without therapy. Mild vulvar discharge during ultrasound. Otherwise, normal. Prophylactically dewormed with Panacur over the weekend.

UA: Squamous cells 2-4hpf. Cystocentesis 1/2 otherwise unremarkable. PH 6.0. CBC 33% HCT calculated, WBC total  $5.71 \times 10^9/L$ . Monocytes  $0.8 \times 10^9/L$ , MCH 26.0 pg., MCHC 40g/dL, Chem 10/lytes within normal limits. HWT neg. Fecal reported negative at ER. Not on prevention. No fever, No tachycardia, no abnormal on PE other than engorged mammary glands, BCS 3/9, Very mild normal appearing vulvar discharge.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

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

The visualized uterus exhibited normal size and primarily empty lumen with focal visualized luminal fluid or possible cyst measuring approximately 1.0 cm in diameter at the level of the cranial left/right uterine horn or uterine body adjacent to the iliac trifurcation. Uterine width measured 1.0 cm in diameter. No obvious pathology in the area of the left or right ovaries.

Normal size and margination was 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 7.0 cm in length. The right kidney measured 7.5 cm in length.

### Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.44 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 0.41 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



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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 was empty with no signs of ileus, obstruction or foreign material.

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 ileus, obstruction or foreign material.

Normal visible colon wall layers were present with semi formed fecal matter in lumen.

### **Pancreas**

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**

No peritoneal effusion was present. Mildly enlarged to mild nonhomogenous hyperechoic mammary tissue was visualized consistent with active benign mammary tissue. Intermittent mildly prominent to enlarged mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

### **ULTRASONOGRAPHIC FINDINGS**

- Sonographically normal urinary bladder and visible proximal urethra.
- Nondistended primarily empty visualized uterus with possible focal lumen fluid or uterine cyst.
- Intermittent mild benign mesenteric lymphadenopathy.
- Normal appearing active mammary tissue- consistent with patient's history.

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Overt evidence of pyometra criteria was not met. No evidence of retained or persistent fetuses. Normal post parturition uterus or uterine involution is suspected. Potential for small uterine cyst or focal uterine fluid is not excluded. Continued supportive care and clinical monitoring given clinical improvement would be reasonable. If patient is not intended for breeding purposes, ovariectomy +/- submission of uterine tissue pending gross inspection is recommended.



