

**PATIENT****PRESENTING CLINICAL SIGNS**

Not eating, blood in urine, discharge from vulva

SPECIES

Abnormal PE/Chem/CBC/UA Results: see attached

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System****BREED**

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 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.

SEX

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

AGE

The area of the aortic trifurcation was free of pathology.

WEIGHT

The uterus presented diffuse fluid dilation with primarily anechoic fluid and mild cellular debris. The appearance of the uterus is most consistent with pyometra although hydrometra, hematometra or similar presentations are possible.

Adrenal Glands**INTERPRETED BY**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.36 cm width at the caudal pole and 0.29 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.42 cm width at the caudal pole and 0.4 cm width at the cranial pole.

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

Spleen**IMAGING PERFORMED BY**

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.

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Liver**REFERRING VET**

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

INVOICE

The gallbladder was non-distended in size. The gallbladder wall was thickened in appearance consisting of an echogenic double rim corresponding to the inner and outer portions of the wall. This is consistent with gallbladder wall edema. Possible causes may include acute inflammation, edema and anaphylaxis. Gallbladder wall width measured 0.26 cm.

DATE**Gastrointestinal**

**PATIENT**

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension with primarily anechoic fluid and ingesta was present.

SPECIES

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.

The colon walls presented intact yet prominent wall layering with mild thickened to echogenic submucosa. Nonformed to liquid fecal matter was present in the colon lumen with lumen dilation

BREED***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.

SEX***Free Abdomen***

No peritoneal effusion was present.

AGE

Focal, mildly prominent to enlarged medial iliac 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). An example of a lymph node measured 2.0 cm x 0.9 cm.

WEIGHT

Peri-uterine to generalized hyperechoic mesentery was present.

ULTRASONOGRAPHIC FINDINGS

- Fluid dilated uterus consistent with pyometra
- Hepatopathy with concurrent mild to moderate gallbladder wall edema-potential for possible emerging acute hepatopathy i.e. metabolic/reactive/vacuolar hepatopathy, cholangiohepatitis or other
- Mild gastroenterocolitis pattern with mild nonspecific gastric ingesta
- Mild subjective benign/reactive medial iliac lymphadenopathy
-

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IMAGING PERFORMED BY**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Once patient is stabilized, exploratory laparotomy with OVH as well as gross inspection of the liver/gallbladder with potential for hepatic biopsy if clinically indicated is recommended. Minor potential for gastric foreign material is thought less likely yet concurrent GI examination at the time of surgery is suggested.

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SVS Mobile Imaging MI 734-637-7711
svsimagingmi@gmail.com



PATIENT

SPECIES

BREED

SEX

AGE

WEIGHT

INTERPRETED BY

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

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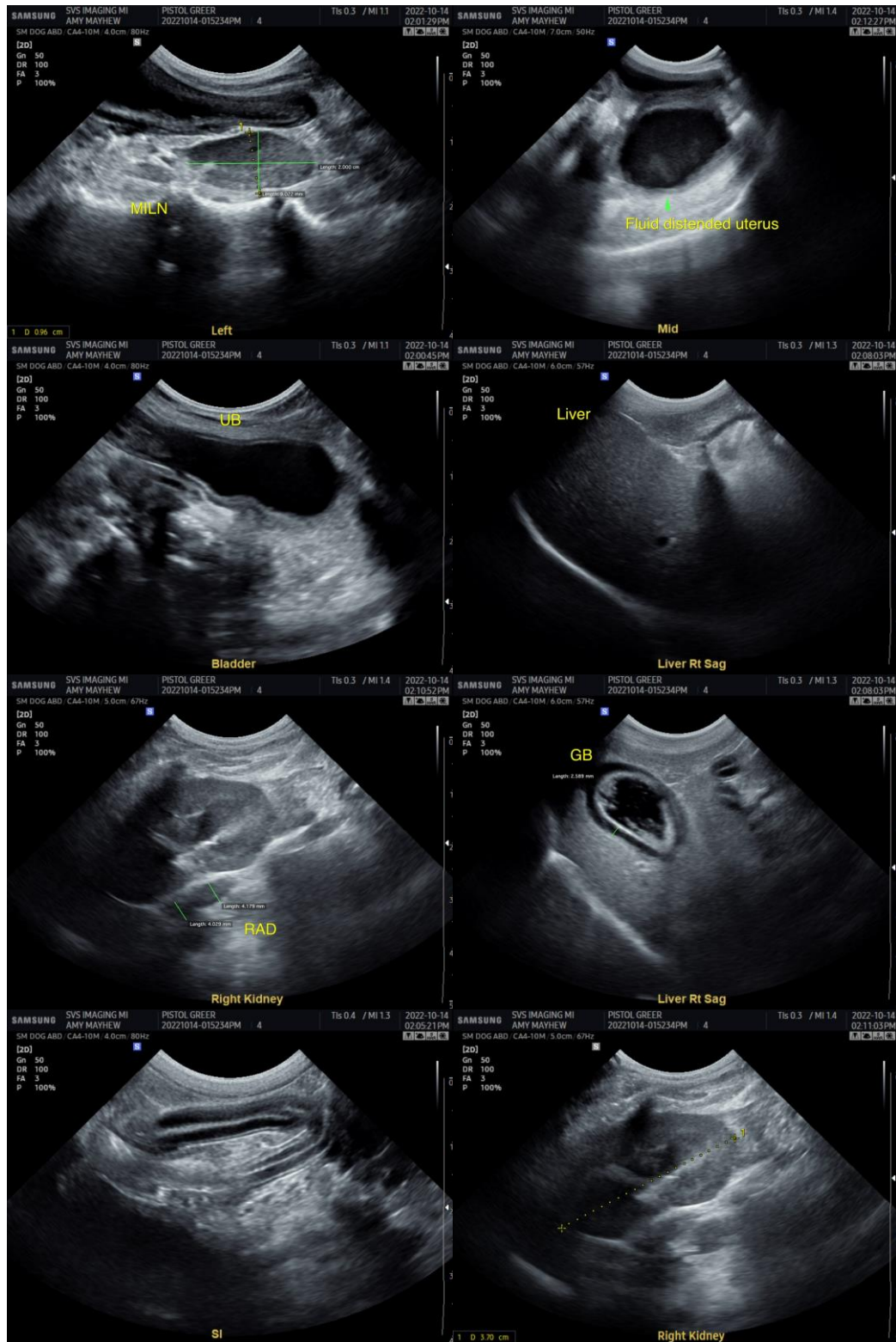
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SVS Mobile Imaging MI 734-637-7711
svsimagingmi@gmail.com



