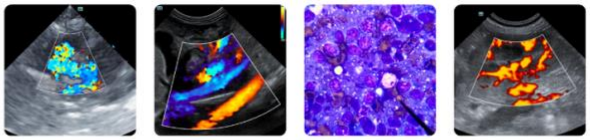


PATIENT

Chiquitina Rivera

SPECIES

Canine

BREED

French Bulldog

SEX

Spayed Female

AGE

2 Years

WEIGHT

20.8 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Gabriel Ferrer, DVM

HOSPITAL NAME

Pulse Pet Ultrasound Services

REFERRING VET

Dra. Laura S. Solis

INVOICE

36817

DATE

12/8/25

PRESENTING CLINICAL SIGNS

History: Pt presented as a referral for an abdominal ultrasound to evaluate purulent discharge present from vulva and slight discomfort since October. She has been on clavamox and rimadyl ever since (r/o stump granuloma vs stump pyometra). O said pt was spayed in September.

Abnormal PE/Chem/CBC/UA Results: Bloodwork and radiographs attached as supporting documents.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Kidneys are irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. There is no pyelectasia noted and no mineral is observed. The left kidney was normal in size, measuring 5.5 cm. The right kidney was normal in size, measuring 5.2 cm.

Adrenal Glands

Left adrenal gland is normal in size (0.46 cm at cranial pole and 0.43 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (0.53 cm at cranial pole and 0.58 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

Spleen is subjectively normal in size (1.8 cm thick at the hilus) with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

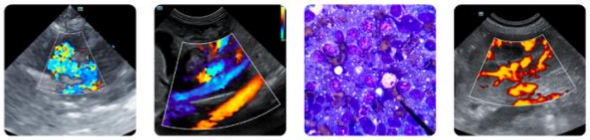
Liver

Liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with primarily fluid as well as some echogenic non-shadowing luminal contents and gas consistent with normal chyme. There is no evidence of obstruction, foreign material, or infiltrative disease. Pyloric outflow tract appears patent.



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The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The pancreas that is observed appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no visible free peritoneal effusion noted in these images.

There is no apparent pathologic lymphadenopathy noted in these images.

In the mid to caudal left abdomen, just medial to the tail of the spleen, is an approximately 3.2 cm x 4.3 cm heterogenous largely fluid filled, potentially walled off structure.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The mid to caudal left abdominal structure could be a focally dilated part of the left uterine horn, but there is no dilated body or stump visibly attached to it. Other differentials include a large partially cystic left ovarian remnant versus focal cyst, hematoma, abscess, potentially foreign object, other.
- Subtle chronic kidney disease changes are noted and should be interpreted in combination with laboratory results and urinalysis results.

Secondary Findings

- Mild gallbladder debris- Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If not recently evaluated, urinalysis, and if indicated based on urinalysis results, urine culture is recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

Sampling of the structure in the mid to caudal left abdomen described above via fine needle aspirate could be considered if patient's coagulation status is appropriate, for cytology, culture and sensitivity, etc.

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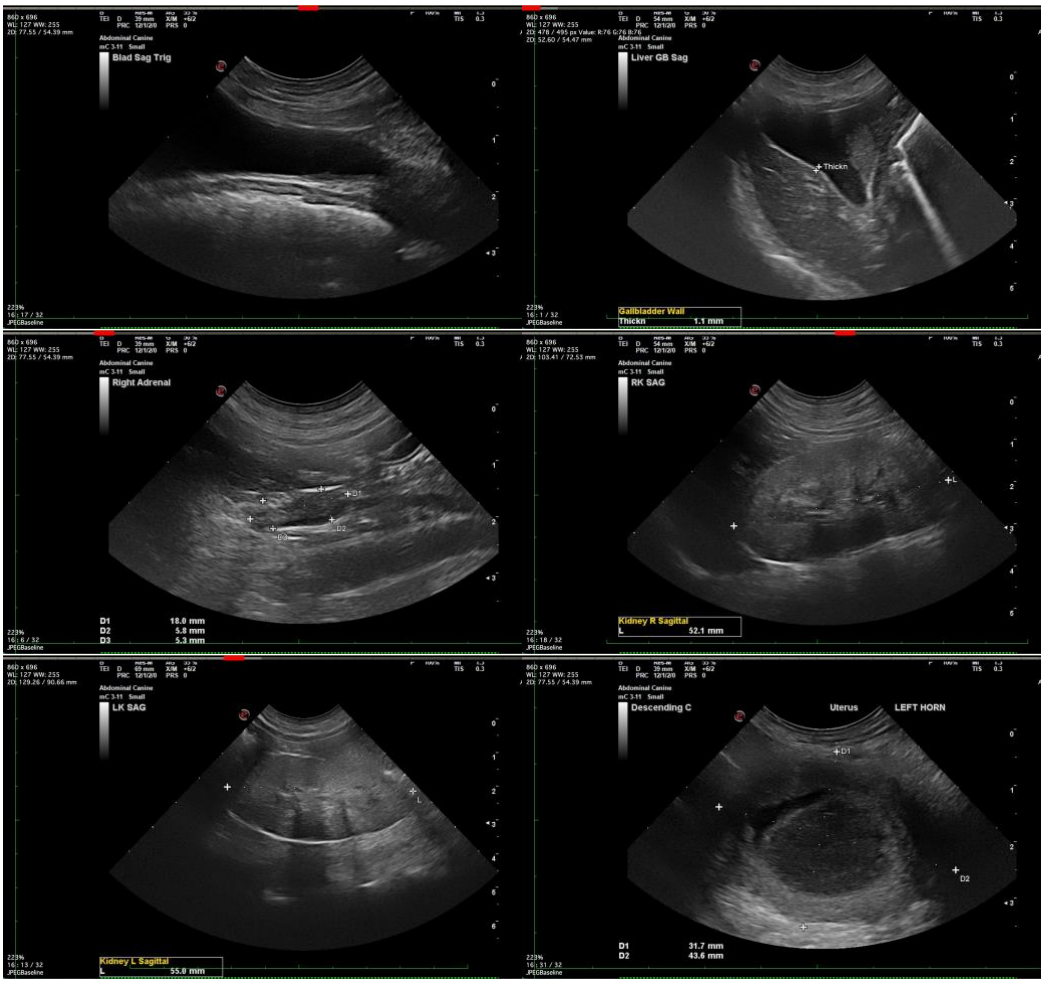
Additionally, hormone testing could be considered to further evaluate possible ovarian remnant.

