**PATIENT**

Bella Norfleet

SPECIES

Canine

BREED

Rottweiler

SEX

F

AGE

3 yr 5 mo

WEIGHT

101 lbs.

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP (Canine
and Feline)**IMAGING
PERFORMED BY**

Amy Mayhew LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Family Pet Practice

INVOICE

14721

DATE

8/26/22

PRESENTING CLINICAL SIGNS

-Diarrhea first noticed a week ago. unsure if any blood or mucus in stool. vomited once yesterday- food material. lethargic for 2 days. whining. no diet change. didn't get into anything as far as o knows. chews up toys-unsure if anything recently. o did not end up breeding p. has intact male at home- unsure if p tied with male or not. last heat about 3 weeks ago. rec BW, rads. sedation needed for further diagnostics.

Abnormal PE/Chem/CBC/UA Results: exam performed in treatment area due to aggression shown, examined while obtaining blood sample from saphenous. Presented with trazodone 75mg PO 1hr prior to appt 1. BAR- growling, basket muzzle placed for exam 5.NE muzzled 9/10. Very tense abdomen, difficult to palpate deeply due to P size, unable to perform rectal exam without sedation 12. Limited MS exam, no obv gait abnormalities when walking/trotting. CBC- Leukocytosis, neutrophilia Chemistry- ALP 247, TP 8.2, Glob 4.6, Chol 434, Amylase 1989, Lipase >1000 Rule-out pancreatitis, GI fb, IBD, gastroenteritis. Concern for hepatic involvement vs intestinal cortisol increase Abdominal radiographs- only able to obtain single view rad without sedation, recommend sedation for AUS. for further evaluation of abdomen, moderate gas distention within intestinal loop mid abdomen, suspect mild to moderate dilation of uterus- no visible fetal skeletons. Would like v/d view to confirm dilated uterus vs fluid filled intestine. Reviewed concerns for pyometra, recommend AUS to further evaluate with the potential for emergency OHE for pyometra vs abdominal explore (cannot rule-out fb with single rad alone). Also discussed option for exploratory surgery with OHE instead of waiting on AUS as results for AUS may not be available until tomorrow even with stat request. O elected to proceed with AUS, supportive care treatment for now. Reviewed sedation needed for AUS- O consented. Fecal-need stool sample

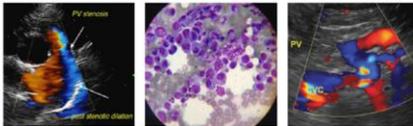
ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

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.

The uterus exhibited mildly prominent to thickened presentation owing to subjective mildly nonhomogeneous mural thickening. Intermittent small pocket of scant luminal fluid was visualized along with intermittent spherical-appearing cyst-like mural lesions. The uterus measured 2.8 cm- 3.0 cm in width. No overt evidence of peri uterine inflammation was noted. Both the left and right ovaries were normal. The left ovary measured 3.2 cm. The right ovary measured 2.3 cm.

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 2.4 cm x 1.1 cm. This lymph node was not overtly consistent with Inflammatory or neoplastic criteria.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomodullary 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. Left kidney suspect caudal infarct was noted. The left kidney measured 7.6 cm in length. The right kidney measured 8.3 cm in length.

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Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.41 cm width at the caudal pole and 0.43 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.59 cm width at the caudal pole and 0.84 cm width at the cranial 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 and sonographically unremarkable wall layering. The stomach appeared to be mildly distended with luminal gas and potential mild ingesta / chyme. No overt evidence of mechanical pyloric outflow obstruction was noted. The gastric body wall width measured 0.39 cm.

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. The duodenum wall measured 0.63 cm width. The jejunum wall measured 0.33 cm width.

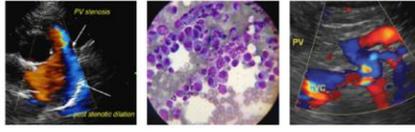
The colon exhibited intact yet mildly prominent wall layering noted in the descending colon and colorectum with empty colon lumen.

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 were evident.

Free Abdomen

No free fluid was noted.



