



**PATIENT**

Poppy Clarke

**SPECIES**

Canine

**BREED**

English Setter

**SEX**

Spayed Female

**AGE**

2 Years

**WEIGHT**

16.9 kg

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP (Canine  
/ Feline Practice)

**IMAGING  
PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Novel Vet

**REFERRING VET**

Dr. Knap

**INVOICE**

16208

**DATE**

05/14/26

**PRESENTING CLINICAL SIGNS**

Clinically healthy but has had mucopurulent discharge from vulva. While using handheld US for Cysto urine sample, may have seen possible uterine stump. No meds

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder was indistinctly visualized yet subjectively normal proximal urethra with normal structure and tone to a depth of 2.0 cm. The 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 change were noted.

Subjective mildly prominent uterine remnant dorsal to mildly craniodorsal to the urinary bladder measuring approximately 1.2 cm in diameter. The uterine remnant was non-fluid distended without evidence of regional inflammation.

Normal size and margination was 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 4.9 cm in length. The right kidney measured 5.4 cm in length.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.56 cm width at the caudal pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.44 cm width at 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.

**Liver & Gallbladder**

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.



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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.

**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**

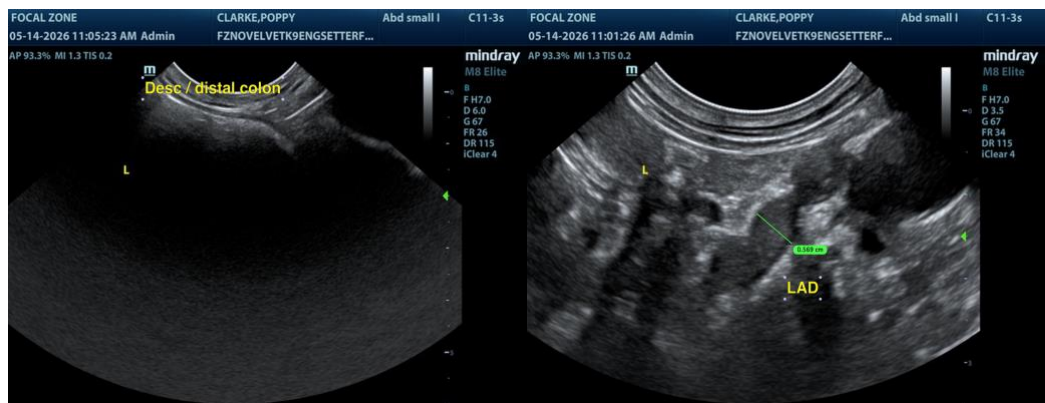
No obvious evidence of omental lymphadenopathy or peritoneal effusion was present. No obvious visualized atypical tissue or abnormal structures caudal to the left and right kidneys.

**ULTRASONOGRAPHIC FINDINGS**

- Sonographically normal urinary bladder.
- Normal bilateral kidneys.
- Subjective mildly prominent uterine stump- nonspecific with possible patient variant.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of definitive uterine stump granuloma or stump pyometra. The subjective mildly prominent uterine stump is nonspecific with possible patient variant. However, given reported vaginal mucopurulent discharge, correlation with anti-mullerian hormone assay as well as discharge cytology +/- culture and sensitivity is indicated. Sonographic monitoring of the uterine stump for evidence of persistent or progressive prominence is indicated pending additional diagnostics and specifically if persistent vaginal discharge.





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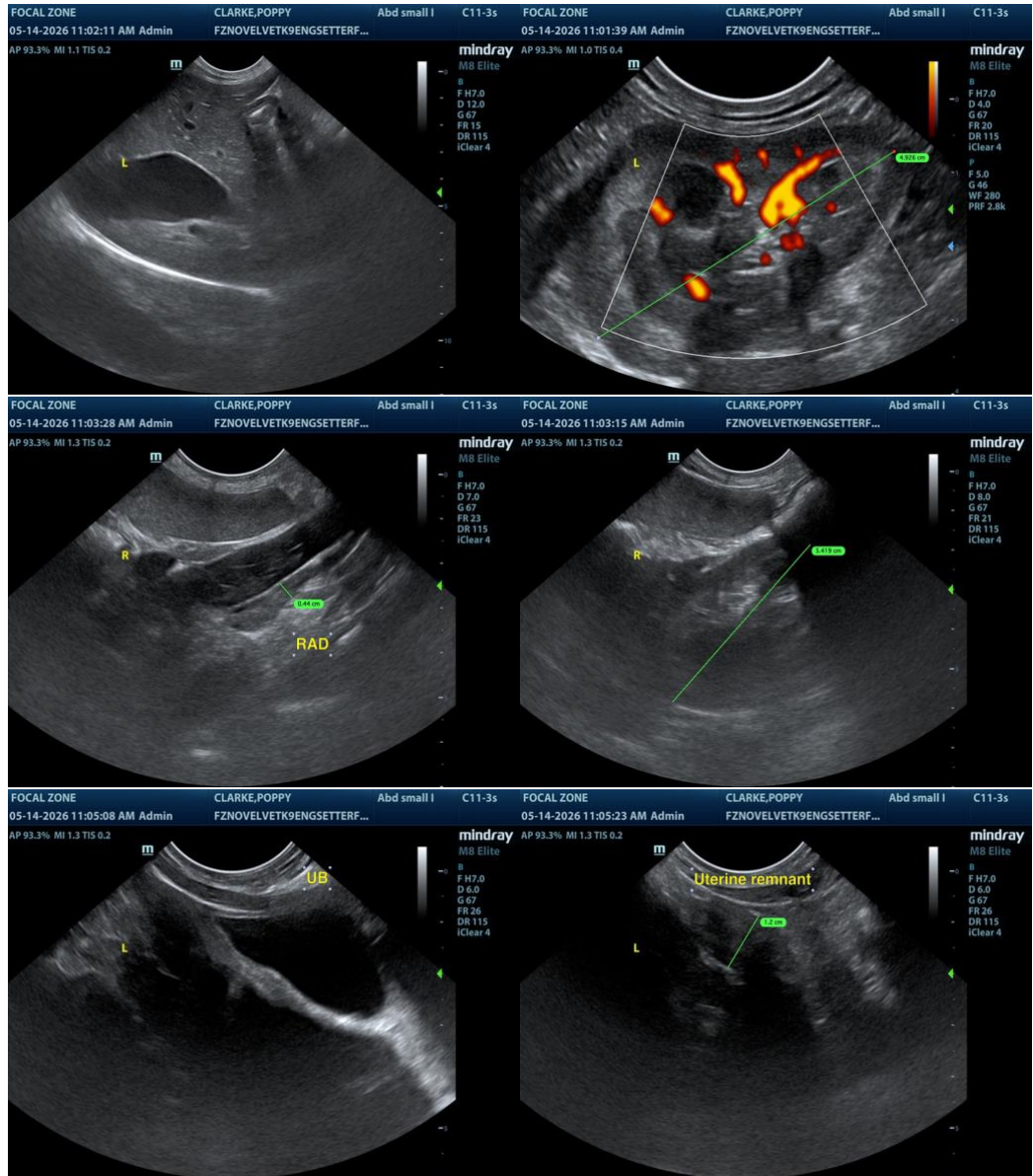
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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