

**PATIENT PRESENTING CLINICAL SIGNS**

Macy Araujo

she was in heat 2 weeks ago - completely finished after about a week and then yesterday started having dark blood coming from vagina stopped today , was this am called nvec last night and they worried about pyo not on any meds not acting sick at all. just the bleeding has recently peeing on floor and licking blood BAR HR 140 RR 32 temp 102.7F same at end of appointment MM pink . moist CRT <2sec nothing felt abdomen lymph normal dark blood from vagina vulva appears swollen- o says always like this cytology of vaginal smear- 2+ wbcs, 2+ cocci nothing felt vaginally exam temp normal this am o says 38.3-38.5C went over blood results. o says still little bleeding but not acting sick at all. started antibiotics but non this am since told to fast incase emerge surgery told owner not clear pyo. not ruled out. would recomend ultrasonud. can do this either at emerge or if ok till monday can do here then. otherwise can do an xray today too look however not ruled out. o understoo will continue anitbioitcs and monitor carefully for pyo signs (went over). o understod. o will call monday with update and go from there. o understood and agreed meds:clavaseptin 50mg BID for past 5 days  
Abnormal PE/Chem/CBC/UA Results: please see attached labs

**SPECIES**

Canine

**BREED**

Maltese X

**SEX**

Intact Female

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder was subnormal in size owing to lack of urine distention. Minimal anechoic urine was present without evidence of sediment or calculi in the urinary bladder. Full examination of the urinary bladder walls was limited owing to lack of urine distention, yet no evidence of inflammatory or neoplastic criteria. The urethra was normal to a depth of 2.0 cm.

**AGE**

4 Years

**WEIGHT**

3.8 kg

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 right kidney measured 3.9 cm. The left kidney measured 3.6 cm.

**INTERPRETED BY**

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

**Adrenal Glands**

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.4 cm x 0.52 cm at the caudal pole. The right adrenal gland measured 1.9 cm length x 0.66 cm at the caudal pole.

**IMAGING PERFORMED BY**

Kelly Reschny

**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.

**HOSPITAL NAME**

Hillview Vet Clinic

**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.

**REFERRING VET**

Dr. Stevenson

**INVOICE**

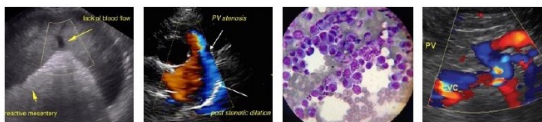
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**Gastrointestinal**

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.

**DATE**

4/11/22



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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.

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

**SPECIES**

Canine

**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.

**BREED**

Maltese X

**Other**

The uterus presented diffuse fluid dilation with primarily anechoic fluid and mild cellular debris. The uterus measured up to 1.3 cm in diameter. The appearance of the uterus is most consistent with pyometra although hydrometra, hematometra or similar presentations are possible.

**SEX**

Intact Female

No overt pathology in the area of the left and right ovaries.

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

4 Years

- Generalized distended uterus containing echogenic fluid – consistent with pyometra. Potential for mucometra, hydrometra, hematometra or other possible.

**WEIGHT**

3.8 kg

- Sonographically unremarkable bilateral kidneys and urinary bladder

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given the patient's clinical signs, even without currently acting sick, yet in the face of fluid distended uterus, ovariohysterectomy is recommended with submission of uterine tissue for histopathology. The continued vaginal discharge may suggest an open pyometra, yet concern for emerging closed pyometra is warranted. Conservatively, continued medical therapy for pyometra with close monitoring of clinical signs and ideally serial sonographic monitoring of the uterus could be considered, yet ovariohysterectomy is strongly suggested.

**INTERPRETED BY**

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(Canine and Feline)

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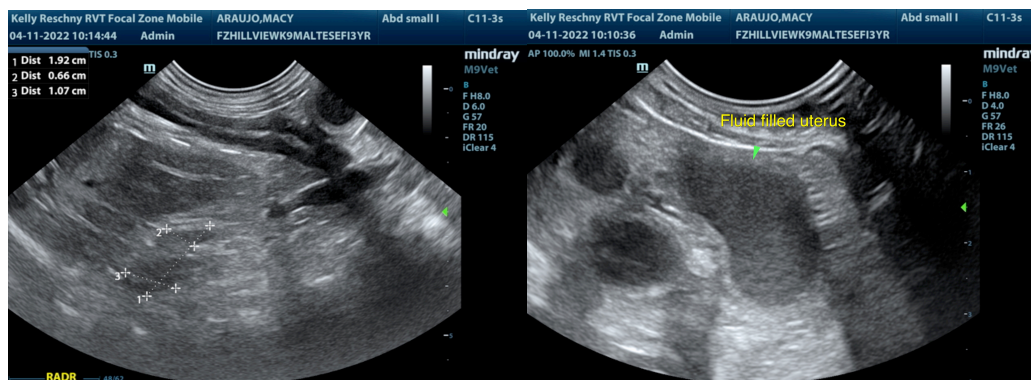
Kelly Reschny

**HOSPITAL NAME**

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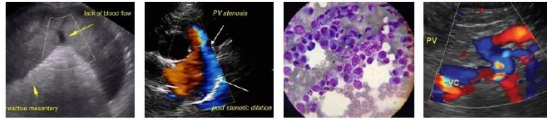