PATIENT

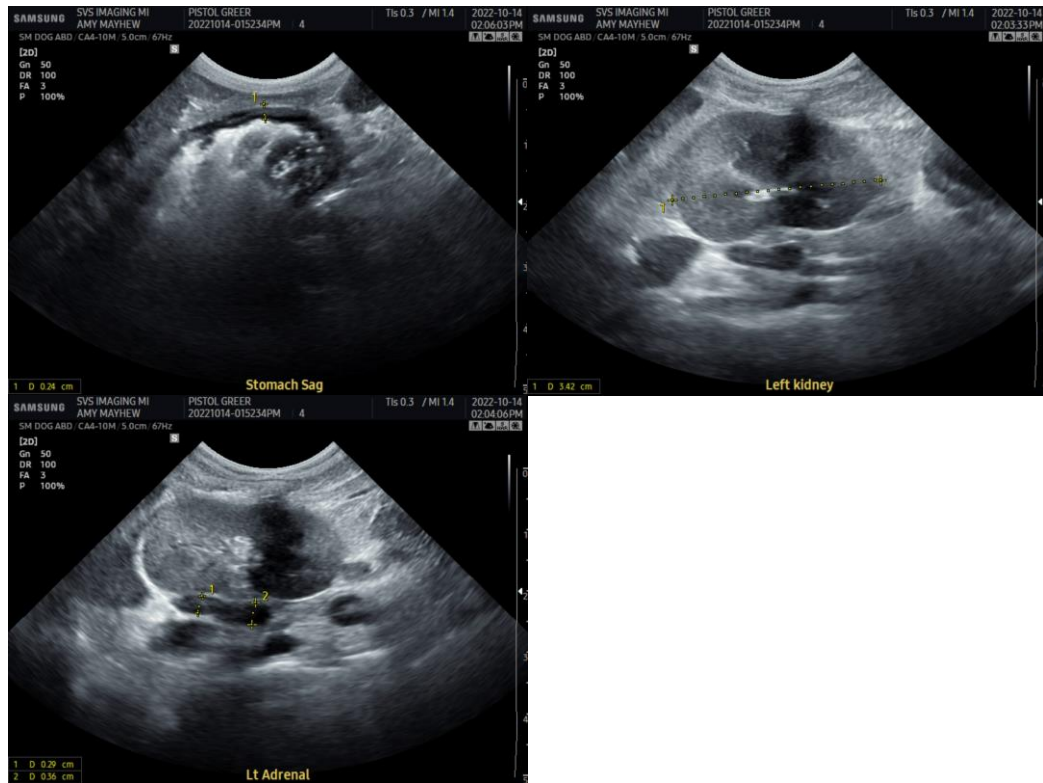
SPECIES

BREED

SEX

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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.

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

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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info@SonoPath.com

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