



PATIENT

Bella Jean Lightner

SPECIES

Canine

BREED

Lab Mix

SEX

Spayed Female

AGE

7 Years

WEIGHT

38.5 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP (Canine
/ Feline Practice)

IMAGING PERFORMED BY

Lindsay Powell CVT

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

Dr. Kimberly Davidson

INVOICE

14305

DATE

03/13/26

PRESENTING CLINICAL SIGNS

- Pyometra sx 3 days ago, not eating and vomiting since. incision slightly open and draining purulent discharge
- Current medications:
- Cosequin, cefpodoxime, carprofen, codeine, Cerenia
- PE: Mucous membranes pale pink to icteric/tacky, CRT <2s, moderate tartar/gingival erythema
- Very tense and uncomfortable on abdominal palpation.
- Abdomen shaved, incision is mildly swollen and open, purulent material oozing from incision, mild generalized icterus to the skin,

POCUS: no free fluid in the abdomen, no pericardial or pleural effusion BP: 138/89 (97) CBC: HCT 26.7% (microcytic (58.7), normochromic, non-regenerative anemia), severe inflammatory leukogram (leukophillia (69.13), neutrophilia (58.7), with a left shift (immature neutrophilia 3.15), monocytosis (4.41) Chem: elevated ALP (1116), hyperbilirubinemia (4.9), hypophosphatemia (2, likely artifact due to jaundice), hyperglycemia (204) EPOC: hyponatremia (135), hypochloremia (101), hypokalemia (3), hyperglycemia (204) BW prior to pyo sx (3/11) CBC: HCT 36.2, MCV 56.8, MCHC 38.7, WBC 39.93, Neuts 26.75, suspected bands, monocytes 9.63 Chem: Na 139 (L), Cl 98 (L), K 3.3 (L), globulin (4.8), ALT 144 (H), ALP (844), Tibili 1.9 (H), AMY 451 (L), cPL (42 N)

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. 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 change were noted.

No overt pathology in the area of the uterine remnant with mild increased peri-uterine remnant and dorsal pericystic omentum.

The area of the aortic trifurcation was free of pathology. No evidence of distal aortic or iliac thrombus.

Normal size and margination was 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 8.4 cm in length. The right kidney measured 8.0 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 0.66 cm width at the caudal pole.

No visualized 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.



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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 presented mild to moderate 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.

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The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. No evidence of peripheral gallbladder inflammation or wall edema. The common bile duct was not visualized.

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Gastrointestinal

The stomach presented mild thickened wall. Intact wall layering was maintained and distinct. The stomach contained a mild amount of retained anechoic fluid and concurrent lumen gas without overt obstruction to pyloric outflow.

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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 primarily formed fecal matter with nonformed fecal matter proximal colon adjacent to the right kidney.

Pancreas

The area of the pancreas was sonographically normal.

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Free Abdomen

No visualized significant omental lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Hepatopathy.
- Normal gallbladder with nonvisualized common bile duct- no evidence of posthepatic obstruction.
- Sonographically normal spleen.
- Hypomotile gastritis pattern with sonographically normal empty small intestine.
- Normal urinary bladder and area of uterine remnant with mild peri-uterine/pericystic hyperechoic omentum.
- Normal area of the pancreas.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver may indicate metabolic, reactive, vacuolar, non-obstructive cholestatic hepatopathy with occult hepatic neoplasia considered unlikely. No overt pathology associated with the uterine remnant with probable associated pericystic and peri-uterine remnant reactive or possibly mild inflamed omentum given recent surgery. Metabolic or functional gastric ileus, secondary to gastric



