



PATIENT

Motty Rosa

SPECIES

Canine

BREED

Pomeranian Mixed

SEX

Female Intact

AGE

12 Years

WEIGHT

10 lbs

INTERPRETED BY

Sebastian Jawinski,
German Board Certified
Vet Specialist in
Diagnostic Imaging

**IMAGING
PERFORMED BY**

Dr Gabriel Ferrer DVM

HOSPITAL NAME

Pulse: Pet Ultrasound
Services

REFERRING VET

Dr Juan P. Amieiro-
Puig

INVOICE

49124

DATE

12-18-21

PRESENTING CLINICAL SIGNS

Patient presented for an abdominal ultrasound. PT has history of ADR, and vomiting. Recently got into a bag of chocolates and vomited them up including the wrapping. Patient is also having vaginal serosanguinous discharge. Pt is female intact.

Abnormal PE/Chem/CBC/UA Results: Temperature: 102.4 F PE: Unable to discern organs on abdominal palpation. CBC: WBC: 3.9 (5-16) Neutrophils 0.17 (2.9-11.6) Bands suspected CHEM: Crea: 2.2 (0.5-1.8) BUN: 37 (7-27) Phosp: 8 (2.5-6.8) ALP 232 (23-212) Chol: 363 (110-320)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary system

The urinary bladder and trigone present normal findings without evidence of uroliths or sediment. Wall layering is intact on all views without focal or diffuse thickening. Ureters are not visualized and considered to be normal. No evidence of an inflammatory or neoplastic process is noted.

Both kidneys show an age-appropriate fuzzy corticomedullary transition with a hyperechoic medullary rim. Renal pelvises and exits to the ureters are unremarkable.

Reproductive tract

The uterine wall is significantly thickened with maximum transverse diameters 0.4 cm. The cervix located in the pelvis presents a questionable swelling of 1.8 cm and an inhomogeneous texture. The uterus can be traced cranially and is severely fluid filled. The fluid is corpuscular and shows marked sedimentation. There is mild peripheral effusion recognized.

Adrenal glands

The left adrenal gland appears mildly enlarged but symmetric and measures 1.72 x 0.54 x 0.62 cm. Corticomedullary detail is intact.

The right adrenal gland measures 2.03 x 0.37 x 0.43 cm and is inconspicuous.

Spleen

The spleen is inconspicuous in terms of size, surface and echotexture and shows diameters of 1.06 cm. Splenic vasculature presents normal course of vessels and unremarkable perfusion of the splenic veins.

There is a single, hypoechoic, subcapsular nodule of 0.35 x 0.35 in the cranial splenic part noted.

Liver/Gallbladder

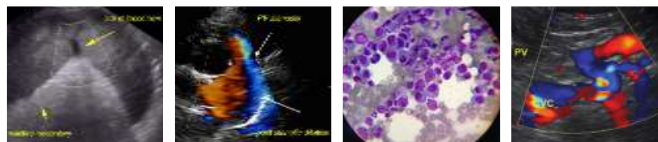
Liver images are inconspicuous. Echotexture, size and vasculature appear regular. Evidence of nodular or focal changes is not visible.

The gallbladder is mildly filled without signs of relevant sludge, a florid process or cholestasis. The gallbladder wall is unremarkable.

Gastrointestinal

The stomach, the small intestine and colon present intact wall layers being normal in width and echogenicity. Adjacent mesentery and fat tissue are of normal appearance. There is no overt evidence of an ileus, a florid-inflammatory or even neoplastic process.

The mesenteric, epigastric and portal lymph nodes are considered to be normal.



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Pancreas

All pancreatic parts displayed show isoechoic echogenicity to the surrounding omental fat. Signs of inflammatory changes or focal lesions are missing.

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Free Abdomen

There is subtle evidence of peritoneal effusion noted. The para-aortal and medial iliac lymph nodes are considered to be normal.

