



PATIENT

Tola Goryn

SPECIES

Canine

BREED

Maltese Mix

SEX

Female

AGE

3

WEIGHT

11

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Maniar

INVOICE

15126

DATE

10/7/22

PRESENTING CLINICAL SIGNS

re check prev u/s on 10/5 showed mild hypomotile gastritis pattern, intermittent benign/reactive minor mesenteric lymphadenopathy - lymphoid hyperplasia minor reactive lymphadenitis Segmental mildly prominent uterus with mild luminal fluid non specific potential for emerging pyo Doing well on fluids no vomiting

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 was noted.

The visualized uterus immediately craniodorsal to the urinary bladder exhibited scant luminal fluid with subjective decreased size compared to the previous ultrasound, as well as decreased amount of previously noted luminal anechoic fluid. The uterine horn measured approximately 0.4 cm in diameter. No overt pathology was noted in the area of the uterine body or bilateral ovaries.

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 4.0 cm in length. The right kidney measured 3.8 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 0.37 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 1.5 cm length x 0.51 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 with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.



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Gastrointestinal

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no evidence of persistent retained fluid or chyme.

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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.

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

SEX

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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 were evident.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Overtly normal gastrointestinal tract - overtly resolved previous mild hypomotile gastritis pattern
- Segmental scant persistent yet subjectively improved uterine horn luminal fluid

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of progressive uterine horn luminal fluid accumulation which may indicate progressive pyometra. Depending on patient clinical status, the improve uterine luminal fluid is not overtly suggestive of emerging pyometra with potential for patient or estrus variant.

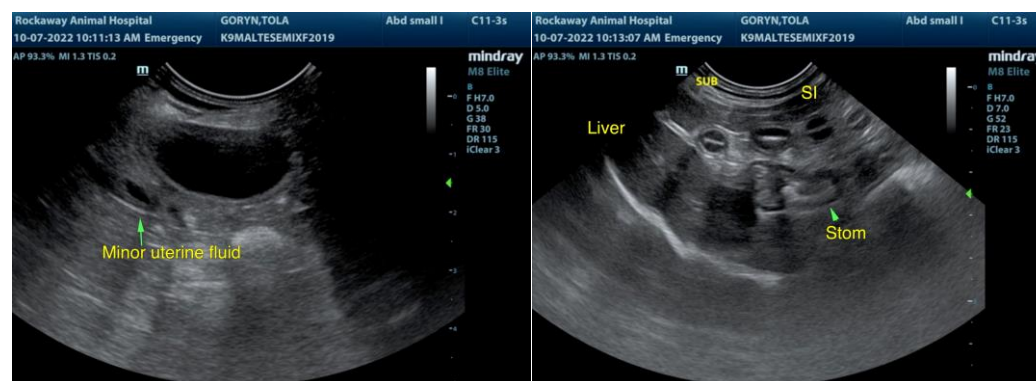
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Continued monitoring for recurrent gastrointestinal signs with as-needed gastrointestinal support, as well as for evidence of potential pyometra going forward, would be reasonable. No indication for immediate surgical Intervention.

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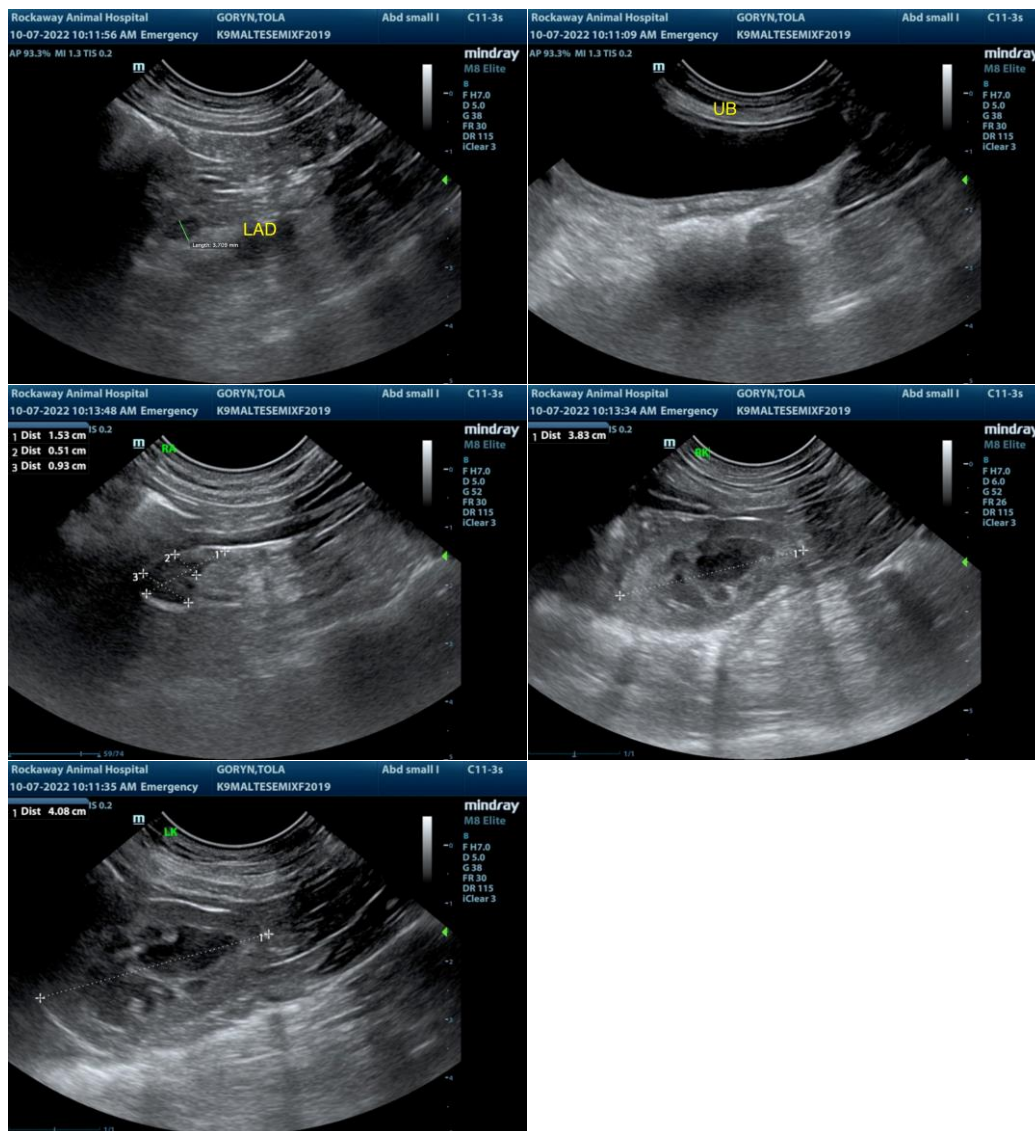
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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