



PATIENT PRESENTING CLINICAL SIGNS

Sky Mrowka Estrus started 3-4 weeks ago, dog has had brown vaginal discharge with odor for 1-2 weeks Clavamox
CBC-HCT 34.7, Reticulocytes 174.9, WBC 22.8 with neutropenia, band neutrophils, marked lymphocytosis, and monocytosis, Creatinine 0.3

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

F

AGE

2014

WEIGHT

4.6

INTERPRETED BY

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

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 bilateral ovaries were normal in size with primarily homogeneous parenchyma exhibiting focal to multifocal anechoic to hypoechoic cysts vs. follicles. The left ovary measured 1.2 cm in diameter. The right ovary measured 0.8 cm in diameter, respectively. The uterine body was thickened in appearance containing mild anechoic to mildly cellular fluid. The uterine body wall width measured 0.62 cm. Both the left and right uterine horns exhibited variable yet moderate distention containing anechoic fluid with moderate cellular component. Mildly thickened left and right uterine walls exhibiting mild asymmetrical luminal surface contour was present. An example of uterine horn wall width measured 0.25 cm. No overt evidence of viable fetuses were noted.

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. Mild pyelectasia was noted in the left kidney. The left kidney measured 3.8 cm in length. The right kidney measured 3.4 cm in length.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

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(Allen)

REFERRING VET

Dr. Hersh

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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 and 0.28 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.37 cm width at the caudal pole and 0.48 cm width at the cranial 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.



PATIENT *Liver/ Gallbladder*

Sky Mrowka 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.

SPECIES

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Gastrointestinal

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Yorkshire Terrier

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 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.

SEX

F

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

Pancreas

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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. Subtle evidence of mild reactive mesentery around the uterus was noted.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Pyometra with probable endometritis
- Bilateral mildly cystic ovaries vs. potential follicles
- Minor left kidney pyelectasia

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pyelectasia in the left kidney may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable). Urine C/S and protein:creatinine ratio on sterile urine sample is recommended.

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The pyometra in this patient may be open given the vaginal discharge with potential for partial to emerging closure given the degree of left and right uterine horn distention with retained fluid. Potential for similar pathologies such as hematometra, hydrometra, or mucometra are also possible. Ovariohysterectomy is recommended.

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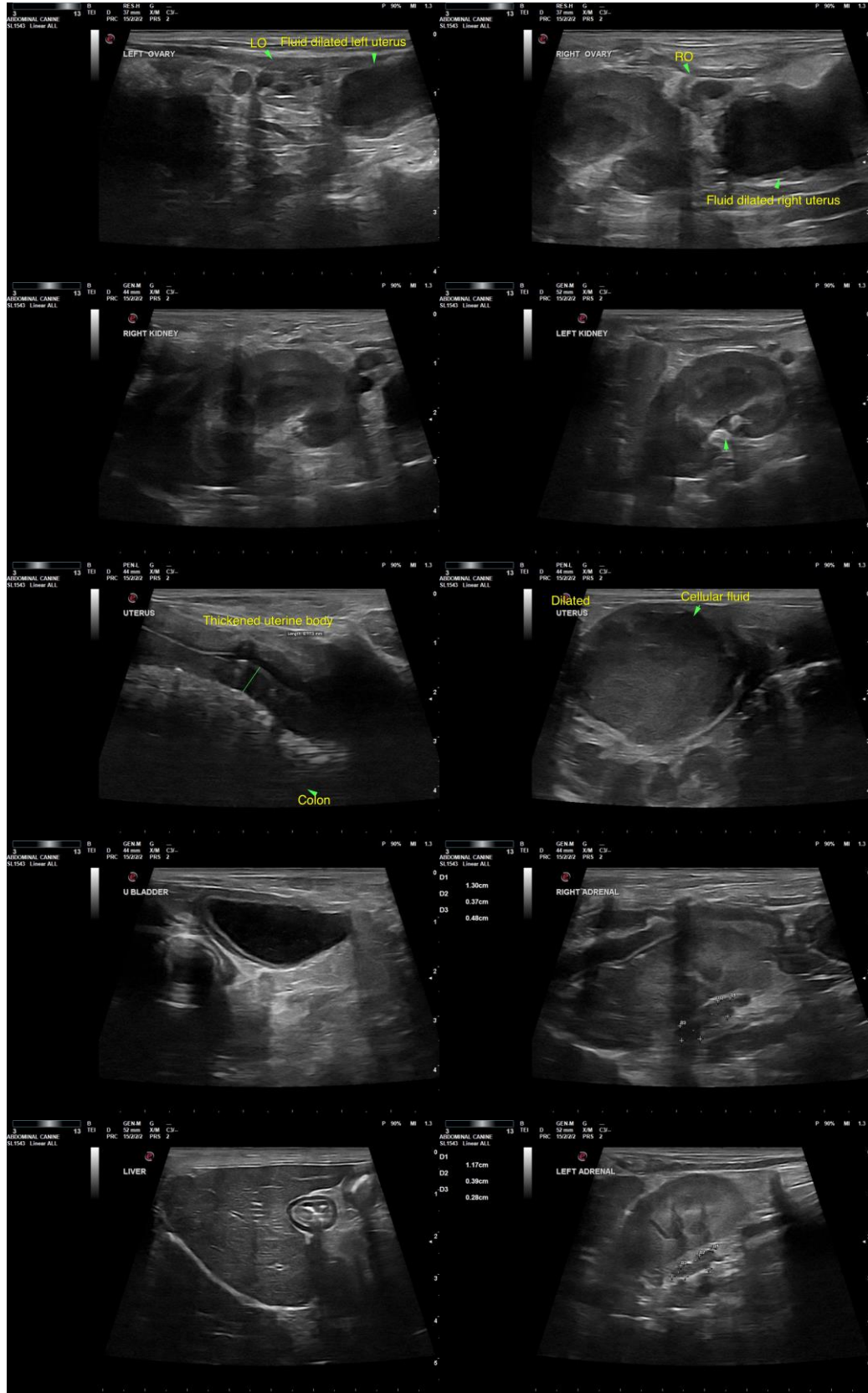
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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