



**PATIENT PRESENTING CLINICAL SIGNS**

Willoh Thompson

History: ADR, lethargic, not eating last week. started eating more over the weekend. In-house ultrasound possible abdo mass? R/O pyo? R/O mass?

**SPECIES**

Abnormal PE/Chem/CBC/UA Results: BUN 32 slightly elevated ALP 400 slightly elevated CBC normal range Current Medications Entyce, Buprenex, Prednisone

Canine

**BREED**

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Chihuahua

**Urinary System**

**SEX**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Mild nondependent particulate sediment urine was present in the lumen. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

Female

**AGE**

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.4 cm in length. The right kidney measured 3.1 cm in length.

9 years

**WEIGHT**

The uterus presented moderate to variable fluid distended with primarily anechoic fluid and mild cellular debris. A solitary spherical nonhomogeneous mass subjectively associated with the mid uterine wall measuring approximately 3 cm in diameter was observed. The appearance of the uterus is most consistent with pyometra although hydrometra, hematometra or similar presentations are possible.

9.25 pounds

**INTERPRETED BY**

The left ovary was overtly normal is size exhibiting subtle nonhomogeneous non cystic parenchyma measuring 1.2 cm in diameter. The right ovary was not definitively visualized.

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

**IMAGING PERFORMED BY**

**Adrenal Glands**

Sara Hansen

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.57 cm width at the caudal pole and 0.53 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 0.55 cm width at the caudal pole and 0.43 cm width at the cranial pole.

**HOSPITAL NAME**

**Spleen**

Sutherlin Veterinary Hospital

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.

**REFERRING VET**

Dr. Herrera

**INVOICE**

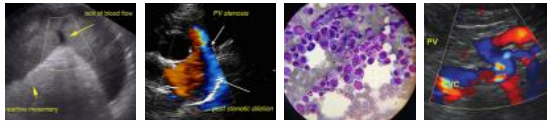
**Liver**

10209ag

The liver presented 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. The gallbladder

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was non-distended in size with primarily anechoic luminal content with nondependent yet nonorganized gallbladder debris. The cystic and common bile ducts were normal.

**SPECIES**

Canine

**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.

**BREED**

Chihuahua

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.

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

**SEX**

Female

**Pancreas**

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

**AGE**

9 years

**Free Abdomen**

No evidence of significant lymphadenopathy was observed. Subtle evidence of mild peri uterine reactive mesentery without evidence of peritonitis was noted.

**WEIGHT**

9.25 pounds

**ULTRASONOGRAPHIC FINDINGS**

- Mild urinary bladder sediment.
- Pyometra with suspect focal nonhomogeneous mural mass.
- Mild chronic renal changes.
- Vacuolar hepatopathy pattern-subjectively benign.
- Mild gallbladder debris non mucocele.

**INTERPRETED BY**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

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Assuming no evidence of thoracic pathology and normal cardiopulmonary status on three view chest radiographs, laparotomy with expectation toward OVH with submission of the uterus for histopathology is recommended. The suspected focal uterine mural mass was nonspecific with considerations including neoplasia, granuloma, consolidated abscess or other. Given the peripheral location of the mass, retained or mummified fetus from previous pregnancy is considered less likely yet cannot be definitively excluded.

**HOSPITAL NAME**

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Hospital

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No overt evidence of intra-abdominal metastasis. If the uterine mass is neoplastic, hepatosupportive medications such as Denamarin and Ursodiol may be beneficial if progressive ALT elevation or increased cholestasis.

