



PATIENT

Xena Wenisch

SPECIES

Canine

BREED

German Shepherd

SEX

FS

AGE

3 years

WEIGHT

66 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Raul Cosas-Dolz

HOSPITAL NAME

State Avenue Vet
Clinic

REFERRING VET

Raul Casas-Dolz

INVOICE

16690

DATE

4/26/23

PRESENTING CLINICAL SIGNS

Was reportedly spayed at a different vet clinic about one week ago. Current owners have only had P for 4 days, but have seen increased thirst and blood coming from the vulva.

Abnormal PE/Chem/CBC/UA Results: CBC WNL Chem high ALP UA WNL

ULTRASONOGRAPHIC EXAMINATION OF THE URINARY SYSTEM AND COLON

Urinary System

The urinary bladder, trigone, and cystourethral junction 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.

Colon

The visualized caudal to descending colon exhibited normal wall layering containing subjective formed to possible soft fecal matter.

Free Abdomen

A variably prominent tubular structure was noted in the caudal abdomen, which appeared to be dorsal and cranial to the urinary bladder and adjacent to the yet ventral to the caudal to descending colon. The tubular structure exhibited indistinct wall layering and nonhomogeneous mural echogenicity. Nonspecific, hyperechoic, nonshadowing content was noted within the lumen of the tubular structure.

Caudal abdominal to possible generalized mild nonuniform hyperechoic omentum was noted. No overt or visualized free fluid was present.

ULTRASONOGRAPHIC FINDINGS

- Persistent / retained uterine tissue with nonspecific hyperechoic luminal content
- Regional peri uterine to generalized caudal abdominal hyperechoic omentum
- Sonographically unremarkable urinary bladder and visualized colon

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographically, there appeared to be a nonspecific yet potentially significant amount of persistent to retained uterine tissue within the caudal abdomen. The echogenic uterine content is nonspecific with potential for primary or possibly secondary endometritis secondary to the previous ovariohysterectomy, while the possibility of emerging pyometra / stump pyometra could be possible given evidence of vulvar discharge.

Cytology +/- C/S of the vulva discharge could be considered. However, given this presentation, relaparotomy with resection of retained to persistent uterine tissue to the level of or possibly including the cervix is warranted.



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The hyperechoic omentum may indicate residual inflammatory changes secondary to previous surgery, although the possibility of secondary peritonitis could be possible.

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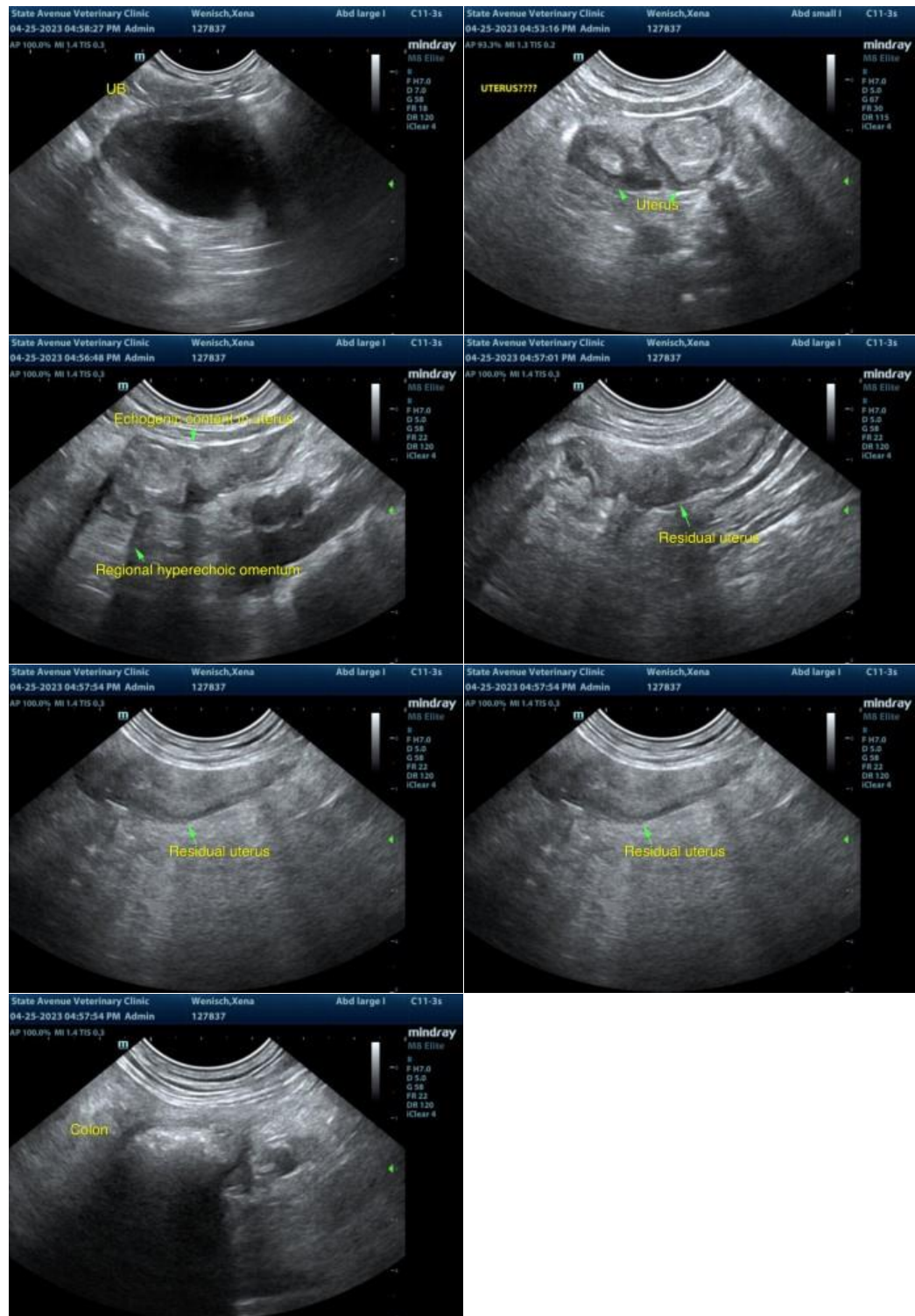
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com