



PATIENT

Ayra Shiffer

SPECIES

Canine

BREED

Cattle Dog

SEX

Intact Female

AGE

10 Years

WEIGHT

18 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

Dr. Shally Gastelu

INVOICE

12175

DATE

11/10/25

PRESENTING CLINICAL SIGNS

Acute 3 day history of lethargy and hyporexia that has progressed to anorexia. Client has had for 3 years, no prior veterinary care. Presented as transfer for suspect pyometra. Diagnostics prior to transfer include severe leukocytosis (monocytosis reported, but suspect left shift neutrophilia), thrombocytopenia, non-regenerative anemia, and moderately elevated ALP. EENT/oral: light pink tacky mm, crt 2-3s Resp: Mild effort and tachypnea Abd: Tender with palpation, large soft urinary bladder, no over palpable mass or uterine distension Musc: Mildly decreased muscle condition, generalized weakness Integ: Blue bruising left most caudal mammary gland

Abnormal PE/Chem/CBC/UA Results: rDVM BW: CBC: Hct 21.4 L, WBC 86 H, Neu 0.98* L, + bands sus, Lym 4.5*, mon 81.1* H, Plt 64* L Chem: glu 104, Creat 0.6, BUN 16, ALT91, ALP 774 H HAEC intake: BP: 152/95 (104) PCV/TS: 28/6.2 CBC + Invue: Hct 20.5 L, RBC 3.46 L, Hgb 7.7 L, WBC 68.32 H, Neu 11 + band + immature neu 4.27 H, Lym 10.55 H, Mon 41.66 H, Plt 50-100 L Snapd 4dx: negative EPOC: Na 135 L, K 3.4 L, Hct 20 L, pCO2 L Pancreatic lipase: <30 UA & Sedivue: pending Blood smear: strongly considered, not performed yest

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. Primarily anechoic urine was present in the lumen. Nondependent particulate mild sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The visualized uterus exhibited mild enlarged size and asymmetrical contour with nonhomogenous nodular cystic potentially thickened wall. The overall uterus was not significantly dilated yet contained segmental mild echogenic lumen fluid. An example of uterine horn measured 2.5 cm in diameter. The left and right ovaries were not definitively visualized.

Normal size and margination was 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.2 cm in length. The right kidney measured 6.5 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 0.65 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 0.55 cm width at the caudal pole.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The



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parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

Liver

The liver presented mildly enlarged in size. The hepatic parenchyma revealed diffuse reduced echogenicity compared to the spleen and renal cortical parenchyma with a mild coarse echotexture. Increased portal vein prominence was evident. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance.

Transdiaphragmatic view revealed focal to mild comet tail lung pattern, which is echogenic sound wave interface with microconsolidations within the caudal lung field. The lung field should not be visualized by sonogram unless pathology is present. Chest radiographs are recommended to rule out alveolar/lung disease such as neoplasia, thromboembolic disease, chronic inflammatory disease with microconsolidation.

The gallbladder was non distended in size with mild nonorganized biliary sludge. No evidence of wall edema. The cystic duct and common bile ducts were normal without evidence of dilation.

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 intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A segmental to diffuse ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material.

The colon walls presented intact mildly thickened with mild thickened to echogenic submucosa. The colon was overall nondistended containing generalized soft to nonformed fecal matter and lumen gas.

Pancreas

The left pancreas was normal in size and contour with homogenous isoechoic mildly hypoechoic parenchyma compared to adjacent hyperechoic peripancreatic omentum.

Free Abdomen

Medial iliac lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation or metastatic criteria and maintaining a normal width: length ratio (<0.5). No definitive visualized significant mid abdomen mesenteric lymphadenopathy.

Generalized mild omental hyperechogenicity and intermittent minor pockets of peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mild enlarged asymmetrical nonhomogenous/nodular uterus with segmental generally mild uterine horn echogenic lumen fluid- chronic cystic endometrial hyperplasia with suspect



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endometritis and segmental pyometra, uterine neoplastic criteria thought less likely yet not excluded.