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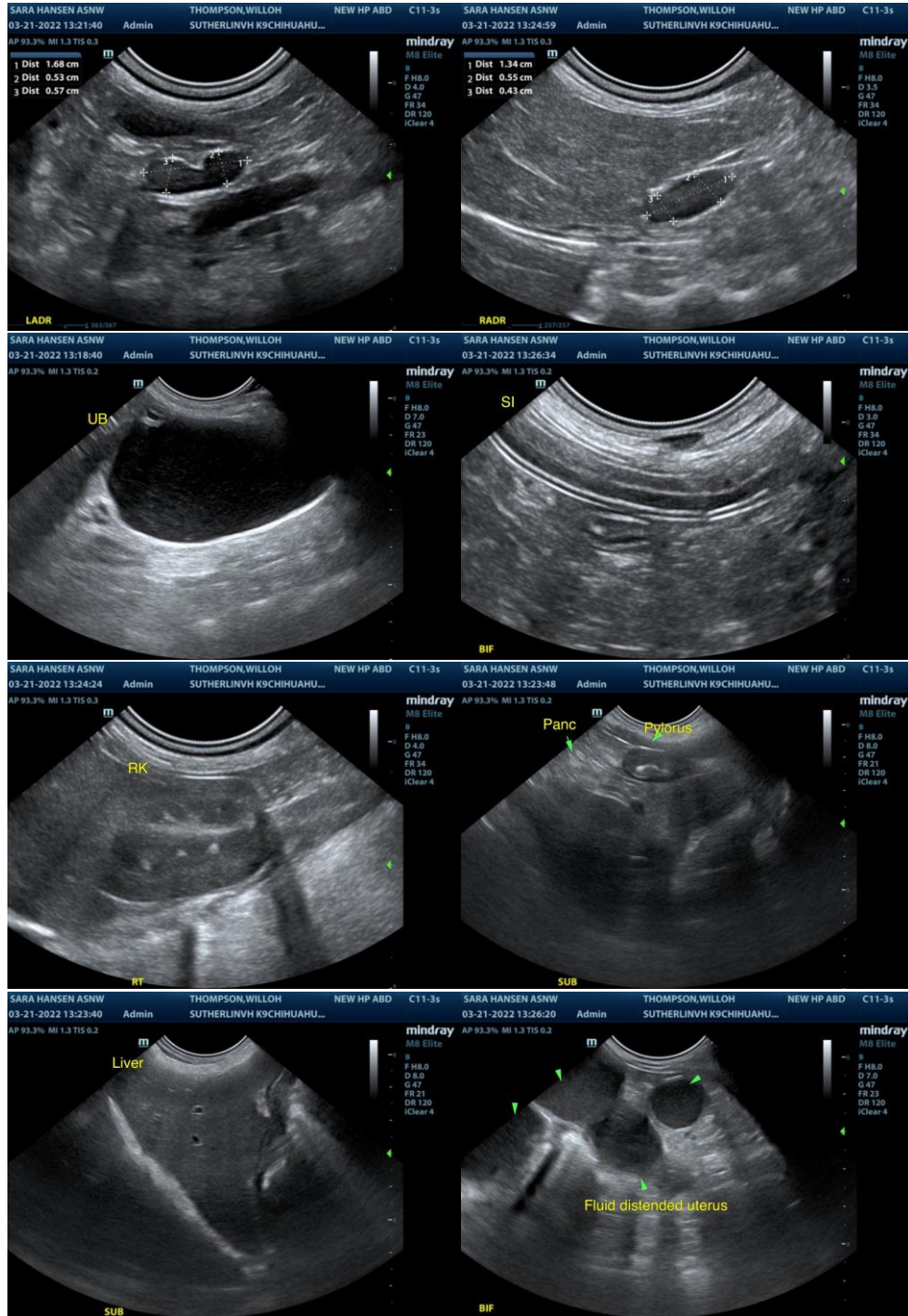
Dr. Herrera

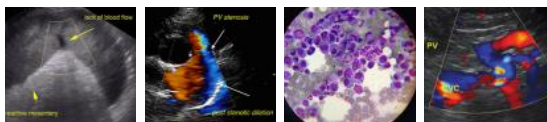
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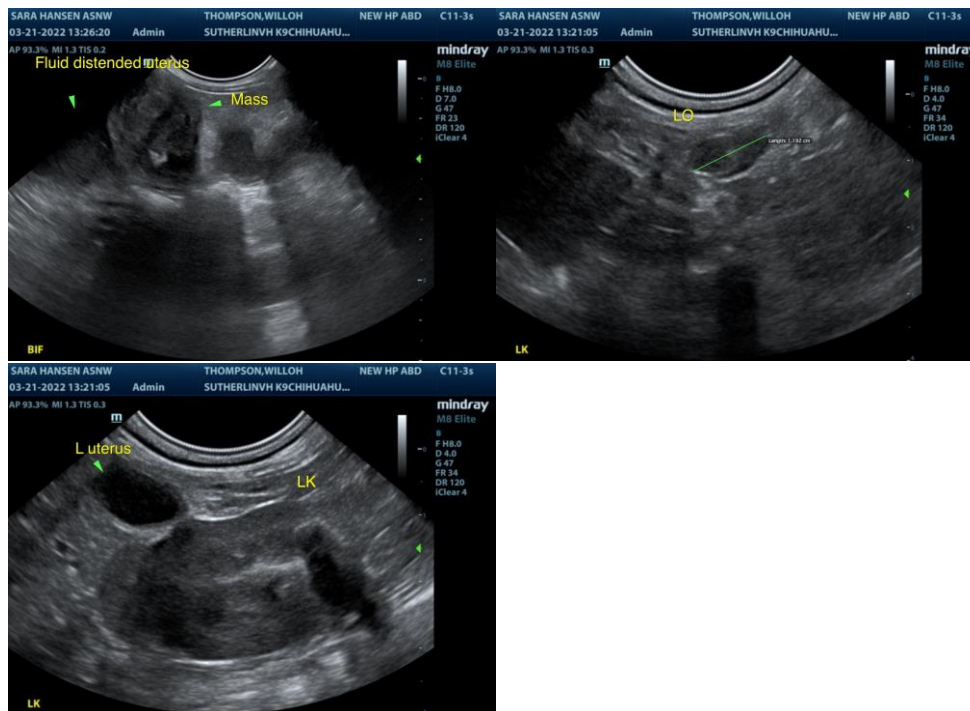
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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