



PATIENT

Monkey Sawyer

SPECIES

Canine

BREED

Dachshund

SEX

Female

AGE

1Y

WEIGHT

12.8lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Grace Jayne CVT

HOSPITAL NAME

Ark Animal
Homecare

REFERRING VET

Dr. Doug Donovan

INVOICE

73834

DATE

2-18-26

PRESENTING CLINICAL SIGNS

- History of last heat cycle finishing 2-3 weeks ago
- Vaginal bleeding began again yesterday
- no other clinical signs

Abnormal PE/Chem/CBC/UA Results: Febrile (103.2)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild particulate nondependent 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.

Mildly thickened empty visualized uterus dorsal to craniodorsal to the urinary bladder. Uterine diameter measured approximately 1.0 cm.

The left ovary was normal in size exhibiting small probable follicles vs ovarian cysts. Left ovary measured 1.1 cm in diameter. The right ovary was not definitively visualized.

No evidence of pathology in the area of the aortic trifurcation.

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 4.5 cm in length. The right kidney measured 5.3 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 0.39 cm width at the caudal pole.

The right adrenal gland was not definitively visualized. No obvious pathology in the area of the right adrenal gland.

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. Normal hepatic vascular volume was present. 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.



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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 contained echogenic, mild to moderate nonshadowing ingesta without signs of obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental to generalized mild nonshadowing intestinal ingesta was seen to the level of the colon. 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 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 was evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Normal urinary bladder with mild urine sediment.
- Mildly thickened empty uterus.
- Suspect small left ovarian follicles vs ovarian cysts.
- Normal gastrointestinal tract with gastrointestinal ingesta - ingesta consistent with food echogenicity.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No current evidence of pyometra criteria. Correlation with vaginal cytology +/- culture and sensitivity if evidence of inflammation or bacteria is recommended. Concurrent serum progesterone level is recommended. If cytology shows estrogen influence with low serum progesterone level, split heat cycle may be a differential. Monitoring of the vaginal discharge as well as sonographic monitoring of the uterus for evidence of persistent or progressive uterine inflammation or emerging pyometra indicated if persistent discharge or low serum progesterone.



