



PATIENT

Kimber Gianotti

SPECIES

Canine

BREED

German Shepherd

SEX

Intact Female

AGE

2 Years

WEIGHT

80 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Crook- SDEP
Certified Clinical
Sonographer

HOSPITAL NAME

Rivers Edge PMC

REFERRING VET

Dr. Travis Gibson

INVOICE

17287

DATE

9/12/22

PRESENTING CLINICAL SIGNS

History: Tied 8/9. Patient has been waxing and waning with vomiting partially digested food as well as behavior. Currently on Nexgard.

Abnormal PE/Chem/CBC/UA Results: None performed at this time

*Limited ultrasound study containing 12 videos for review.

LIMITED ULTRASONOGRAPHIC EXAMINATION

The left and right ovaries were sonographically normal. The left ovary measured 2.4 cm in diameter. The right ovary measured 1.8 cm in diameter. The visualized uterus exhibited overtly normal size and contour. Focally prominent to mildly nonhomogeneous uterine wall was noted in the area of the uterine body and dorsal to the adjacent descending colon to colorectum. The area of prominent to potential mildly thickened uterus, measured 1.3 cm width. By comparison, normal appearing uterus measured 0.8 cm in width. No evidence of viable fetuses, pyometra, neoplastic criteria or other abnormalities. No evidence of periuterine free fluid.

ULTRASONOGRAPHIC FINDINGS

- Possible mildly thickened focal uterine body- patient variant, potential cervix depending on location of mildly prominent to thickened uterine wall. Potential for collapsed gestational chamber/retained fetus cannot be definitively excluded. No evidence of viable pregnancy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The clinical significance of the uterus is unclear without overt evidence of significant pathology, i.e., pyometra or viable pregnancy. Continued monitoring for evidence of vaginal discharge, going forward, is recommended. Ideally, if this patient is not intended for breeding, ovariohysterectomy is recommended. Sonographic reassessment of the uterus (if clinically indicated) +/- full abdominal ultrasound if persistent/progressive vomiting or other GI signs, may be considered.



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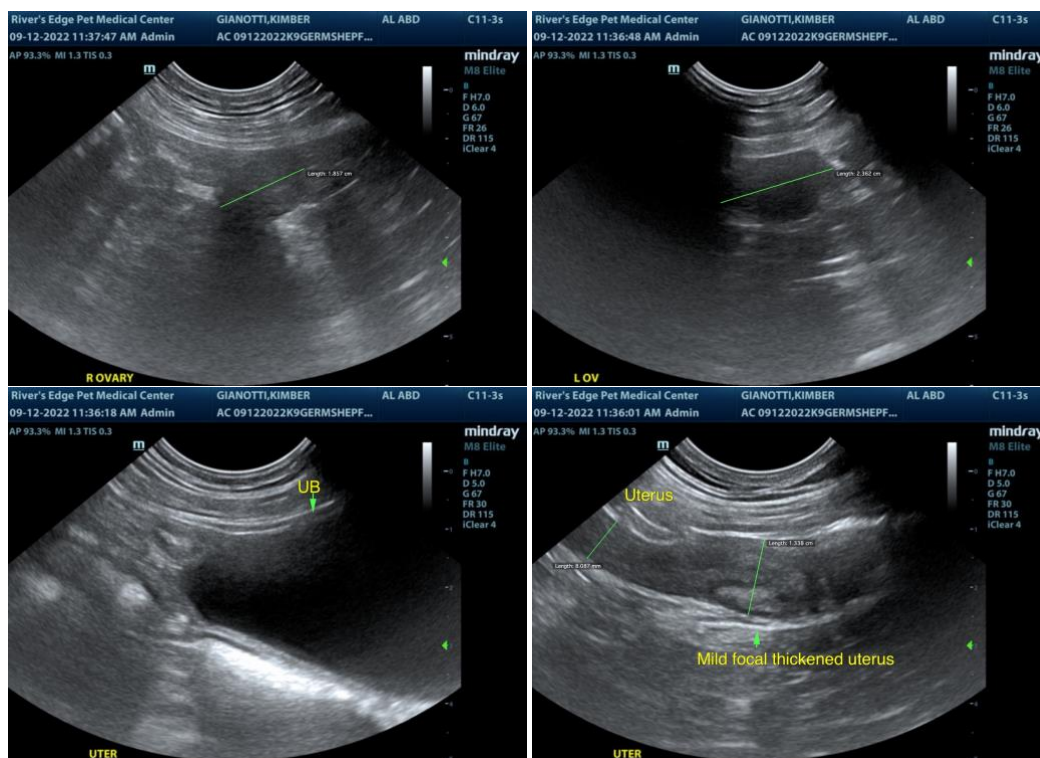
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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