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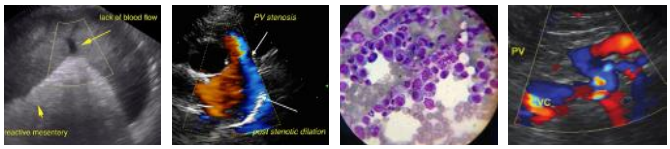
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Ruby Gonzalez

SPECIES

Canine

BREED

Yorkie

SEX

Female

AGE

11yr

WEIGHT

7lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Rivera

HOSPITAL NAME

DPC Veterinary Hospital

REFERRING VET

Dr. Feldt

INVOICE

11164ag

DATE

07/25/2022

PRESENTING CLINICAL SIGNS

History: Reason for Visit: vomiting, diarhea & lethargic. History: P is having discharge coming from vulva area & is a dark brown color. P's energy wise not really walking P will get up to drink water & then shortly after drinking P urinates P also having mild diarhea P is not really eating O thinks friday was the last time P ate almost a full meal & apitite has decreased since.

Abnormal PE/Chem/CBC/UA Results: Hydration: N Mentation: N EENT: N Oral Cavity: severe periodontal dz, marked gum erosion Lymph Nodes: N Skin: multiple firm moveable mammary tumors CV/Respiratory: N Abd/GI: tense Uro/Perineum:enlarged vulva, dark brown/black foul smelling vaginal discharge Musculoskeletal: N Neurological: N CBC Monocytosis 8,520 - r/o chronic infection/inflammation Neutropenia 140 - r/o Neutrophils sequestered to uterus vs immunosuppression (viral, neoplasia) Lymphopenia 940 - stress Chem: SDMA 16 - early CRF BUN/Creat WNL Phos 9.0 - r/o renal Globs 4.8 - r/o sec to pyo, +/- neoplasia Alk phos 283 - non-specific enzyme T4 0.7 - r/o euthryroid sick syndrome

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 was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.0 cm in length. The right kidney measured 4.0 cm in length.

The area of the aortic trifurcation was free of pathology.

The uterus exhibited generalized enlargement measuring approximately 1.4 cm width at the level of the uterine body dorsal to the urinary bladder. Subjective thickened walls exhibiting mild asymmetrical luminal surface contour was noted. The majority of the uterus appeared to contain a moderate amount of echogenic fluid.

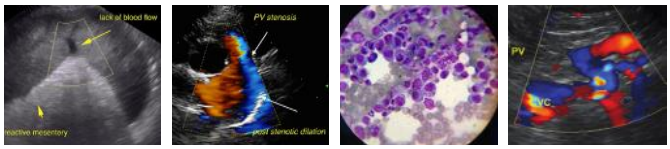
The probable left ovary exhibited cystic criteria containing anechoic fluid measuring approximately 1.3 cm in diameter. The right ovary was indistinctly visualized with a spherical primarily homogeneous potential mass in the area of the right adrenal gland which could also indicate right cranial uterine horn enlargement measuring approximately 1.6 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 0.56 cm width at the caudal pole. The right adrenal gland was not definitively visualized due to peri adrenal artifact.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The



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parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

Liver

The liver presented mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with 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.

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

A small pocket of scant free fluid was noted in the caudal abdomen cranial to the apical urinary bladder.

Peri uterine hyperechoic mesentery was noted.

Focal, mildly prominent to enlarged solitary medial iliac lymph node was present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). The lymph node measured 1.4 cm x 0.2 cm. This is suggestive of reactive to possible mild inflammatory criteria without evidence of neoplastic criteria.

ULTRASONOGRAPHIC FINDINGS

- Generalized enlarged uterus exhibiting variably thickened walls and moderate echogenic luminal fluid-consistent with probable pyometra/endometritis, potential for uterine neoplastic criteria thought less likely yet cannot be excluded
- Cystic left ovary
- Possible enlarged right ovary vs cranial right uterine horn enlargement
- Mild reactive vacuolar hepatopathy pattern
- Mild chronic renal changes
- Small pocket of caudal abdominal free fluid

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Three view chest radiographs warranted if not already done. If no evidence of thoracic pathology and normal cardiopulmonary status, laparotomy with expectation for OVH is recommended with submission of uterine tissue for histopathology.
Peri operative GI support is suggested. No evidence of gastroenterocolic pathology.

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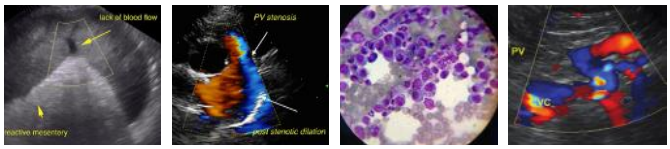

