



**PATIENT**

Frannie Buffum

**SPECIES**

Canine

**BREED**

Great Dane

**SEX**

Female Intact

**AGE**

10y

**WEIGHT**

N/A

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Meghan Morse, LVT,  
 CVT

**HOSPITAL NAME**

All Animal VS

**REFERRING VET**

Dr. Acworth

**INVOICE**

13243

**DATE**

3/4/26

**PRESENTING CLINICAL SIGNS**

History:

- Long heat cycle/ one month
- Vaginal bleeding, pus from vagina noted by owner
- Current meds: Cephalexin 1500mg BID

Abnormal PE/Chem/CBC/UA Results: WBC 30K, Neuts 27K, Mono 1.5K BUN 6.9, Ca 8.7, Alb 2.3, Glob 3.7

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

The uterus presented diffuse, moderate to significant fluid dilation exhibiting mild to variably thickened uterine wall. The fluid within the uterus was mildly echogenic in appearance and suggestive of a fluid cellular component. Thickened uterine body dorsal to the urinary bladder with mild, non-homogeneous parenchymal measuring ~5.8 cm x 2.5 cm. An example of uterine wall measured 0.9 cm. The appearance of the uterus is most consistent with pyometra although hydrometra, hematometra or similar presentations are possible.

The left and right ovaries were not definitively visualized.

The area of the aortic trifurcation was free of pathology.

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 mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. The left kidney exhibited mild pyelectasia. The left kidney measured 8.6 cm in length. The right kidney measured 8.6 cm in length.

**Adrenal Glands**

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.67 cm width in the caudal pole. The right adrenal gland measured 0.77 cm width in the caudal 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.



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**Liver**

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 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.

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

**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 was evident.

**Free Abdomen**

Minor peri-uterine free fluid noted. No visualized significant omental lymphadenopathy present.

**ULTRASONOGRAPHIC FINDINGS**

- Endometritis and generalized pyometra
- Thickened uterine body – endometritis with potential uterine body mass
- Chronic renal changes with mild left kidney pyelectasia
- Minor peri-uterine effusion