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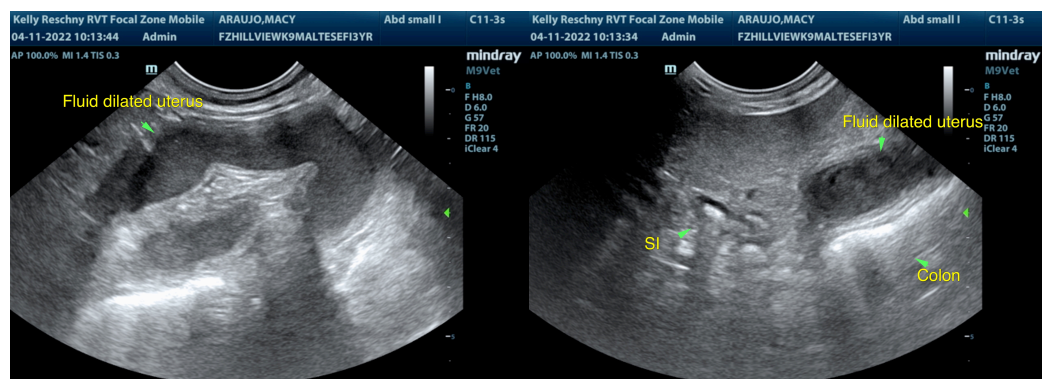
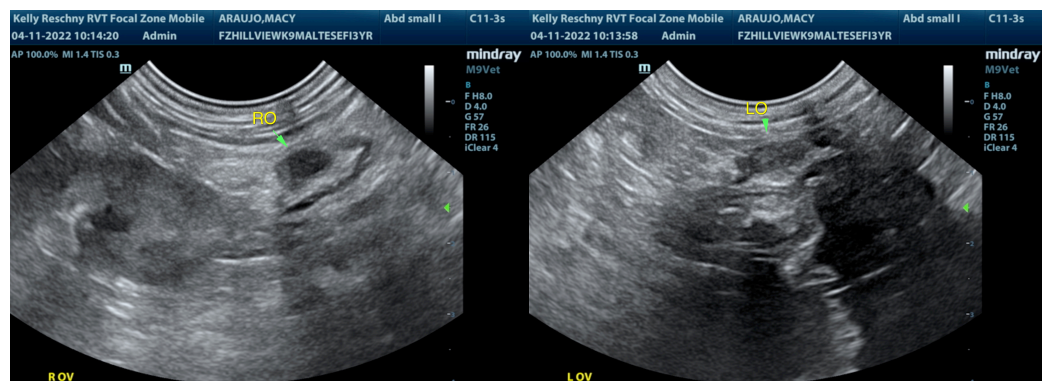
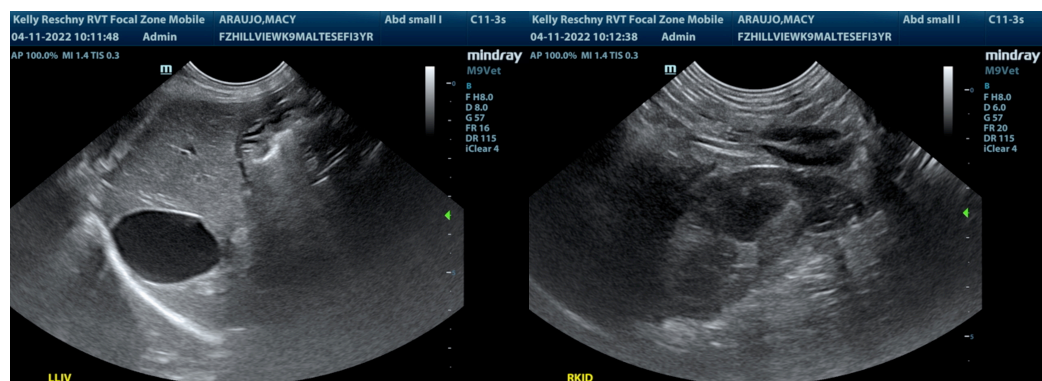
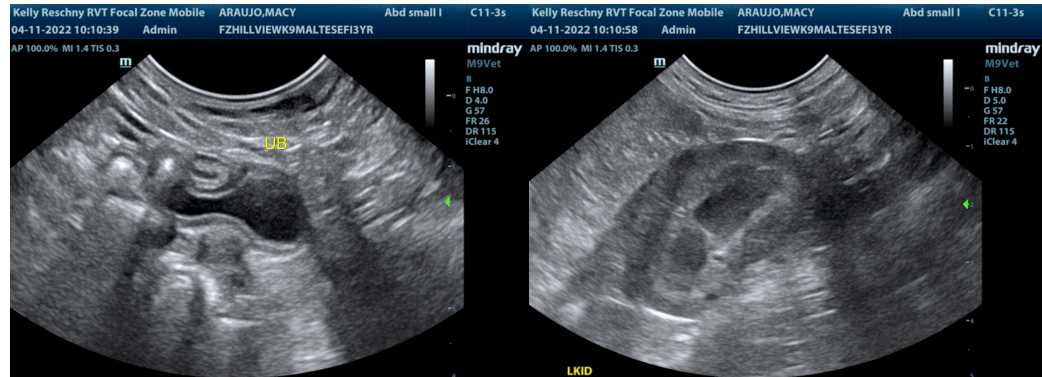
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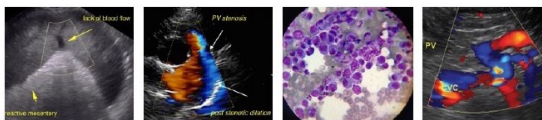
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**SPECIES**

Canine

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

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