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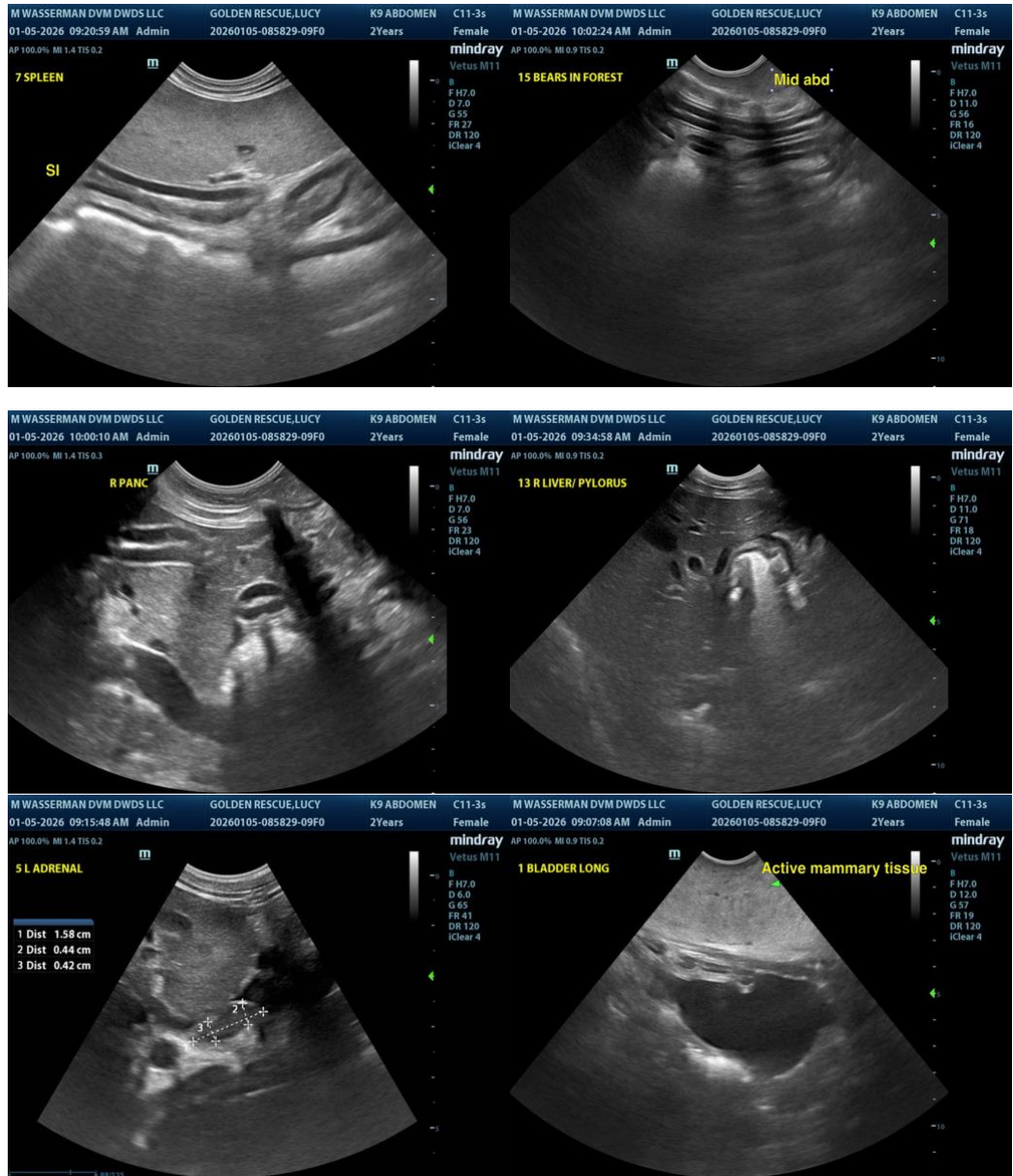
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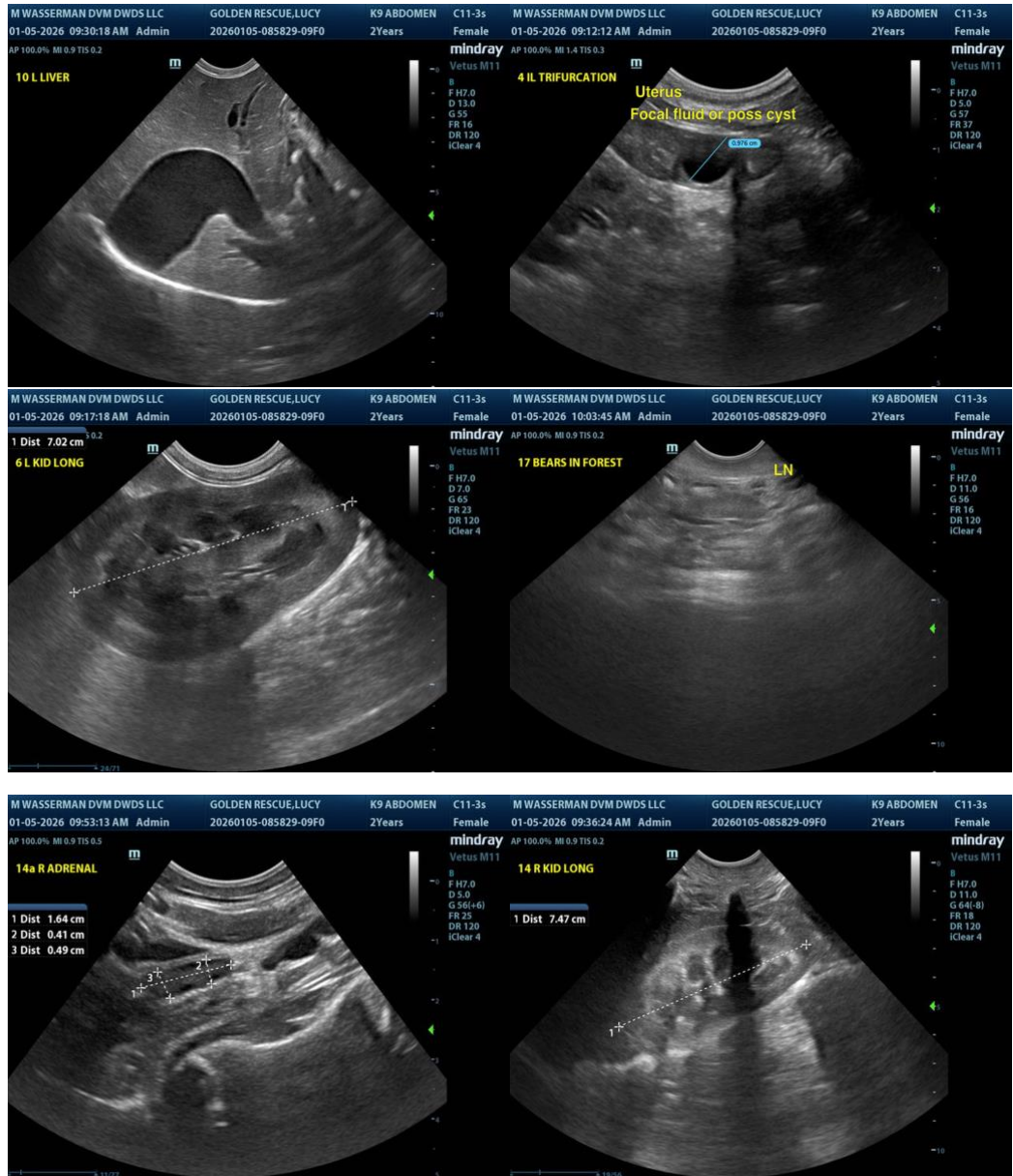
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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