

**PATIENT**

Raven Conick

SPECIES

Canine

BREED

Italian Greyhound

SEX

Female

AGE

9 years

WEIGHT

12 pounds

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)**IMAGING PERFORMED BY**

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

Dr. Hanover

INVOICE

10341ag

DATE

04/11/2022

PRESENTING CLINICAL SIGNS

History: Presented on 4/7/22 for mucoidal vaginal discharge for the last 3-4 days but bloody vaginal discharge on day of presentation; was bred in February that was unsuccessful.

Abnormal PE/Chem/CBC/UA Results: Bloodwork within normal limits, radiograph showed unusual 'pouch' in abdomen

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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.

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 3.9 cm in length. The right kidney measured 4.1 cm in length.

The area of the aortic trifurcation was free of pathology.

The uterus exhibited generalized enlarged and thickened appearance containing a small to moderate amount of segmental to generalized anechoic to mildly cellular fluid. An example of the uterine horn measured approximately 1.6 cm in diameter. Uterine wall width measured 0.6 cm to 0.7 cm. The left and right ovaries appear to be normal in size exhibiting subjective mild nonhomogeneous to potential cystic parenchyma. The left ovary measured 1.3 cm in diameter. The right ovary measured 1.2 cm in diameter.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.48 cm width at the caudal pole and 0.61 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 0.37 cm width at the caudal pole and 0.38 cm width at the cranial 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.

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.

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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.

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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.

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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 was evident.

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Free Abdomen

Intermittent mildly prominent to enlarged medial iliac lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of a lymph node measured 1.6 cm x 0.47 cm.

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ULTRASONOGRAPHIC FINDINGS

- Endometritis pattern with concurrent segmental to generalized pyometra.
- Subjective mild nonhomogeneous to potentially cystic bilateral ovaries.
- Sonographically unremarkable UB and visible proximal urethra.
- Intermittent medial iliac lymphadenopathy-probable lymphoid hyperplasia or mild reactive lymphadenitis, not overtly suggestive of neoplastic criteria.

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DVM, DABVP
(Canine and Feline)**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Potential for retained fetal tissue or emerging uterine neoplasia given reported previous unsuccessful breeding may be considered potential less likely differential diagnosis. OVH with submission of uterine and ovarian tissue for histopathology is recommended given this presentation. If OVH is not possible, aggressive medical therapy for open pyometra and endometritis could be considered however OVH is likely in this patient's best interest. If OVH is elected, gross inspection of the medial iliac and sublumbar lymph node area with potential for biopsy could be considered based on gross appearance.

