



PATIENT

Timbre Podgers

SPECIES

Canine

BREED

Husky

SEX

Intact Female

AGE

5 years

WEIGHT

39 lbs.

PRESENTING CLINICAL SIGNS

vaginal discharge, neutrophilia, intact. R/O pyometra.

Abnormal PE/Chem/CBC/UA Results: wbc 18,000, neutrophils 14,840; glob 4, A/G ratio 0.7; lyme chronic positive, borderline ehrlichia. UA: protein ++, USPG 1.050

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 mild to moderate thickening primarily in the area of the uterine body adjacent and dorsal to the urinary bladder as well as cranial to the urinary bladder. Mild, subjective, anechoic lumina fluid was also present within the uterine body. Potential embedded cystic structures noted within the thickened uterus are possible. The uterus measured 1.6 cm in diameter.

No overt pathology was noted in the area of the left or right ovaries.

The area of the aortic trifurcation was free of pathology.

INTERPRETED BY

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

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 6.0 cm in length. The right kidney measured 7.0 cm in length.

IMAGING PERFORMED BY

Jessica Miller

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.43 cm width at the caudal pole and 0.48 cm width at the cranial pole. No overt pathology was noted in the area of the right adrenal gland.

HOSPITAL NAME

Newton VH

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. Kim

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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.

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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.

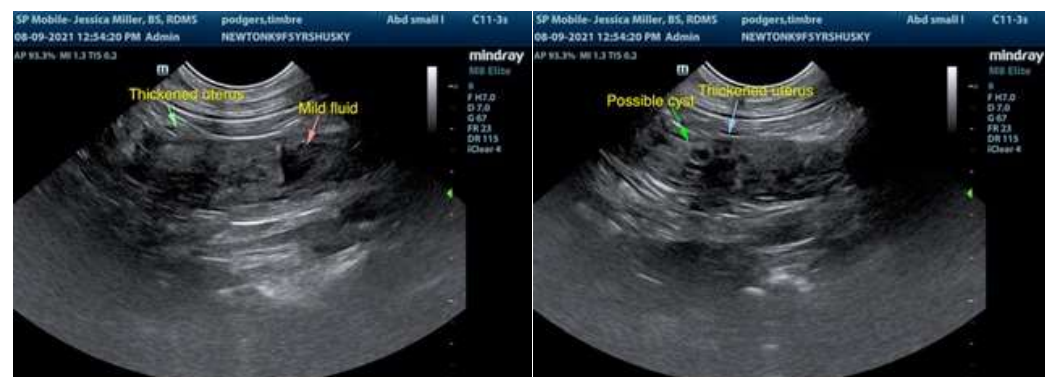
ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Thickened uterus with potential embedded minor cysts and mild luminal fluid - cystic endometrial hyperplasia, endometritis, mild to emerging pyometra possible

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ovariohysterectomy is recommended and likely ideal in this patient, given the thickened presentation of the uterus. The potential for Inflammatory uterine changes, mild pyometra, and given the vaginal discharge, is possible. If surgery is not an option, medical therapy for mild to emerging, potentially open pyometra is recommended with an assessment of clinical response and/or sonographic monitoring of the uterus. No evidence of pregnancy was present.





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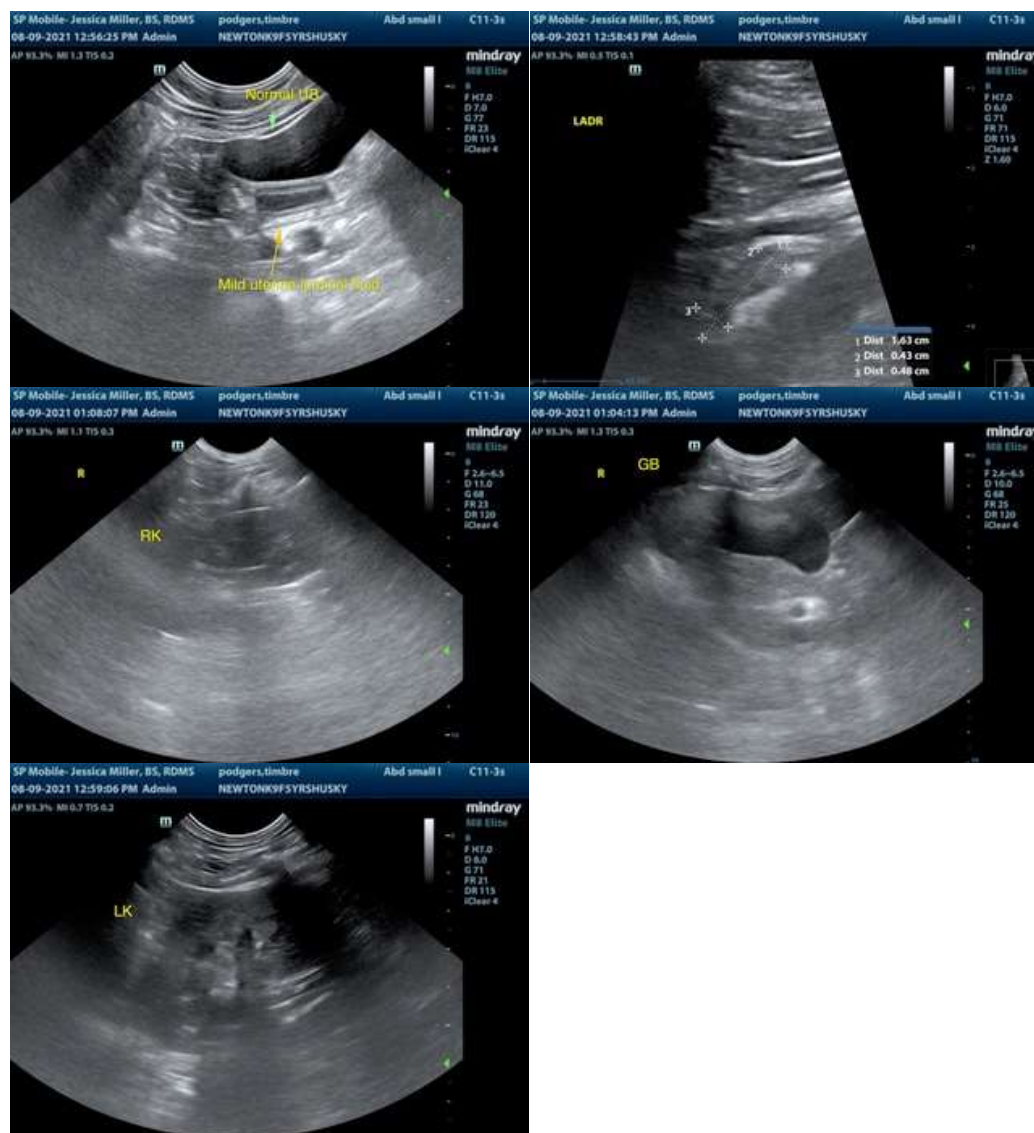
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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