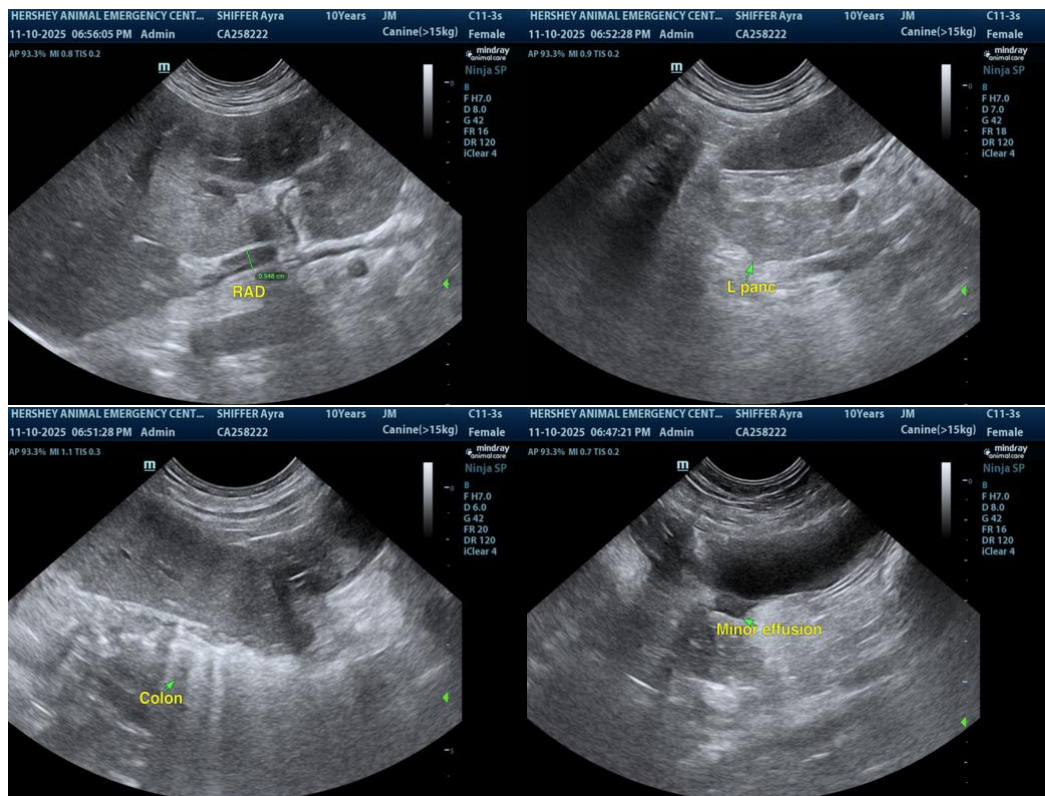
- Nonspecific acute enterocolitis pattern- primary or secondary inflammatory disease, infectious disease. No evidence of overt enterocolic foreign material or obstructive pattern.
- Mild enlarged hypoechoic liver- acute, reactive, vacuolar or inflammatory hepatopathy, congestion, acute hepatic neoplasia thought less likely.
- Nonspecific focal to mild transdiaphragmatic comet tail artifact.
- Mild gallbladder debris (non-mucocele).
- Suspect emerging to mild peritonitis.

Secondary Findings

- Mild urine sediment.
- Mild chronic renal changes.
- Mild homogenous hypoechoic pancreas- not sonographically consistent with significant active pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status and no pathology on three view chest radiographs, laparotomy with ovariectomy, gross inspection of the liver and gastrointestinal tract with consideration for hepato-intestinal biopsies is warranted. Hospitalization with broad spectrum antibiotics to cover endometritis/pyometra and emerging peritonitis with concurrent gastrointestinal support and close clinical/as needed sonographic monitoring would be a more conservative approach. Guarded prognosis is suspected given several comorbidities.