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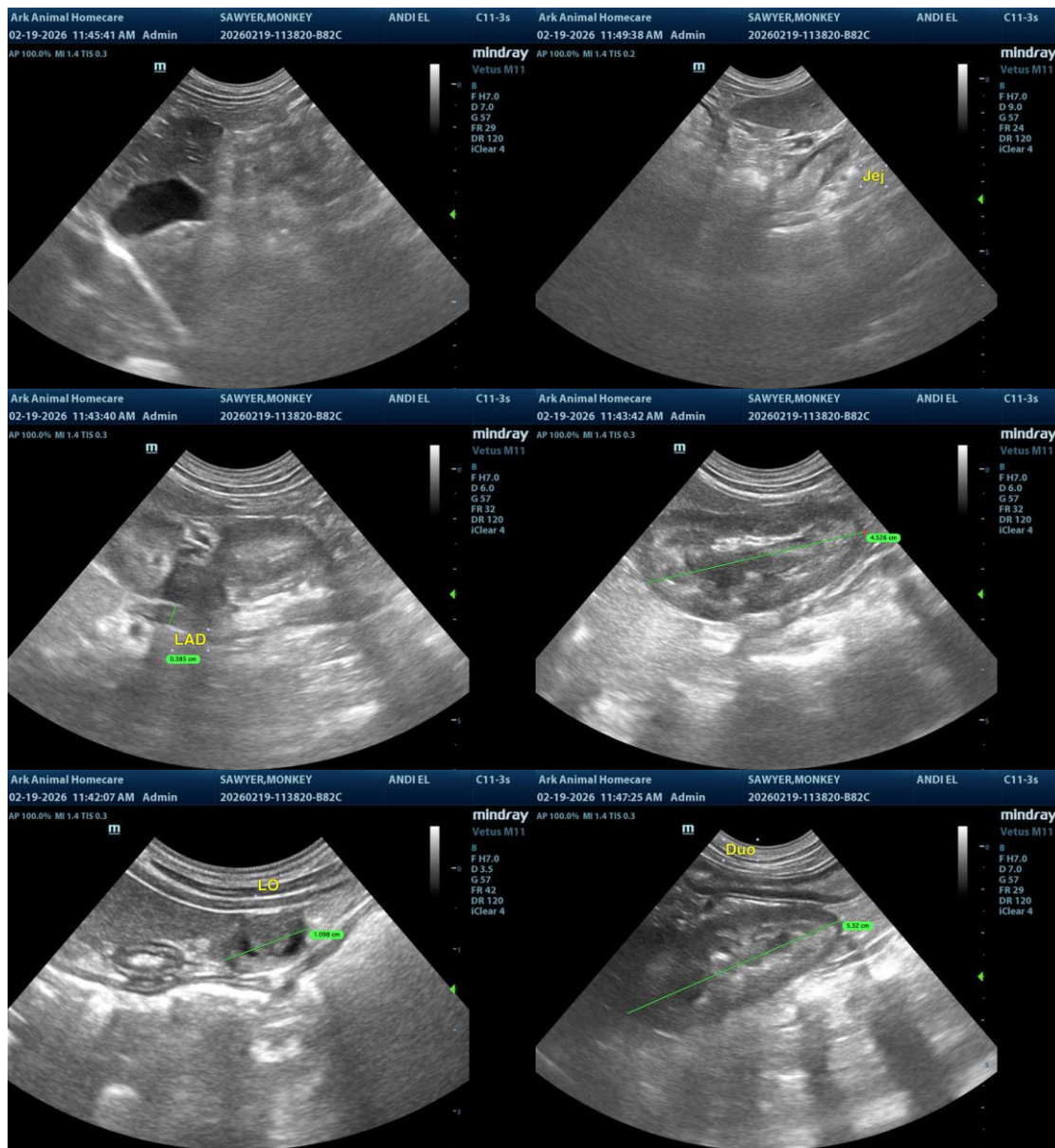
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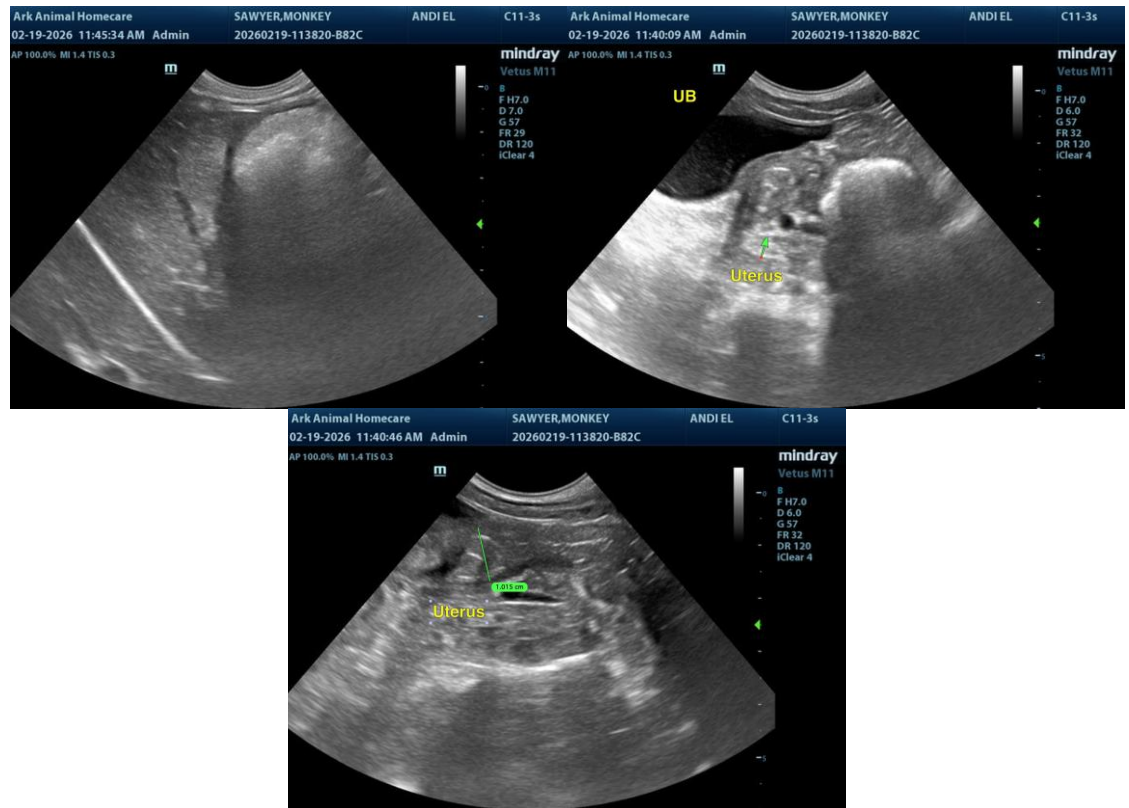
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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