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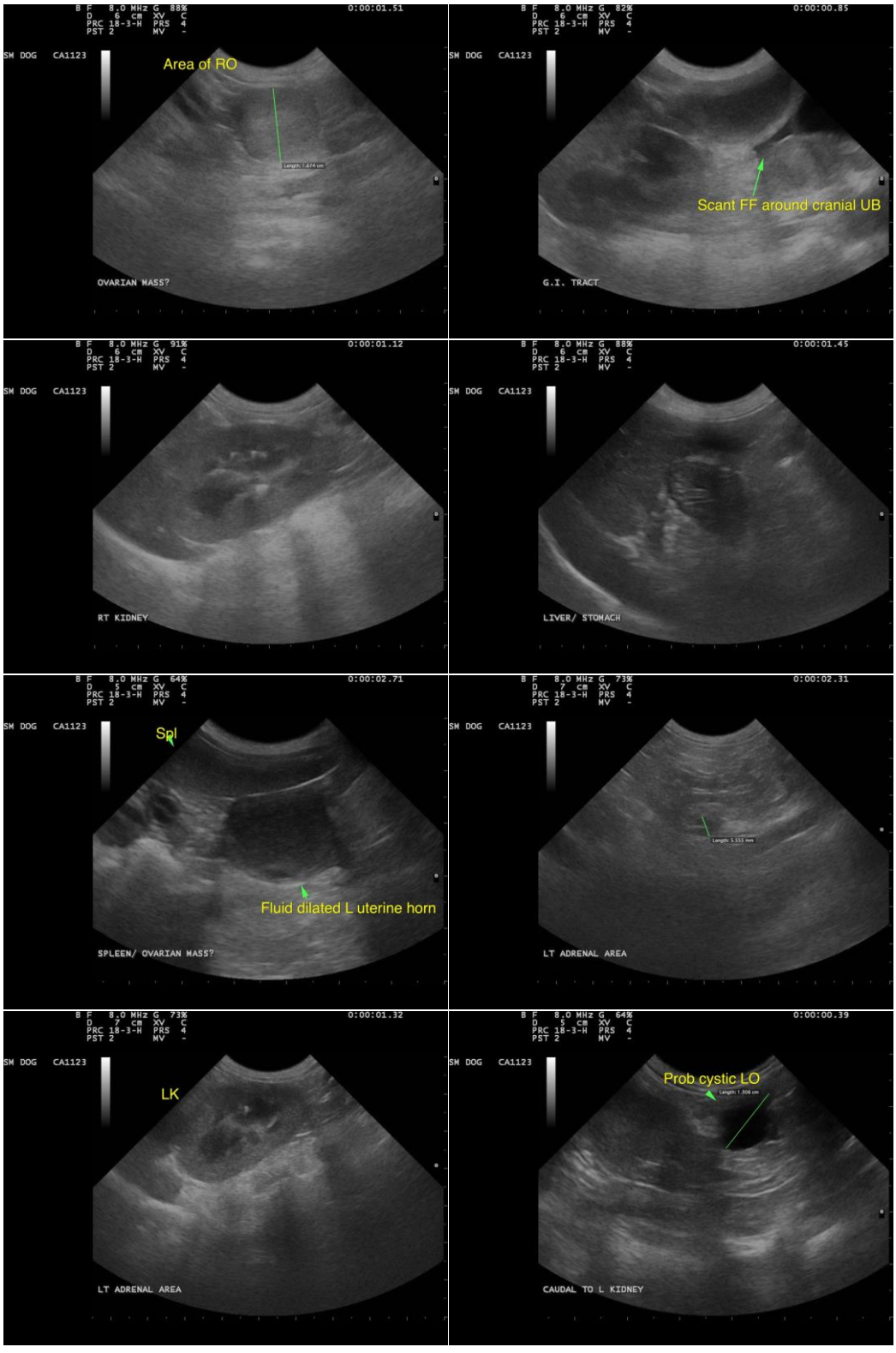
Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.



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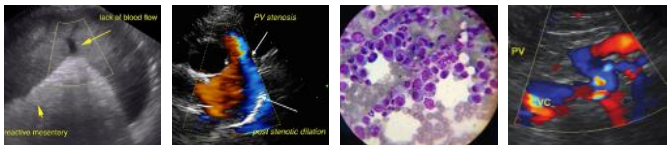

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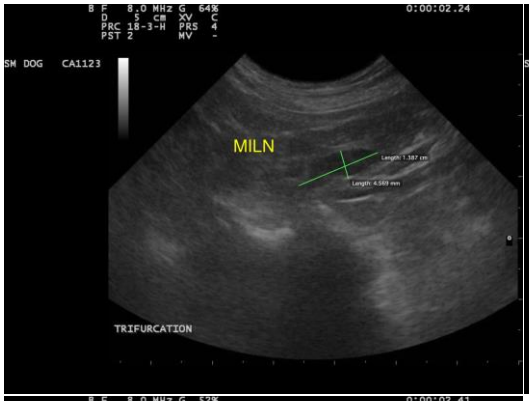

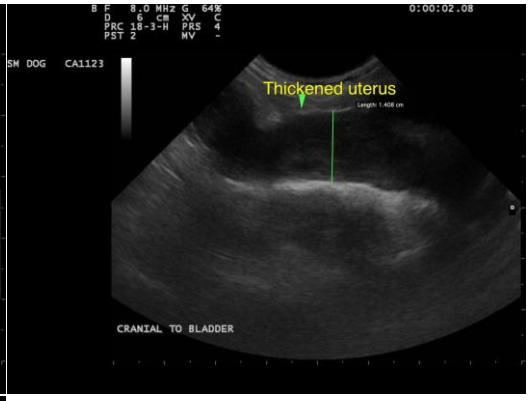

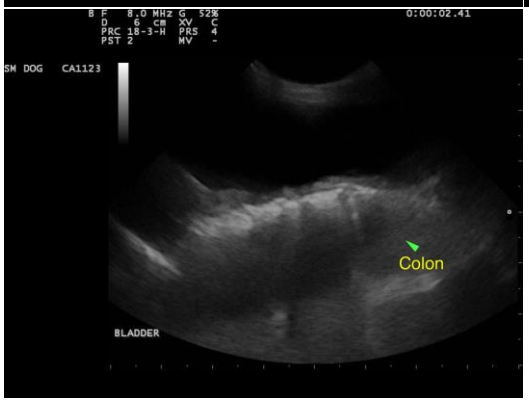

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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