



PATIENT

Dyna Bender

SPECIES

Canine

BREED

Dachshund Mix

SEX

Intact Female

AGE

13 Years

WEIGHT

18.8 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Crook-SDEP
Certified Clinical
Sonographer/Jasimne
Palacios

HOSPITAL NAME

Rivers Edge PMC

REFERRING VET

Dr. Travis Gibson

INVOICE

14492

DATE

3/25/22

PRESENTING CLINICAL SIGNS

History: P was seen on 3/8 for urinating on the bed for about 2 weeks, p PU/PD and decreased appetite. UA was performed and found that p had a severe UTI and started on amoxi/clav. P presented for recheck UA on 3/22. Concern for resistant infection and started p on Orbax. O mentioned that p started coughing and was not interested in eating. New heart murmur was ausculted at that time. (2/6 left apical systolic). P was in heat about 1-2 months ago. On 3/25, O stated that p started bleeding through diapers. Hyperemic mucous membranes with vulvar discharge. Discharge was darker blood tinged with periodic clots.

Abnormal PE/Chem/CBC/UA Results: See attached labwork: aPTT and PT coags both WNL See attached bloodwork from 3/8: Low PLT and PCT, High Neu and MPV See attached UA from 3/8: Rods present and suspect cocci

LIMITED ULTRASONOGRAPHIC EXAMINATION

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 were noted.

Aortic trifurcation was normal without evidence of medial iliac or sublumbar lymphadenopathy.

The uterus exhibited focal thickening, exhibiting nonhomogeneous, nonmineralized mural echogenicity, subjectively in the area of the uterine body or potentially in the area of cervix, immediately dorsal to the urinary bladder. This area of uterine thickening measured approximately 2.8 cm x 1.4 cm. The overall uterus was primarily empty with scant luminal fluid noted around the area of uterine body or cervical thickening yet without overt pyometra criteria. By comparison, non-thickened to normal appearing uterus measured 0.74 cm in width.

The left and right ovaries exhibited subjective normal size with mild areas of capsule asymmetry and subtle nonhomogeneous non-cystic to nonmineralized parenchyma. The left ovary measured 1.6 cm in diameter. The right ovary measured 1.4 cm in diameter.

The visualized small intestinal segments were sonographically normal.

No overt evidence of caudal abdominal free fluid.

ULTRASONOGRAPHIC FINDINGS

- Possible small uterine mass in the area of the uterine body/cervix, dorsal to the urinary bladder
- Mild irregular bilateral ovaries- nonspecific, not overtly consistent with neoplastic criteria and without evidence of ovarian cystic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the time frame since previous heat, potential for mild open to possibly resolving pyometra, given the recent antibiotic therapy with concurrent, variable to focally significant endometritis may be possible. However, without evidence of significant pyometra in the face of vaginal discharge, the possibility of focal emerging uterine neoplasia (i.e., leiomyoma, leiomyosarcoma or other) is of concern.

Ovariohysterectomy with recommended attention to the area of the subjective uterine thickening, in the area of the uterine body and possible cervix, with definitive resection of this area and submission of tissue for histopathology is likely ideal given this presentation. Continued medical therapy for possible mild open pyometra with consistent sonographic monitoring of the potential uterine body



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mass for evidence of progression would be a more conservative approach. No overt evidence of regional metastasis, if neoplastic uterine process is confirmed.

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Three-view chest radiographs suggested prior to any potential surgical considerations, to rule out concurrent thoracic pathology and assess cardiopulmonary status.