Having said that, however, ultimately, the structure likely needs to be surgically removed, debrided, omentalized, other. Therefore, an exploratory laparotomy could be considered for both diagnostic and corrective measures, if elected, prior to additional medical work up.

Pending elective choices, a presurgical planning abdominal CT scan could be considered to help further guide medical versus surgical intervention.

Given patient's lack of response to antibiotic therapy, the duration of clinical signs, the beginning of clinical signs immediately post-spay, etc., despite the above options, in my opinion, an exploratory laparotomy is the best choice if patient is stable enough to undergo surgery.

Dr. Johnson would appreciate any available follow up on this case. Please contact me at beth.johnson@sonopath.com



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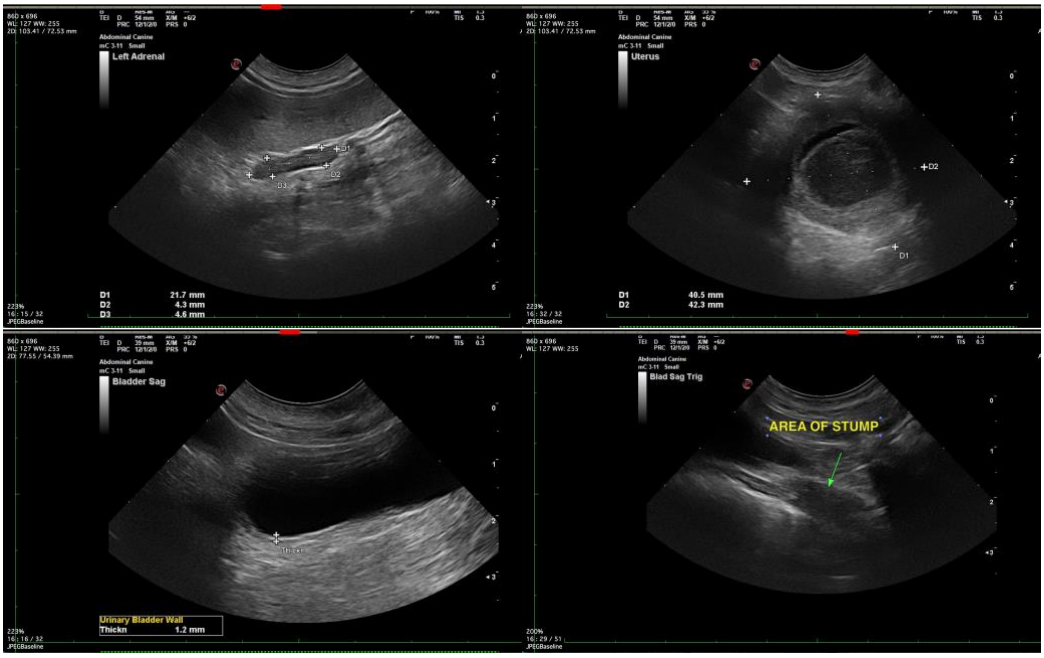

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM DACVIM

info@sonopath.com