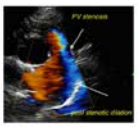
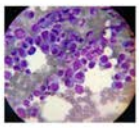
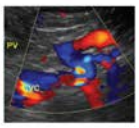

PATIENT

Mocha Druien

SPECIES

Canine

BREED

Pit Bull

SEX

Intact Female

AGE

8 Years

WEIGHT

41.4 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Haenni

INVOICE

25173

DATE

9/3/21

PRESENTING CLINICAL SIGNS

Yesterday presented for not eating for 6 days and lethargic. Owner unsure of last heat cycle. Abnormal PE/Chem/CBC/UA Results: WBC WNL, Neu hi, eos low, bas high, TBIL 0.8, ALT 238, Ca 8.6, TP 5.2. Mammary development and milk production Abdominocentesis during ultrasound: RBC TNTC, WBC 15-20/hpf, occ cocci, Prot ++ Radiographs: reduced abdominal detail, opacity central abdomen Concerned for pyometra

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of – 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 were 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.6 cm. The right kidney measured 6.0 cm.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.3 cm length x 0.52 cm at the caudal pole. The right adrenal gland measured 2.6 cm length x 0.70 cm at the caudal 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

The liver presented 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 mildly distended in size, yet without evidence of rupture, with mild, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The stomach was primarily empty with shadowing luminal echo measuring approximately 2.0 cm in diameter.

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A segmental to diffuse ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material.

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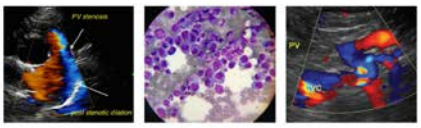

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Pancreas

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

The uterus presented diffuse fluid dilation with primarily anechoic fluid and mild cellular debris. The appearance of the uterus is most consistent with pyometra although hydrometra, hematometra or similar presentations are possible. Subjectively one horn of the uterus exhibited moderate dilation with cellular fluid, while an additional suspected uterine horn contained a mild amount of luminal fluid.

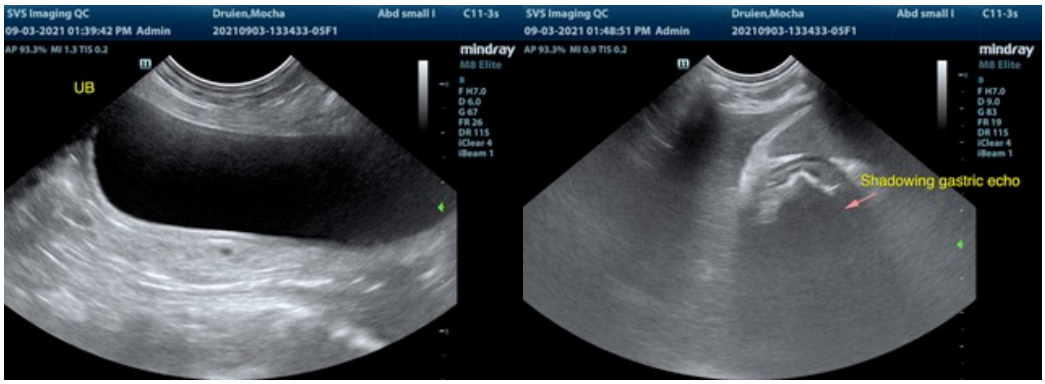
Moderate, cellular peritoneal effusion was present. The mesentery exhibited increased echogenicity with a diffuse nodular pattern. No evidence of significant lymphadenopathy, although potential for minor mesenteric lymphadenopathy could not be excluded.

ULTRASONOGRAPHIC FINDINGS

- Pyometra with potential variable uterine horn fluid distention
- Generalized peritonitis and likely septic abdomen exhibited by cellular peritoneal free fluid and generalized reactive to inflamed mesentery
- Generalized acute gastroenteritis pattern with non-specific shadowing gastric echo
- Probable reactive hepatopathy
- Mildly distended yet intact gallbladder with mild luminal debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the peritoneal effusion analysis and concurrent pyometra with potential variable uterine horn fluid distention, strong concern for uterine rupture with secondary septic abdomen. The possibility of potential gastric foreign body and/or possible non-obvious intestinal perforation cannot be definitively excluded, though thought less likely. Regardless, emergency exploratory laparotomy with abdominal flush, HOE, and gross inspection of the gastrointestinal tract with potential for gastrotomy is recommended when patient is stable. Appropriate broad-spectrum perioperative antibiotics, plasma expanders, and gastrointestinal support indicated. Guarded prognosis. No overt evidence of intraabdominal masses or obvious neoplasia.