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ULTRASONOGRAPHIC FINDINGS

- Suspect probable cystic endometrial hyperplasia, potential for emerging pyometra thought less likely yet cannot be definitively excluded
- Overtly normal gastrointestinal tract with mild subjective gastric ingesta / chyme and luminal gas
- Mild descending colitis pattern
- Sonographically unremarkable pancreas
- Focal nonspecific mild subjectively benign / reactive medial iliac lymphadenopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ovariohysterectomy is recommended if the patient is not intended for breeding. If ovariohysterectomy is not possible, sonographic monitoring of the uterus for evidence of progressive luminal fluid accumulation would be ideal, as well as monitoring for evidence of vaginal discharge. No overt evidence of gastrointestinal foreign body was evident.

Likewise, no sonographic evidence of active pancreatitis, although gastroenterocolitis or low-grade pancreatitis, which may present as sonographically normal, or if gastrointestinal signs are present, could be possible. As-needed GI supportive care should prove beneficial.

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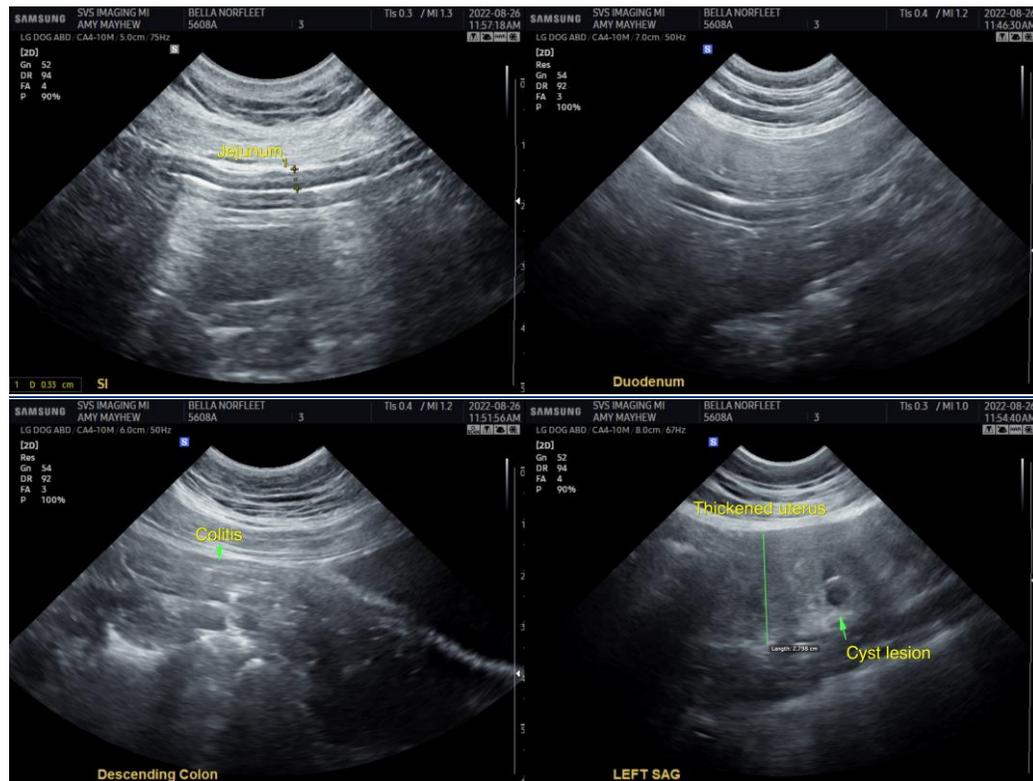
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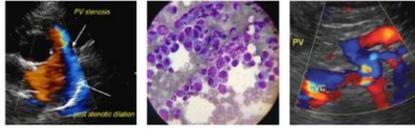
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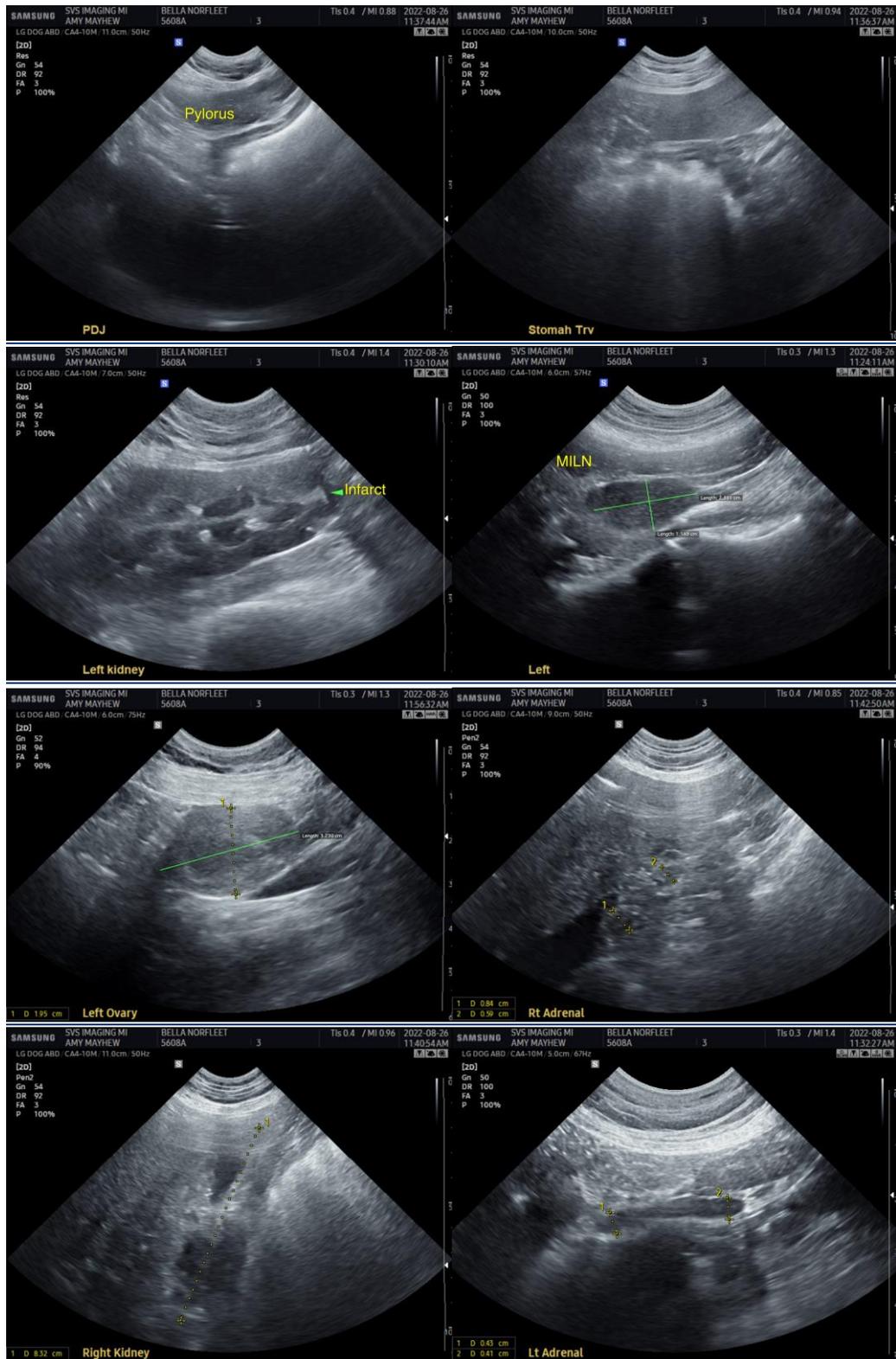
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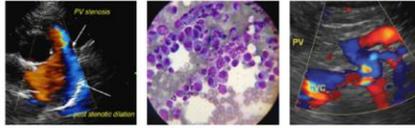
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The information and recommendations provided are based on the images presented by the

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EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

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referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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