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Exploratory laparotomy with ovariohysterectomy and submission of uterine tissue for histopathology is recommended. 3-view chest radiographs prior to surgical considerations indicated, if not recently done. The left kidney pyelectasia 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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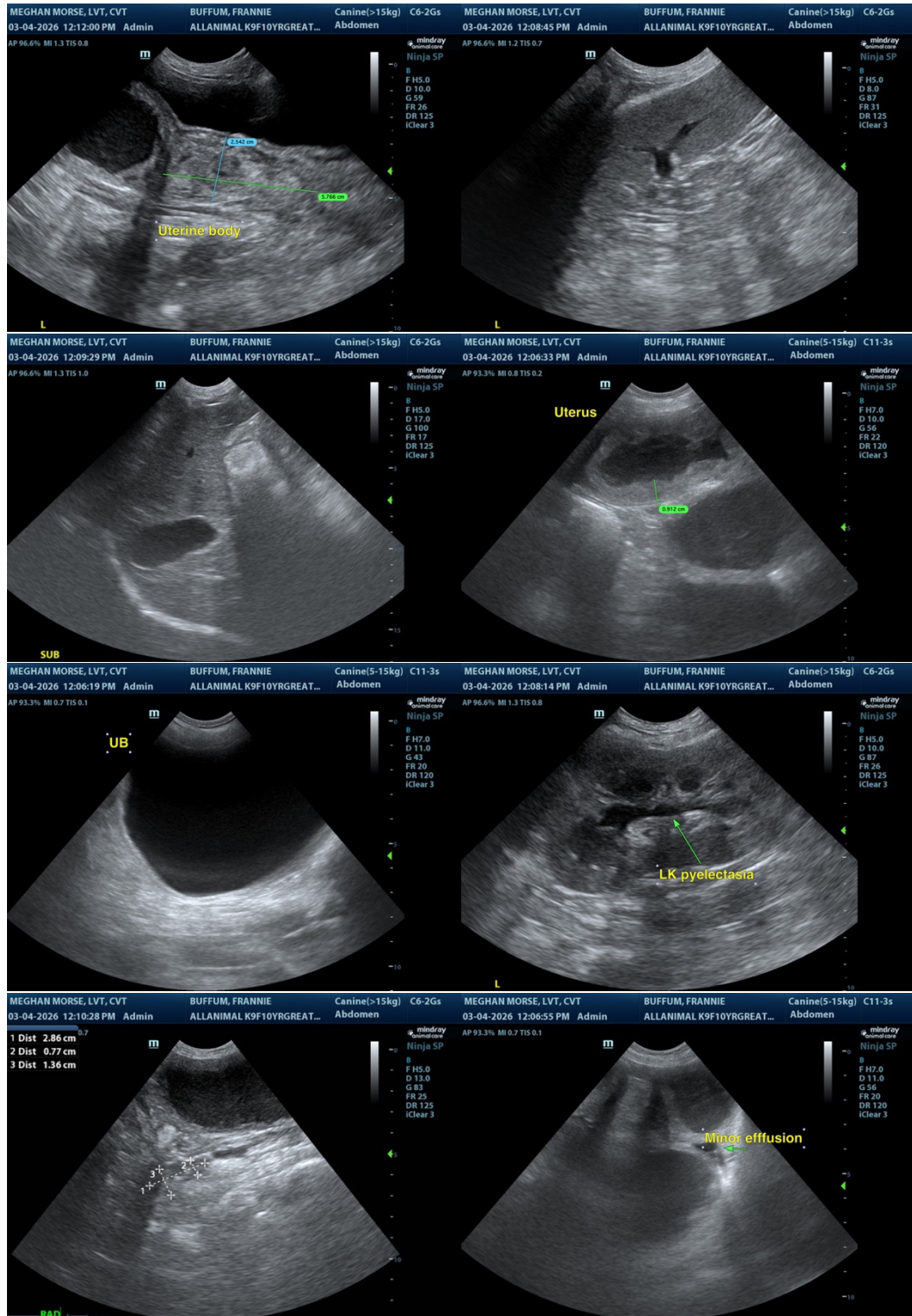
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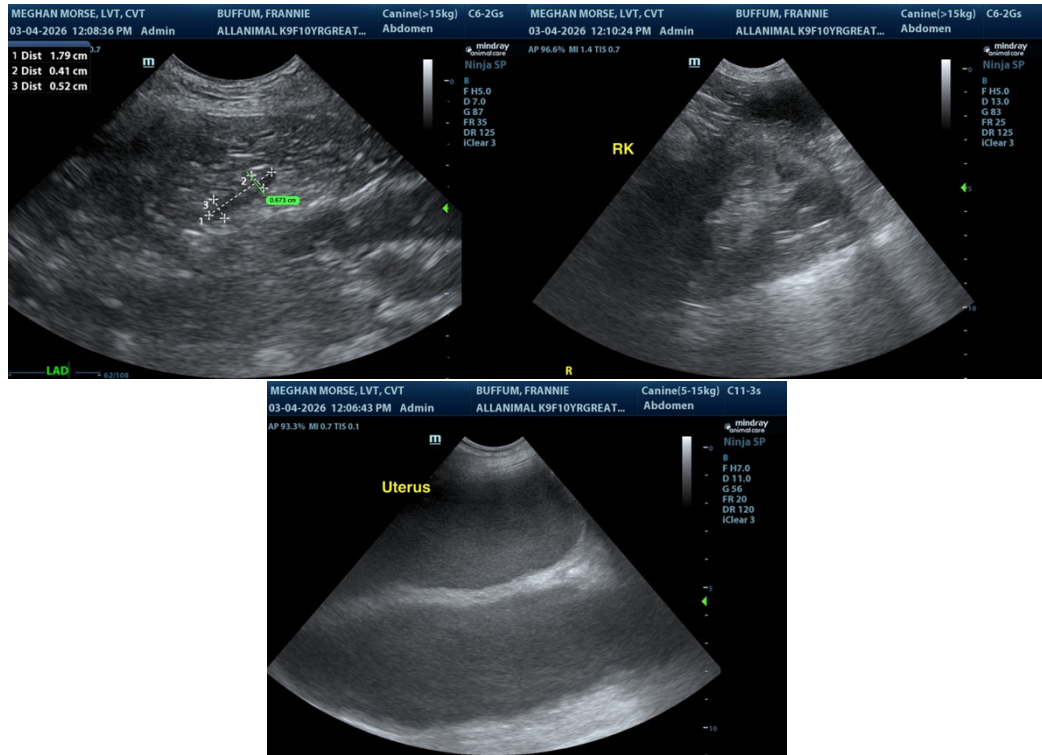
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)