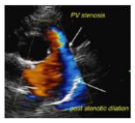
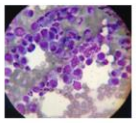
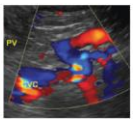




PATIENT

Elsa Krauss

SPECIES

Canine

BREED

German Shepherd

SEX

SF

AGE

8 years

WEIGHT

90 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Hartmann

INVOICE

14764

DATE

8/30/22

PRESENTING CLINICAL SIGNS

Chronic vaginal discharge, thick mucoid discharge (sometime greenish, sometime white). Also chronic draining fistula on right rear paw - cultured - treated with Trimethoprim Sulfa with early success but after about 6 weeks of treatment started to drain again.
Abnormal PE/Chem/CBC/UA Results: Stenotrophomonas maltophilia - 1+ (Trimethoprim Sulfa Recommended) Bacillus sp. - 2+ Staphylococcus pseudintermedius - 1+ (Multiple sensitivities) UA - large WBC

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 was noted.

The area of the uterine remnant dorsal to the distal descending colon and ventral to the area of the cystourethral junction and proximal urethra was sonographically unremarkable measuring approximately 0.5 cm in diameter.

The area of the iliac trifurcation was free of pathology including no evidence of medial Iliac or sublumbar lymphadenopathy/masses.

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 pyelectasia or pyelonephritis. The left kidney measured 6.6 cm in length. The right kidney measured 6.7 cm in length.

Adrenal Glands

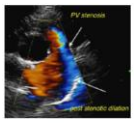
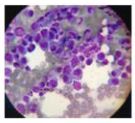
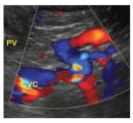
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.0 cm length x 0.41 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.1 cm length x 0.48 cm width at the caudal pole.

Spleen

The spleen exhibited potential for borderline to mild enlargement with maintained symmetrical capsule contour and generalized mild splenic parenchyma heterogeneity. No masses or nodules were noted. Normal splenic vascularity was present.

Liver/ Gallbladder

The liver exhibited subjective mild enlargement. 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 mild, non-dependent, mildly hyperechoic

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debris. The gallbladder or peripheral gallbladder were sonographically normal without evidence of inflammatory criteria. The common bile duct was normal without evidence of dilation.

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 were evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable urinary bladder and visible proximal urethra
- Overtly normal uterine stump - no sonographic evidence of enlargement, granuloma, stump pyometra, or neoplastic criteria
- Suspect mild breed-associated hypersplenism
- Mild hepatomegaly - subjectively benign
- Mild gallbladder debris (non-mucocele)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A definitive cause of the reported chronic vaginal discharge, given the lack of overt uterine remnant pathology, was not obvious. Vaginal vault cytology could be considered If clinically indicated or if clinical signs of estrus. Anti-Mullerian hormone assay could be considered if clinical concern for a possible ovarian remnant.

Serial monitoring of urinalysis +/- recheck urine C/S 7 days post completion of current antibiotics is recommended. CBC and Chemistry panels are suggested if not recently done, primarily to assess for evidence of CBC abnormalities or elevated liver enzymes. Screening hepatosplenic FNA cytology using a 25-gauge needle could be considered if evidence of hepatic enzyme elevations, anemia, etc., are noted. However, no obvious evidence of hepatosplenic criteria was noted.

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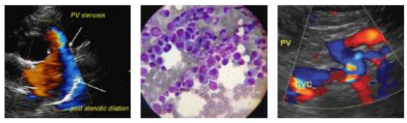

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Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