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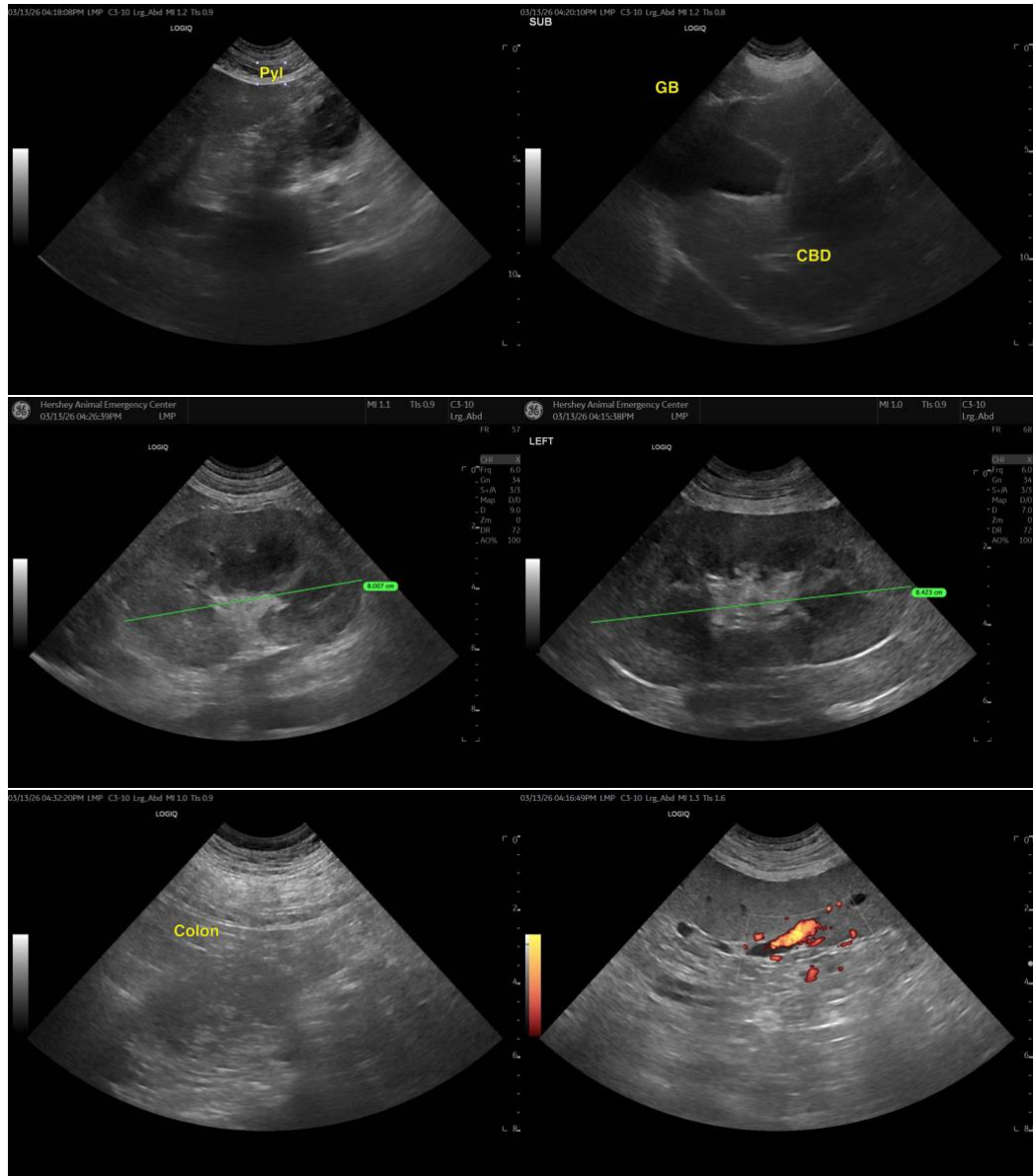
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inflammation, is probable. CBC pathology review and assessment for evidence of hemolysis is recommended. Continued hepatogastrointestinal support with clinical and as needed sonographic reassessment if evidence of progressive icterus or gastric stasis is recommended.