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ULTRASONOGRAPHIC FINDINGS

Primary

SEX

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- Severe fluid filling of the uterus with moderate thickening of the uterine wall
- Questionable mass of the uterine cervix
- Subtle peritoneal effusion

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Secondary

- Mild but symmetric enlargement of the left adrenal gland
- Small hypoechoic splenic spot

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

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Ultrasonographic findings show significant filling of the uterus with swelling of the uterine wall. The latter may be a more chronic circumstance. The sedimentation of the uterine fluid indicates again a more chronic issue. The questionable mass of the cervix should be re-evaluated with rectal/vaginal examination to rule out presence of intra-pelvic neoplasia. Conservative therapy will not be successful if there is an obstructive lesion (cervix/vestibulum/vagina). The subtle peritoneal effusion and grade of uterine filling I assume are indications for surgery since microlesions/leakage of the uterus cannot be ruled out from a sonographic point of view.

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Especially stomach and small intestine including pancreas and gallbladder represent normal findings. Normal sonographic appearance does not exclude functional problems such as mild inflammation or indigestibility going along with IBD.

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The absolute diameters of the left adrenal gland are still in expected limits. Mild enlargement could represent hyperplasia due to pituitary-dependent hyperadrenocorticism.

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The hypoechoic splenic spot is an unspecific and incidental finding.

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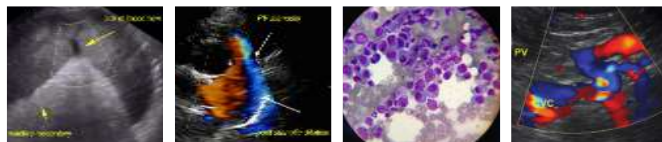
Sonographic monitoring of the spleen and the adrenal glands is recommended (in 8 weeks). Early-stage neoplasia in both cannot be fully excluded.

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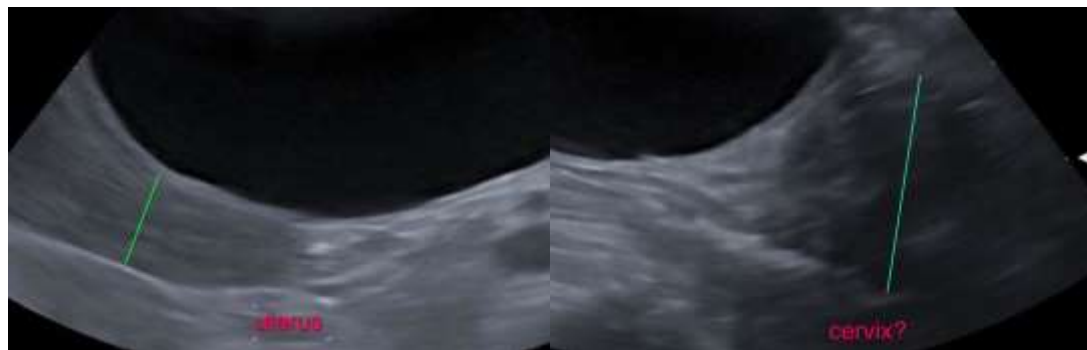
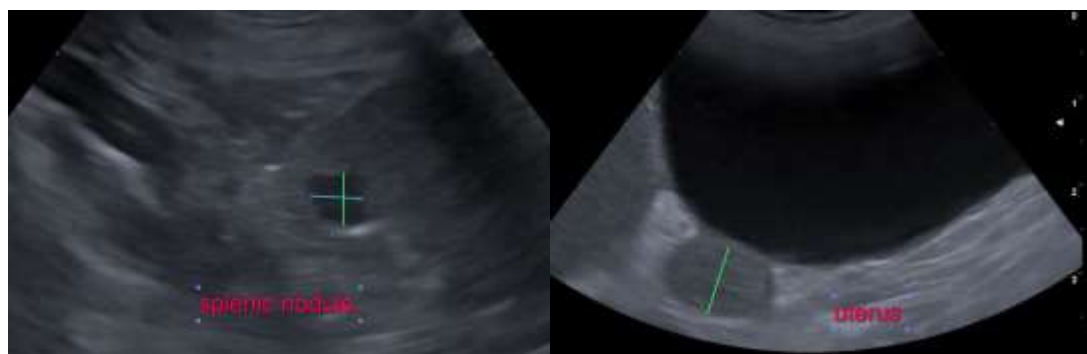
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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info@sonopath.com

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