



PATIENT	PRESENTING CLINICAL SIGNS
Bella Segoviano	lethargic possible pyo
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Canine	Urinary System
BREED	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of – 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.
Poodle X	The area of the aortic trifurcation was free of pathology.
SEX	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 4.8 cm. The right kidney measured 4.7 cm.
Female	Adrenal Glands
AGE	The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.54 cm at the caudal pole. The left adrenal gland measured 0.51 cm at the caudal pole.
9 Years	Spleen
WEIGHT	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.
16.3 Pounds	Liver
INTERPRETED BY	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.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Gastrointestinal
IMAGING PERFORMED BY	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.
Jenn	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.
HOSPITAL NAME	Normal visible colon wall layers were present with apparent formed feces in lumen.
Rockaway AH	Pancreas
REFERRING VET	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.
Dr. Maniar	
INVOICE	
38920	
DATE	
6/21/22	



PATIENT

Other

Bella Segoviano

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

SPECIES

Canine

No overt lymphadenopathy or peritoneal free fluid.

ULTRASONOGRAPHIC FINDINGS

BREED

- Pyometra

Poodle X

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Laparotomy with expectation toward ovariohysterectomy recommended.

SEX

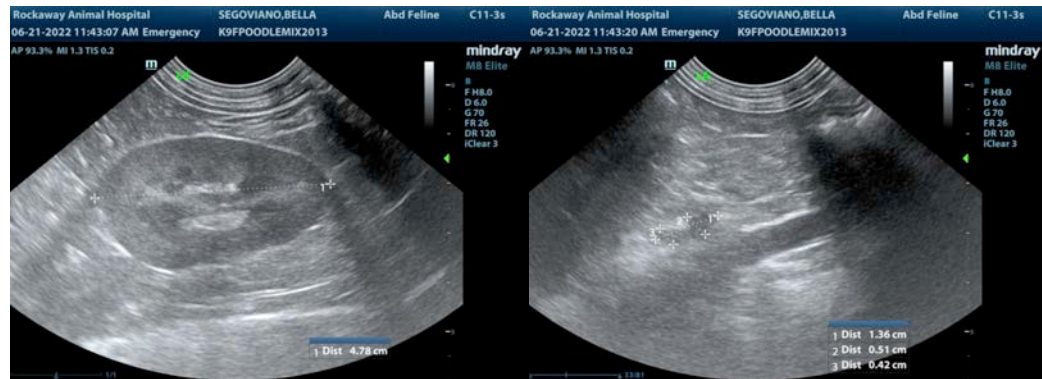
Female

AGE

9 Years

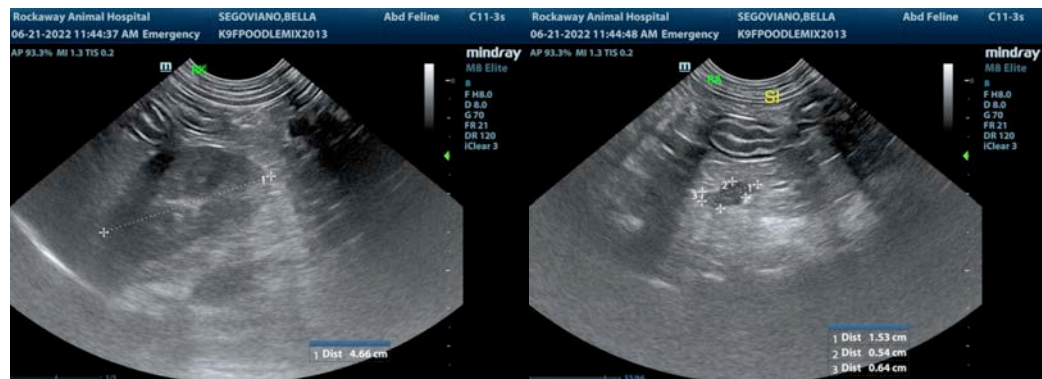
WEIGHT

16.3 Pounds



INTERPRETED BY

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

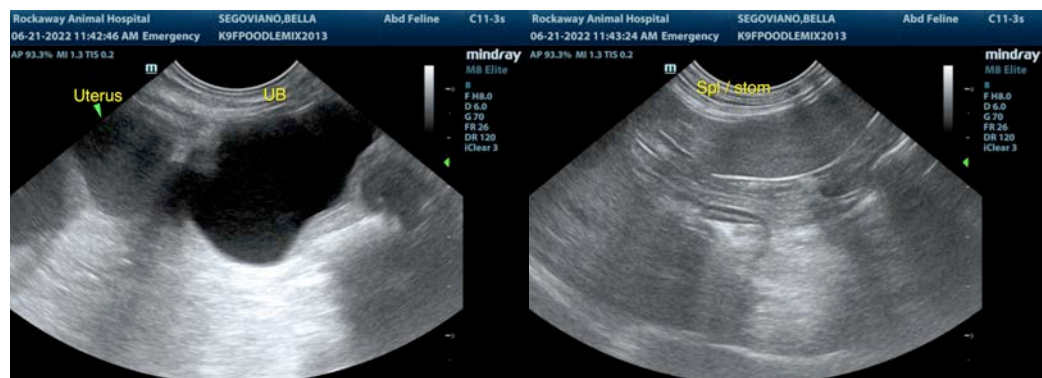


IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH



REFERRING VET

Dr. Maniar

INVOICE

38920

DATE

6/21/22



PATIENT

Bella Segoviano

SPECIES

Canine

BREED

Poodle X

SEX

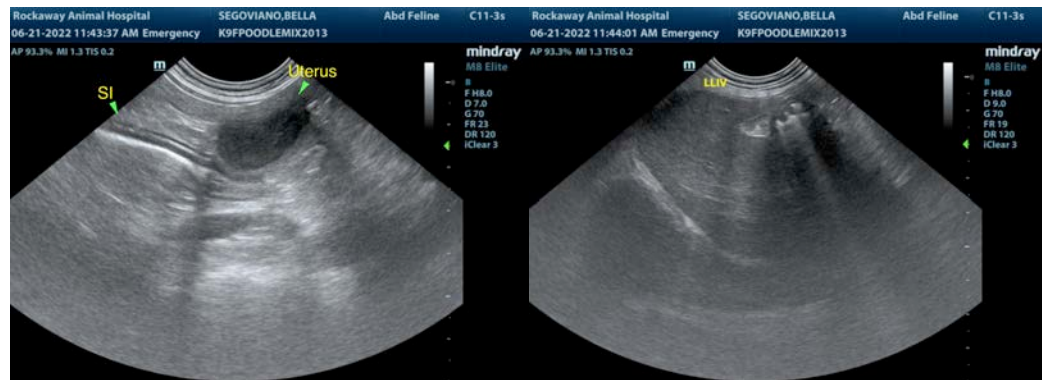
Female

AGE

9 Years

WEIGHT

16.3 Pounds



INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Maniar

INVOICE

38920

DATE

6/21/22

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