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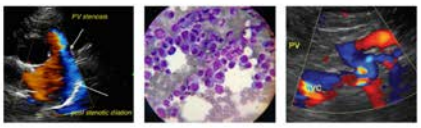

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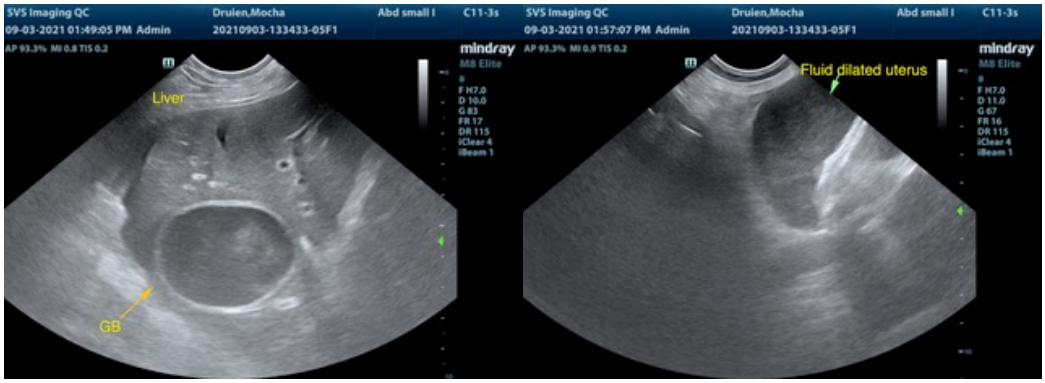

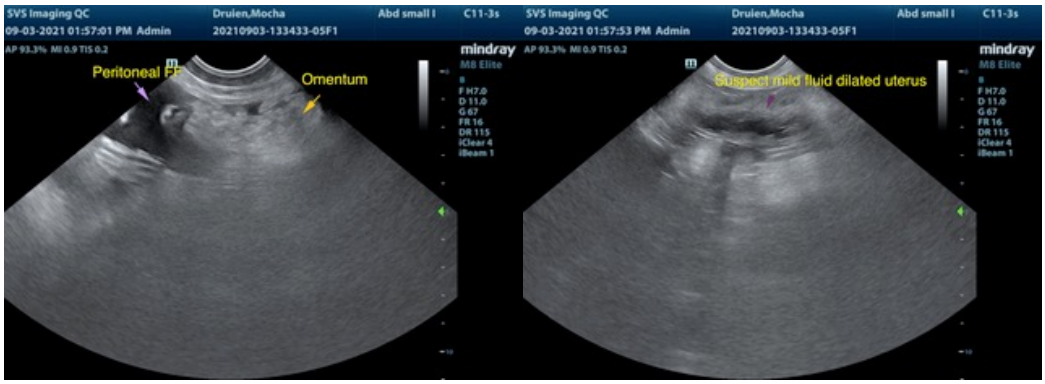

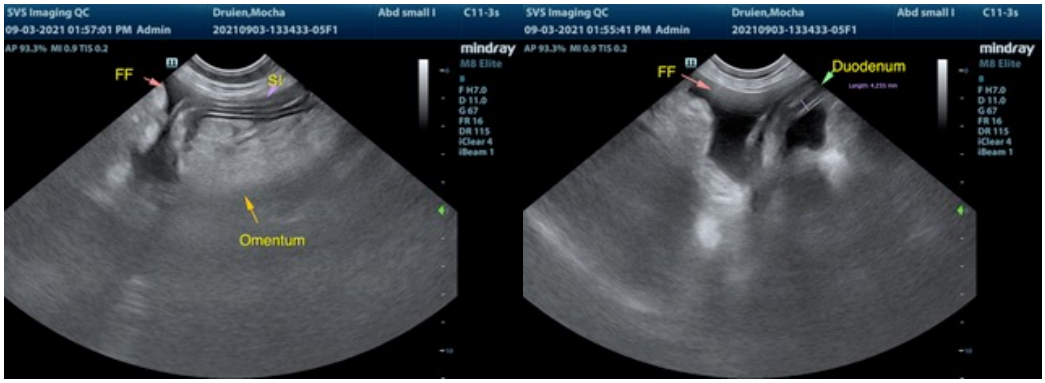

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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