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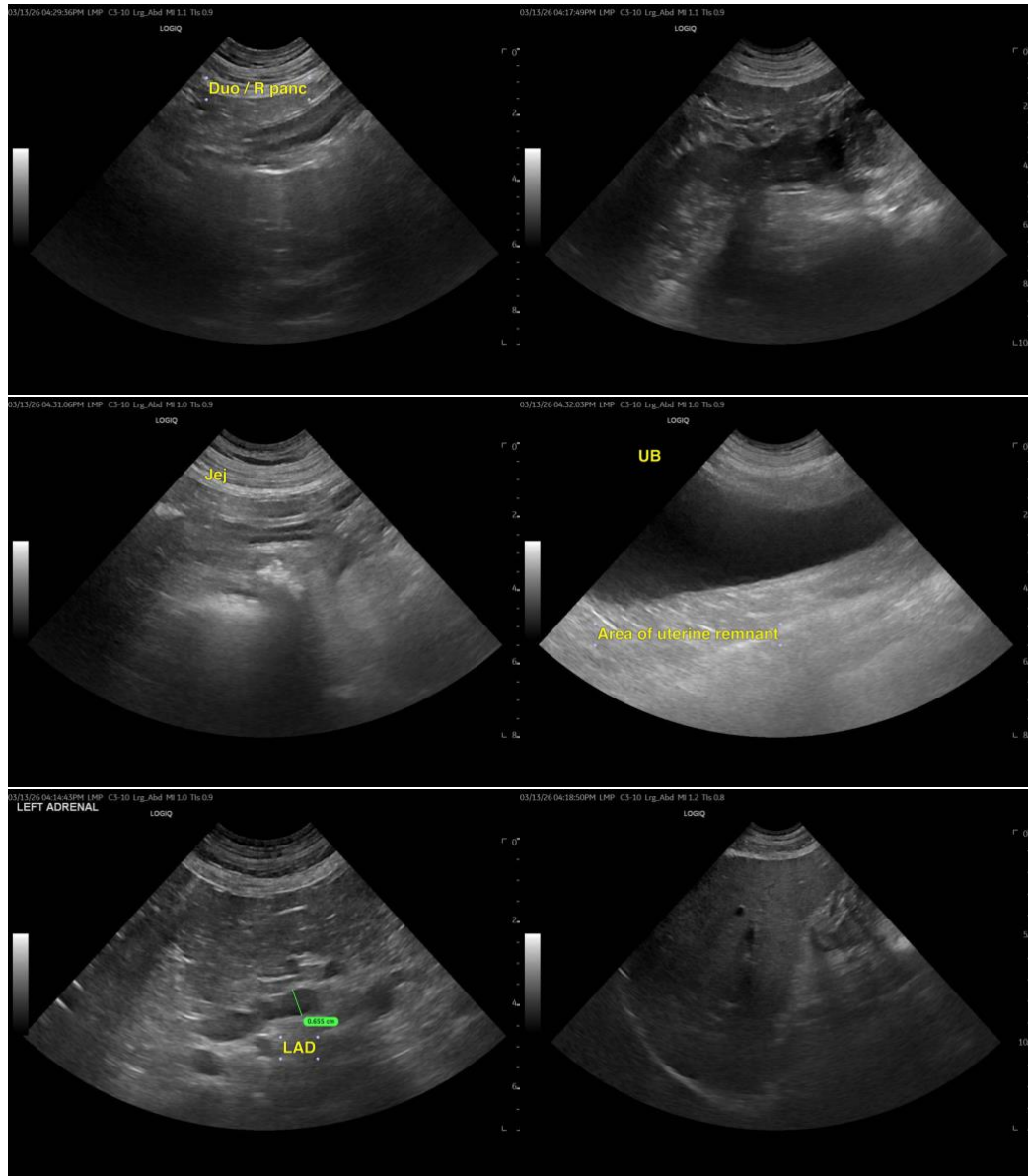
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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