



PATIENT

Ava Daruich

SPECIES

Canine

BREED

Russell Terrier

SEX

F

AGE

1

WEIGHT

35.5

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sharkaway

HOSPITAL NAME

Kew Gardens AH

REFERRING VET

Dr. Sharkaway

INVOICE

16417

DATE

3/21/23

PRESENTING CLINICAL SIGNS

A female just gave birth on March 19, 2 days ago Eating drinking normally feeding her puppies
Suspected retained placenta

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 uterus exhibited generalized prominent size with subjective variably thickened, mildly nonhomogeneous uterine walls. An example of a uterine wall measured 0.52 cm width. The uterus contained a generalized mild to variable amount of non-shadowing hyperechoic luminal content. No overt evidence of peri uterine or generalized omental inflammation was noted.

The area of the aortic trifurcation was free of pathology.

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 5.4 cm in length. The right kidney measured 5.0 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

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. 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.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty containing minor retained anechoic fluid with no signs of ileus, obstruction, or foreign material.


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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 apparent formed feces in lumen.

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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 were evident.

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Free Abdomen

No evidence of peritoneal free fluid or omental lymphadenopathy was present.

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ULTRASONOGRAPHIC FINDINGS

- Generalized prominent mildly thickened uterus containing mild to variable non-shadowing hyperechoic content

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The uterine presentation, given the timeframe from whelping, may indicate a normal post-partum uterus. However, if vaginal discharge is present in this patient +/- fever or clinical signs suggestive of sickness, the possibility of emerging post-partum metritis cannot be excluded.

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No definitive evidence of retained placentas was visualized although if clinical concern for retained placenta based on whelping history, the possibility of retained placenta cannot be definitively excluded. However, if the patient is acting normally without evidence of fever or sepsis, continued monitoring at this stage with as-needed supportive care would be reasonable.

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Cytology +/- C/S of any potential vaginal discharge is suggested. Sonographic reassessment of the uterus is recommended if evidence of fever or emerging / progressive vaginal discharge.

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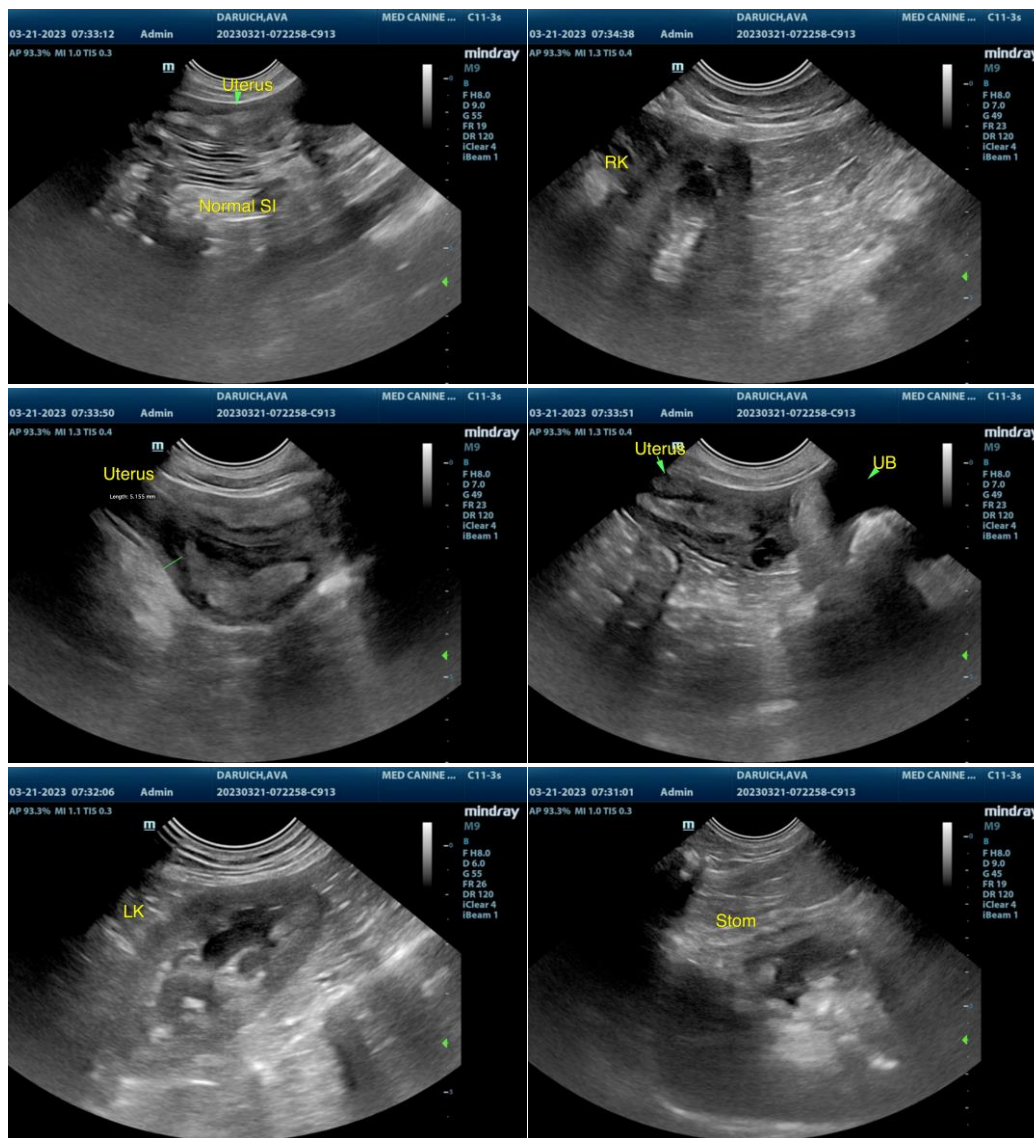
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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