



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Allee Pugh
HISTORY: P was spayed on 1-21-22. P was in early pregnancy but O elected to terminate. There were apparently 16 fetus in uterus. P has exhibited vaginal discharge ever since.

SPECIES Abnormal PE/Chem/CBC/UA Results: Vaginal Cytology - non-cornified epithel cells, occ PMNs, 1-2+ diplococci
CANINE Canine

BREED **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Lab mix **Urinary System**

SEX The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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.
SF

AGE 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 7.3 cm in length. The right kidney measured 7.8 cm in length.
1 year

WEIGHT The area of the aortic trifurcation was free of pathology.
95 lb

INTERPRETED BY The visualized uterine remnant immediately dorsal to the urinary bladder trigone exhibited subjective mild prominent size with mixed echogenic tissue appearance including areas of hyperechoic uterine remnant parenchyma exhibiting potential for very subtle distal acoustic shadowing. No overt evidence of fluid within the uterine remnant as well as no overt evidence of peripheral inflammation around the uterine remnant. The visualized uterine remnant measured approximately 3.9 cm x 1.3 cm.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY No overt evidence of pathology or ovarian remnant caudal to the left or right kidneys.

Sara Hansen

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.44 cm width at the caudal pole and 2.9 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.77 cm width at the caudal pole and 2.7 cm length.

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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.

REFERRING VET

Dr. Tim Reid

INVOICE

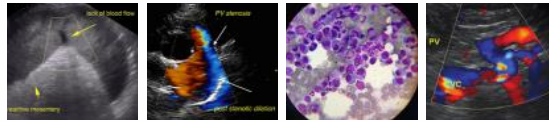
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Liver

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

DATE

06/17/2022



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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

SPECIES

Canine

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.

BREED

Lab mix

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.

SEX

Pancreas

SF

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.

AGE

1 year

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

WEIGHT

95 lb

ULTRASONOGRAPHIC FINDINGS

INTERPRETED BY

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

- Suspect small uterine stump granuloma with possible concurrent scarring
- Sonographically unremarkable urinary bladder and proximal urethra

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING PERFORMED BY

Sara Hansen

The suspected small uterine stump granuloma with secondary tethering or adhesion to the area of the dorsal trigone and cystourethral junction could be possible in this patient. Ruling out evidence of urinary incontinence or stranguria /dysuria is suggested. Vaginal scope to rule out underlying nonobvious vaginal pathology as a contributing factor to the discharge could be considered. The reported vaginal cytology with non-cornified epithelial cells is not overtly consistent with estrus criteria. Continued monitoring of vaginal cytology for evidence of transition to cornified epithelial cells is recommended. An obvious ovarian remnant was not visualized. Further assessment may include anti mullerian hormone or similar for definitive rule out. Laparotomy with resection of the suspected uterine stump granuloma with gross inspection of the adjacent urinary bladder and areas of the bilateral ovarian fossae may be considered if persistent vaginal discharge is noted.

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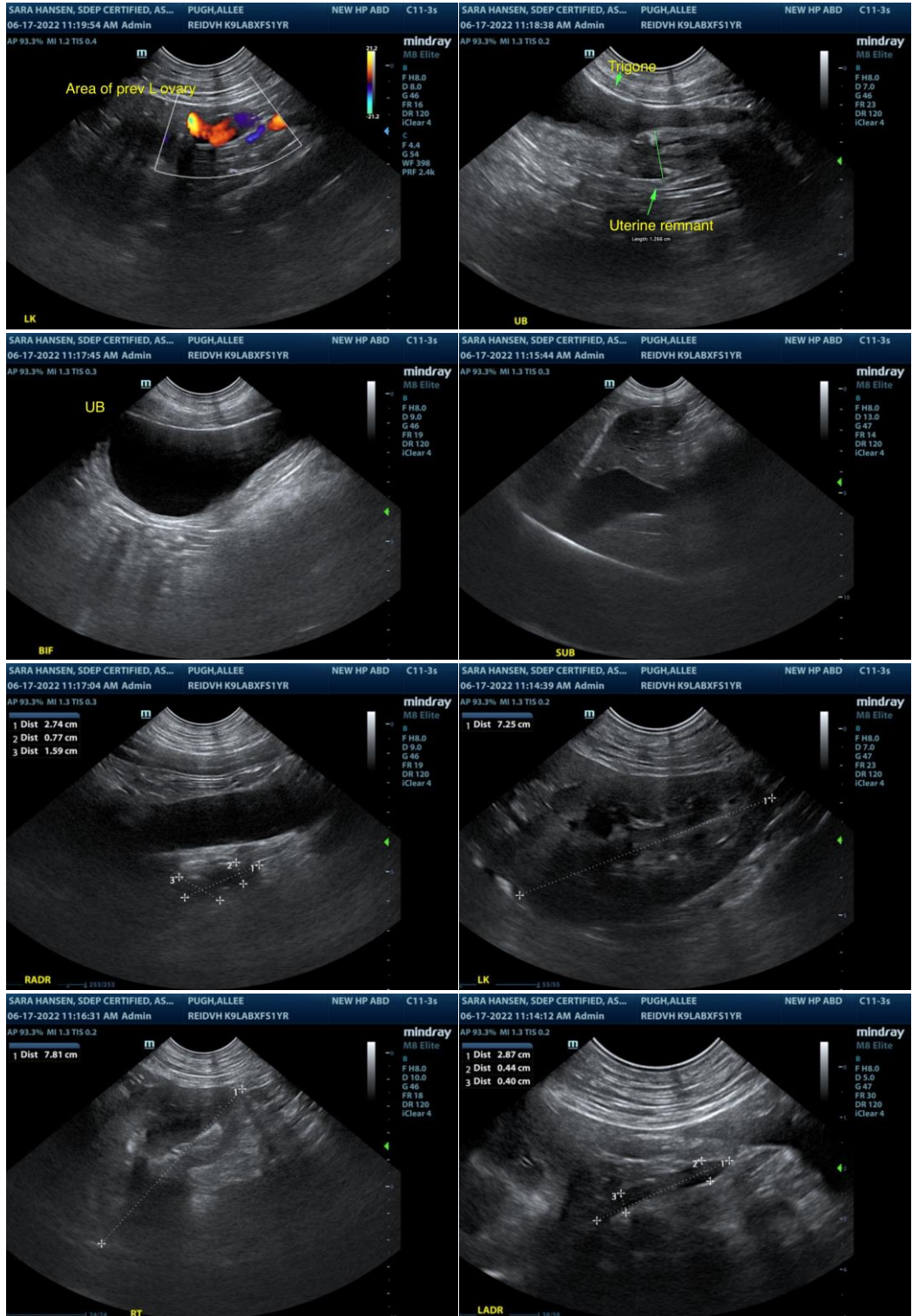
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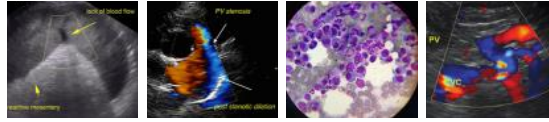
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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