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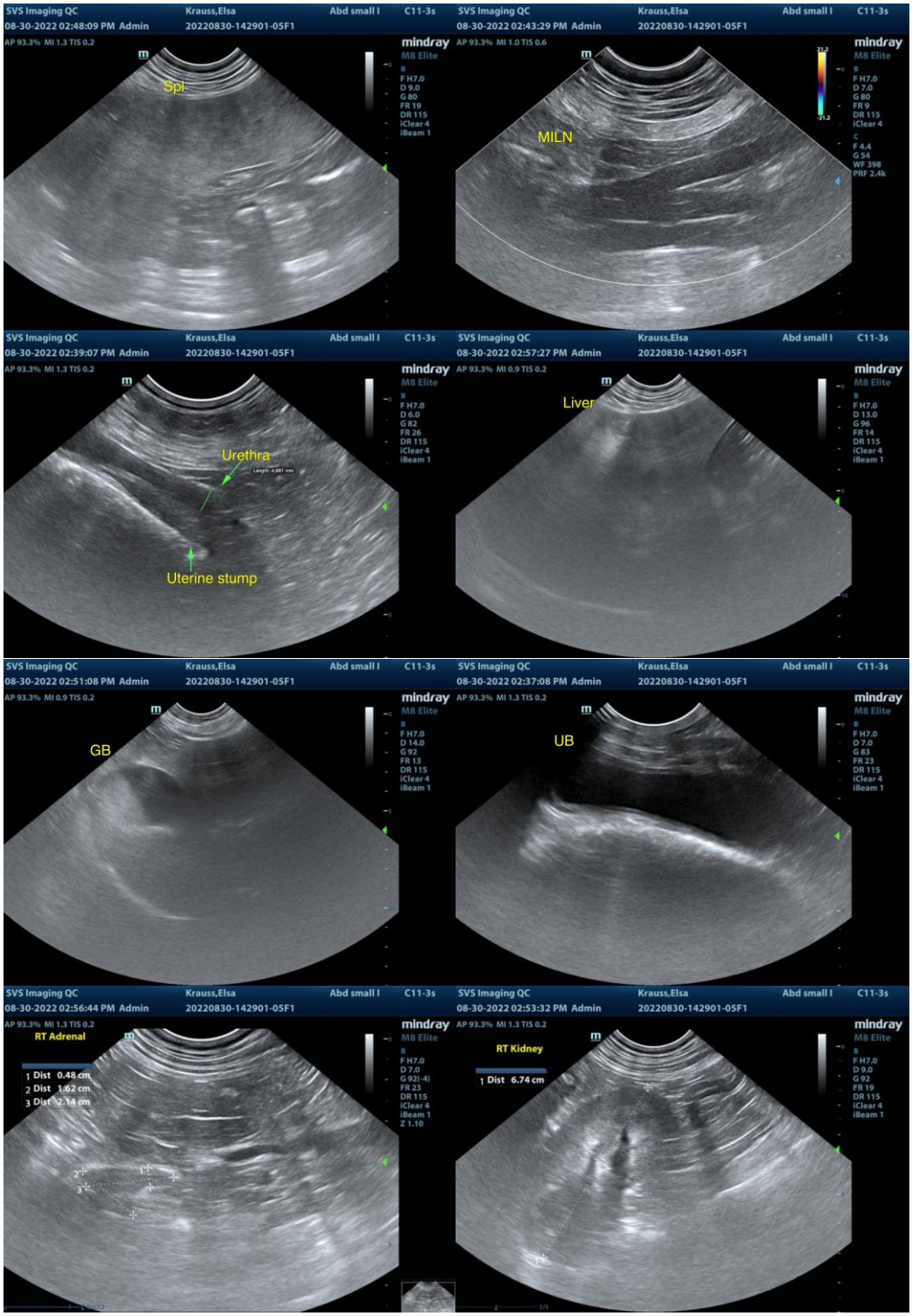

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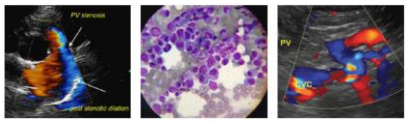

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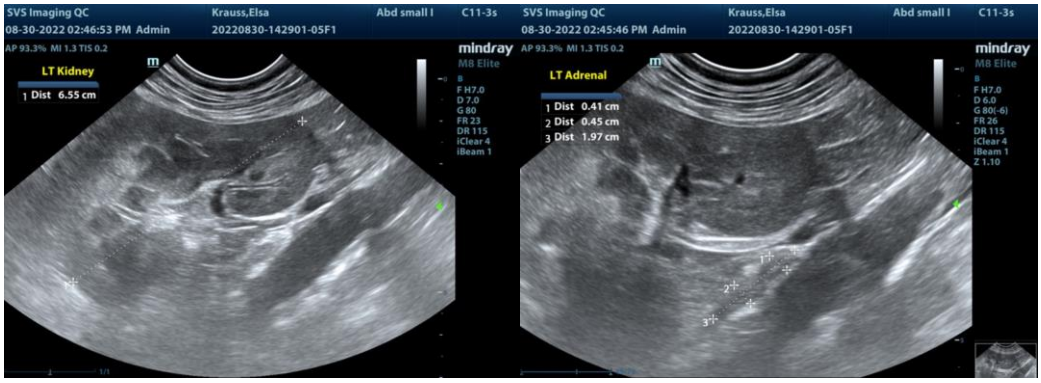

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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