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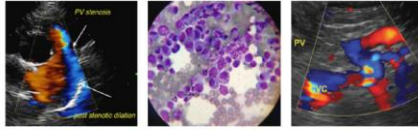
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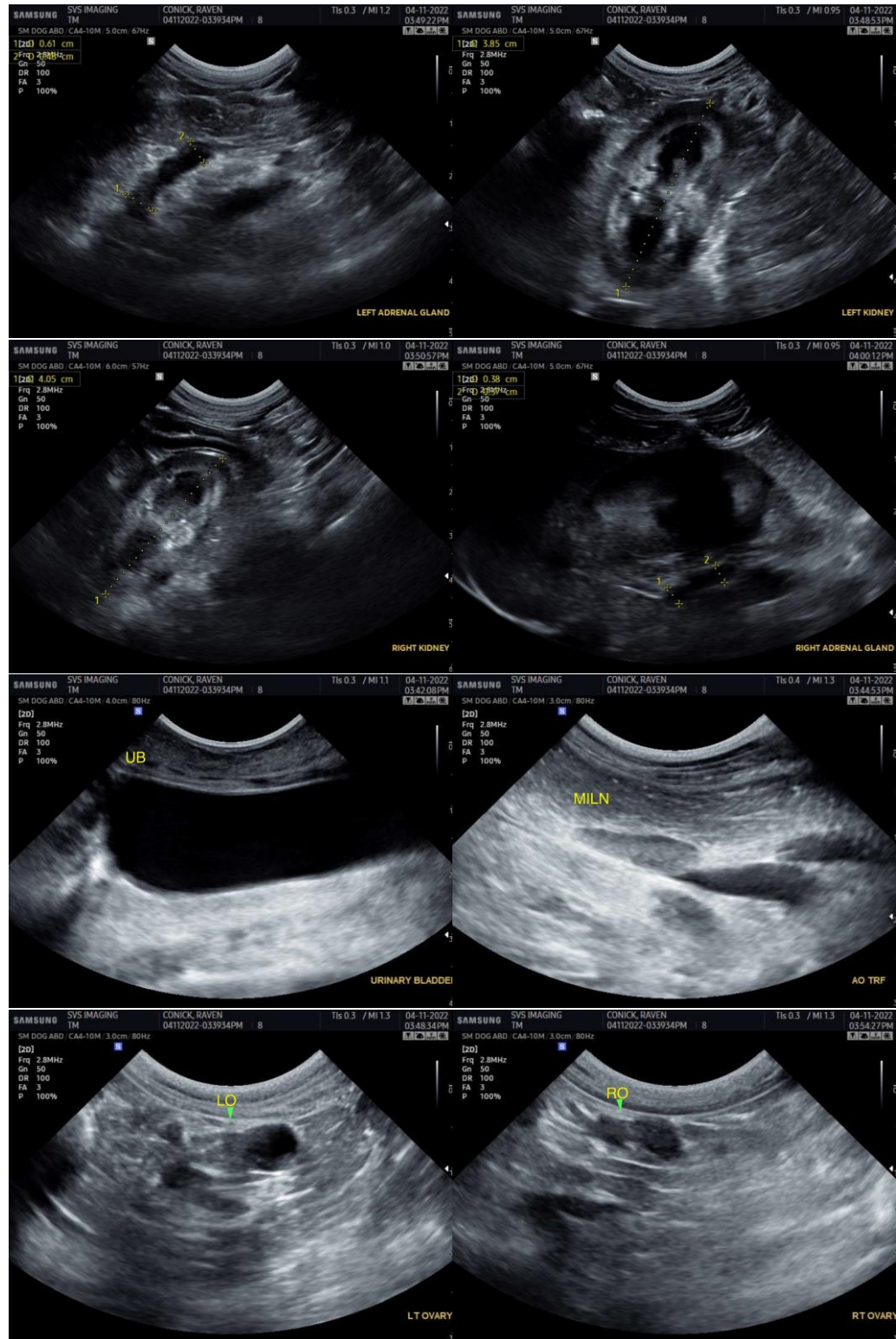
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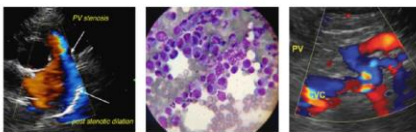
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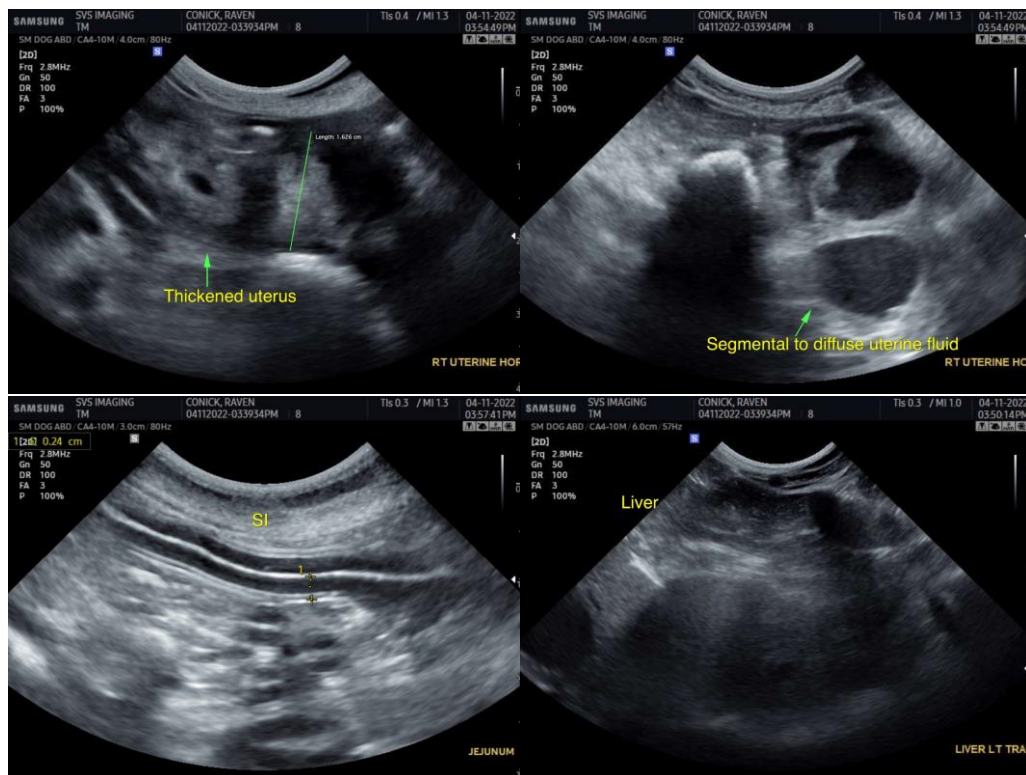
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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