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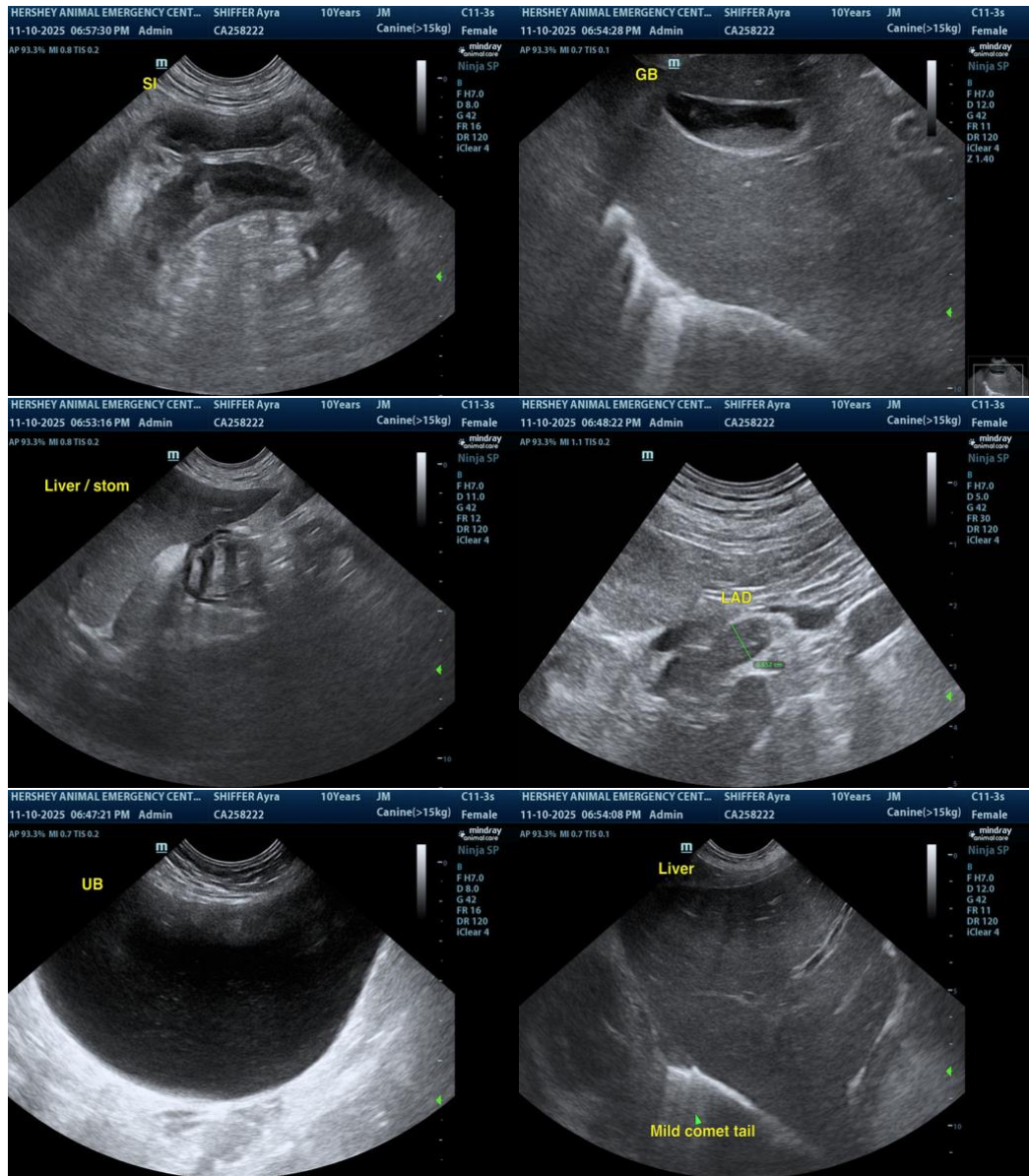
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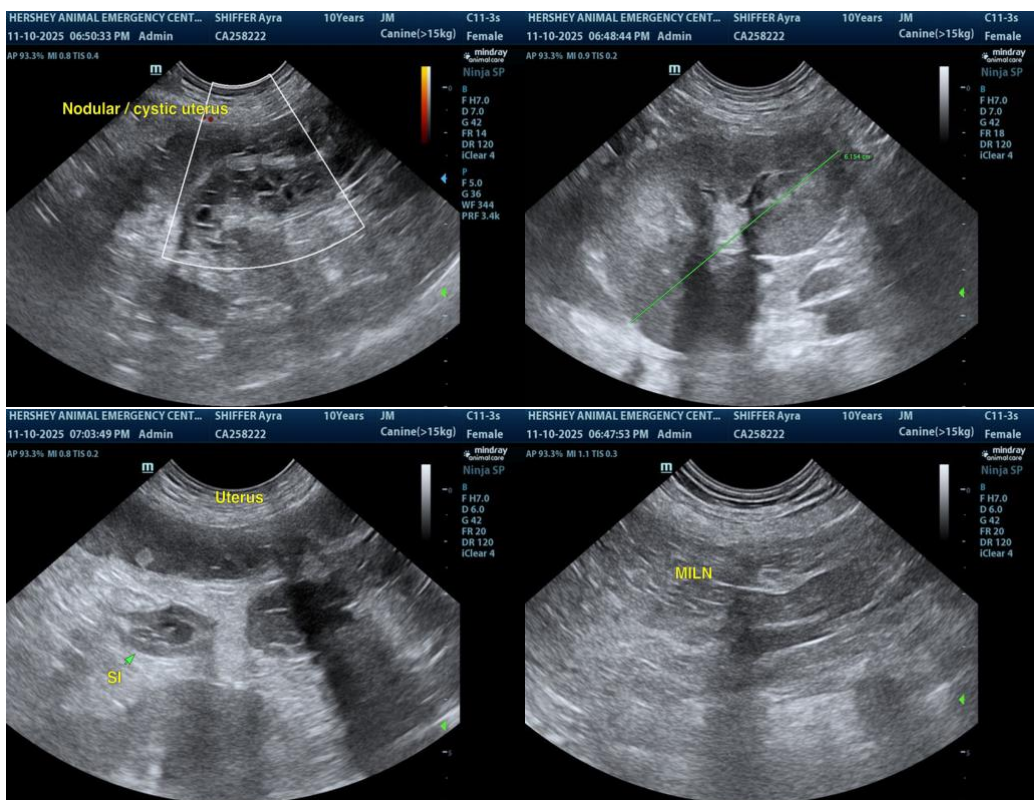
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com