**PATIENT**

Pipsqueak Manes

SPECIES

Canine

BREED

Labrador

SEX

F/I

AGE

10 yr

WEIGHT

69

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

Rachel Runnells, RVT

HOSPITAL NAME

SVS Imaging KC

REFERRING VET

Dr. Stanley

INVOICE

15142

DATE

10/7/22

PRESENTING CLINICAL SIGNS

Has not ate since Friday. Seems lethargic.

Abnormal PE/Chem/CBC/UA Results: WBC was slightly elevated. Has been on Clindamycin for a couple days (started after labwork). No fever. No discharge from vulva. Rads suggest pyometra or cancer in abdomen.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The bladder was mildly distended in size yet with normal tone containing anechoic urine with very minor particulate sediment, which may indicate cellular debris / protein, crystalline debris, or mucus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted. The urethra exhibited normal structure and tone to a depth of 3.0 cm.

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.

Focal medial iliac lymph node was present, measuring 2.8 cm x 0.67 cm. The lymph node was not consistent with inflammatory or neoplastic criteria and likely incidental. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

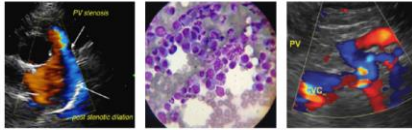
Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Probable lateral left kidney cortical infarct was noted. The left kidney measured 7.3 cm in length. The right kidney measured 7.6 cm in length.

Adrenal Glands

Well-defined, hyperechoic nodules were present in the mid to cranial left and adrenal glands, respectively, with mild associated symmetrical capsule expansion. The nodules did not exhibit signs of mineralization or vascular invasion. The overall left adrenal gland measured 2.4 cm length x 0.64 cm width at the caudal pole. The cranial left adrenal nodule was small nondisruptive, and nonmineralized, measuring 0.65 cm in diameter. The overall right adrenal gland measured 2.4 cm length x 0.65 cm width at the caudal pole. The right adrenal nodule measured 0.99 cm in diameter.

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.

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Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild parenchymal remodeling. 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 mild wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension with primarily anechoic fluid was present.

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 apparent formed feces 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 were evident.

Free Abdomen

No omental masses, lymphadenopathy, or peritoneal effusion were noted.

ULTRASONOGRAPHIC FINDINGS

- Pyometra
- Bilateral chronic renal changes with probable left kidney cortical infarct
- Bilateral adrenal nodules - suspect adenomas
- Mild gastritis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Exploratory with expectation toward ovariohysterectomy is recommended. No overt evidence of uterine neoplastic criteria was noted.

The possibility of emerging left, right, or bilateral adrenal neoplastic nodules, i.e., pheochromocytoma, adenocarcinoma, or other cannot be definitively excluded. Screening BP is advised to assess for evidence of hypertension, which may allude to an emerging pheochromocytoma, is recommended. Sonographic monitoring of the adrenal nodules for evidence of progression with initial recheck in 3-4 months is suggested.

As-needed gastrointestinal support is recommended.



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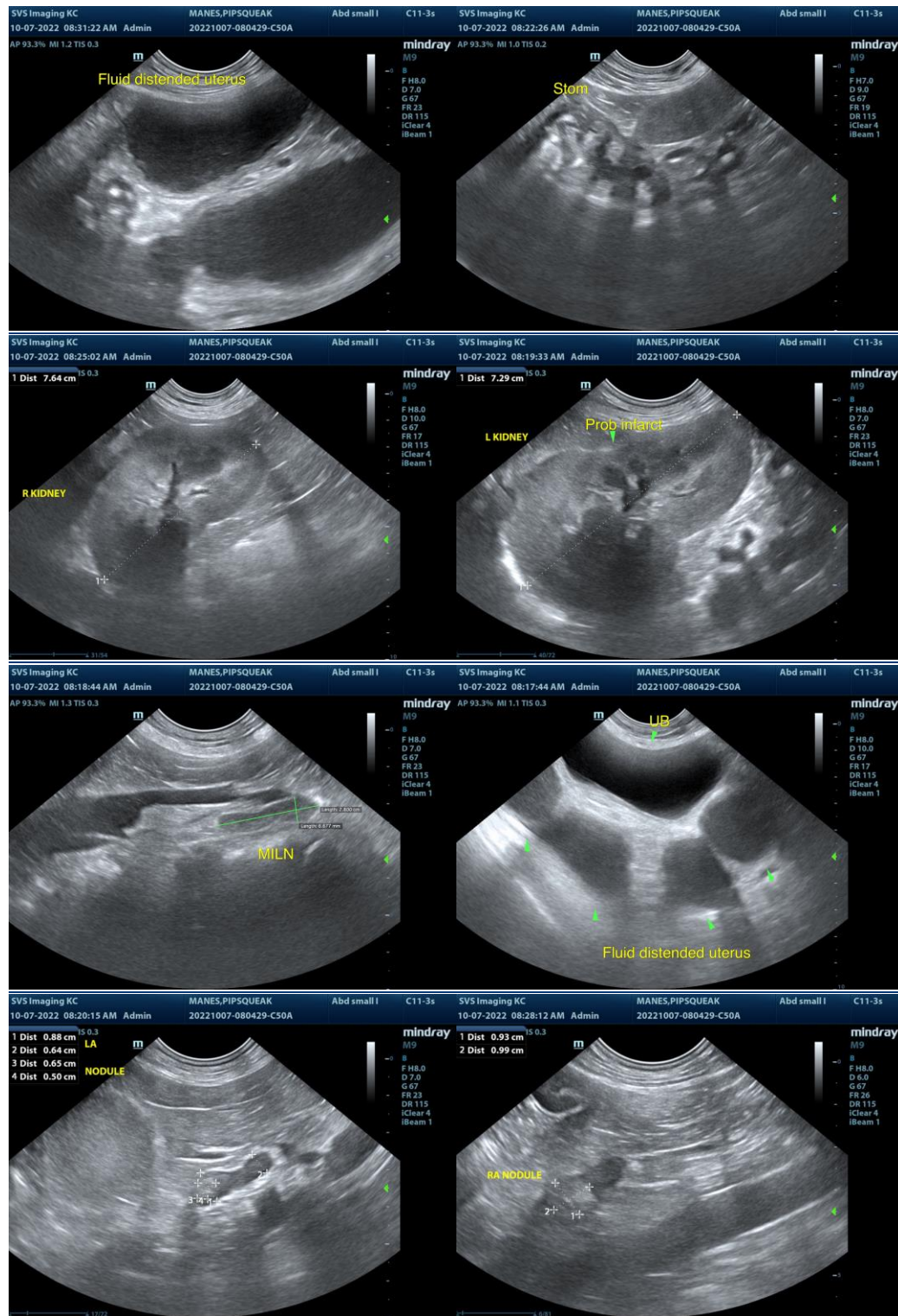
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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**