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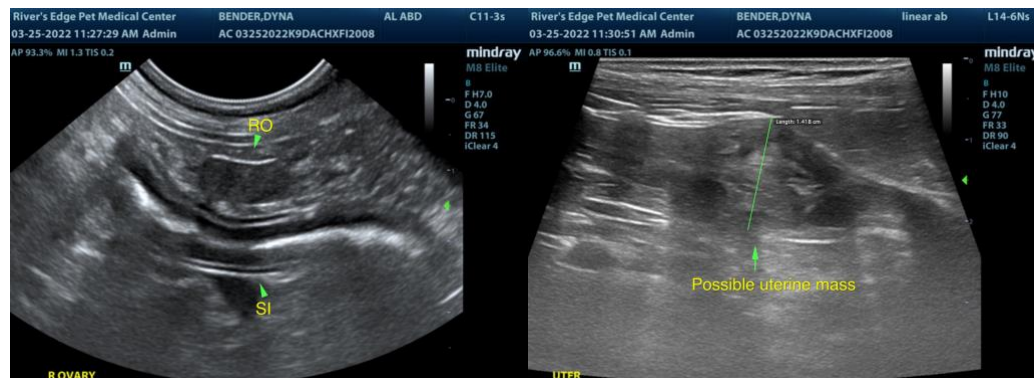
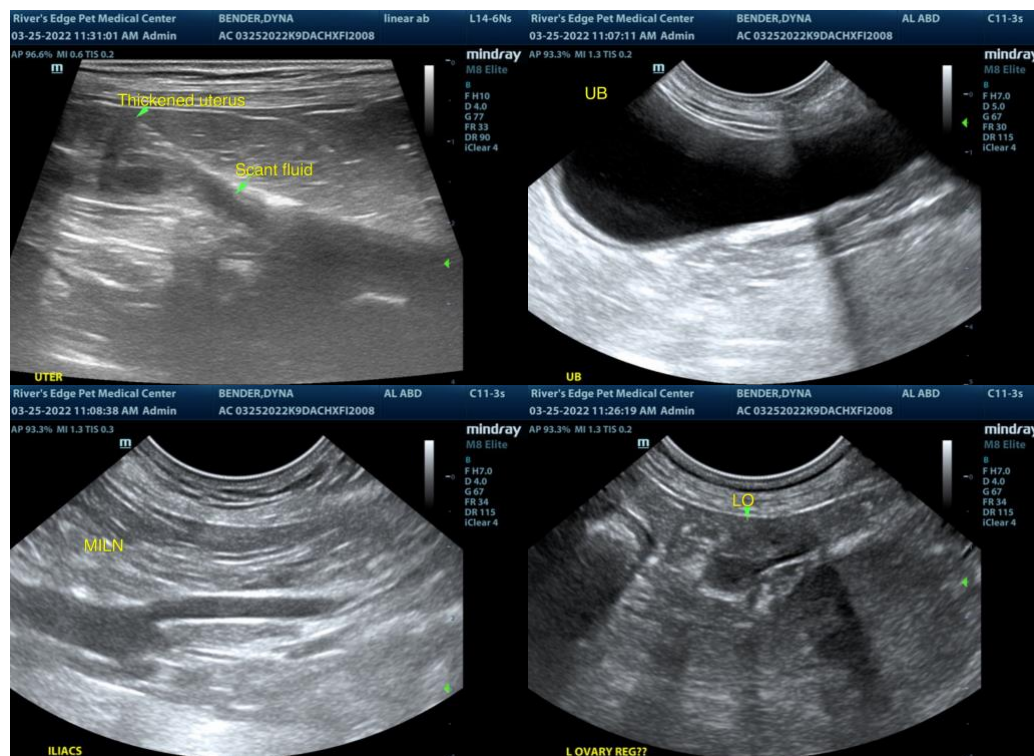
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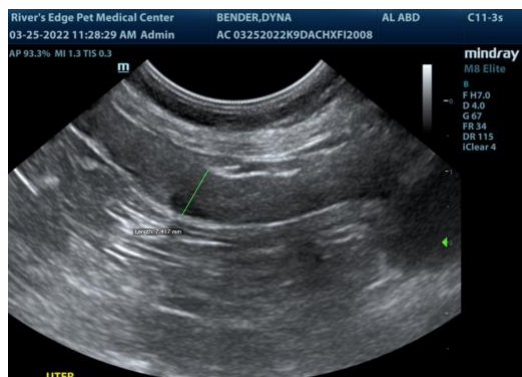
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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