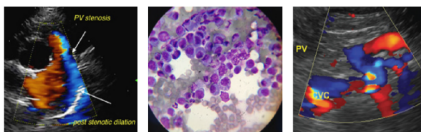


**IMAGING PERFORMED BY**SVS Mobile Imaging 262-366-5970  
fredgromalak@gmail.com**Clinical Sonography & Telecytology**

EDUCATIONAL TELECONSULTATION SERVICES™

1-800-838-4268 info@sonopath.com SonoPath.com

**PATIENT**

Moses Herman

**SPECIES**

Canine

**BREED**

Havanese

**SEX**

Neutered Male

**AGE**

16 Years

**WEIGHT**

12 Pounds

**INTERPRETED BY**Eric Lindquist, DMV  
DABVP, Cert. IVUSS**IMAGING PERFORMED BY**

Dr. Gromalak

**HOSPITAL NAME**

SVS Imaging

**REFERRING VET**

Dr. Witzel

**INVOICE**

37124

**DATE**

4/25/22

**PRESENTING CLINICAL SIGNS**

Patient History (required): presented on 4/25/2022 for an acute onset of vomiting, shaking, and restlessness. Moses has an extensive medical history - see below for details. In summary, he had : - hyperparathyroidism which was treated with ethanol ablation - left lower lip melanoma treated with removal surgery, scar revision surgery, and vaccine - metastatic sarcoma in left mandibular LN treated with removal, radiation therapy, and Palladia - Central vascular event in 2021 - seen by neurologist 4/13/22 - Taken to emergency center in Florida for vomiting, anorexia, and lethargy - Chem - BUN 37(H), Creat 0.8(N), ALT 739(H), ALP 782(H), GGT 16(H), Chol 329(H) - CBC - HCT 45.7(N), WBC 7.76(N), Plt 363(N) - 3 view CxR - brochial to interstitial pattern in left caudal lung lobe - Given Cerenia, SQF - Rx Cerenia 4/19/22 - Presented to Fetch for recheck - he is feeling much better - eating well and increased energy - Chem - ALT 635(H), ALP 442(H), GGT 31(H), CI 99(L) - PCV/TP - 44%/9.6 - Recommended resuming Palladia 4/20/22 - Owner traveled to Wisconsin with Moses Moses was doing great until he vomited up his dinner in the middle of the night last night, started shaking, and was restless. The owner gave him oral Cerenia at 4:15am, and he has not vomited since. However, he still seems lethargic and is not interested in eating.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The **urinary bladder** revealed trace sand, unremarkable otherwise. The prostate was slightly heterogeneous with minor focal areas of mineralization. Normal size at 5.0 mm. Likely prostatic remodeling from prior episodes of prostatitis.

The **kidneys** presented mild degenerative changes with mild pyelectasia and corticomedullary pinpoint mineralizations. The patient is likely passing calculi periodically. The left kidney measured 3.0 cm. The right kidney measured 3.0 cm.

**Adrenal Glands**

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 1.54 cm x 0.46 cm at the cranial pole and 0.65 cm at the caudal pole. The right adrenal gland measured 0.56 cm at the cranial pole and 0.47 cm at the caudal pole.

**Spleen**

The **spleen** was folded upon itself with subtle heterogeneous parenchymal changes. A focal echogenic cyst or abscess was noted, measuring 1.2 cm at the mid splenic body. Free fluid noted in the caudal abdomen, adjacent to the spleen.

**Liver**

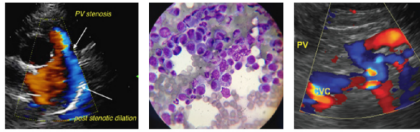
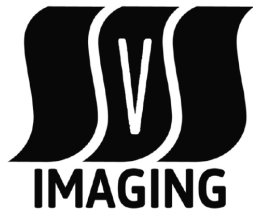
The **liver** presented minor heterogeneous changes. The caudate process revealed nodules, consistent with hyperplasia. Minor potential for underlying neoplasia/carcinoma. The gallbladder was overdistended with immobile and striating bile and was rounded, measuring approximately 4.0 cm in length. Enhanced mesentery noted around the gallbladder, consistent with inflammation. Free fluid was localized in the portal hilus, consistent with inflamed mucocele.

**Gastrointestinal**

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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**Pancreas**

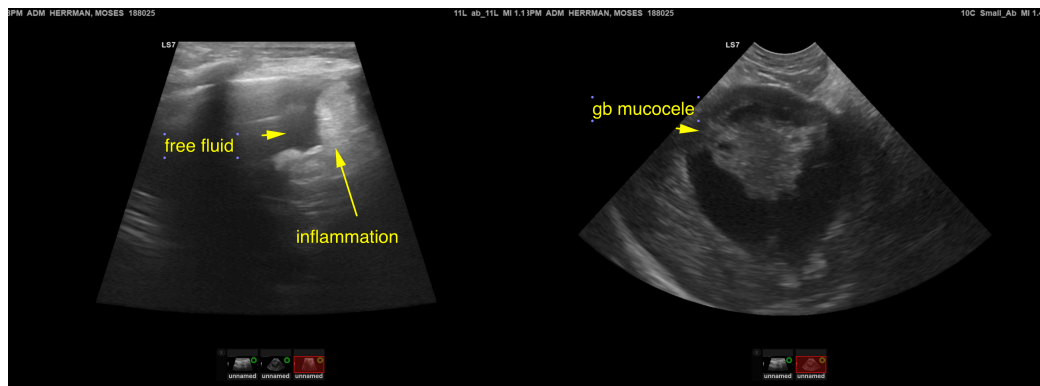
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

**ULTRASONOGRAPHIC FINDINGS**

- Undefined inflammatory hepatopathy
- Inflamed gallbladder mucocele
- Localized free fluid
- Splenic cyst or abscess
- Mild to moderate age related renal changes with pinpoint mineralizations, small calculi, and pyelectasia
- Minor bladder calculi

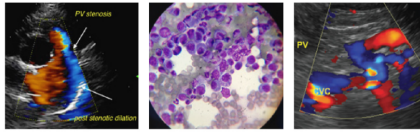
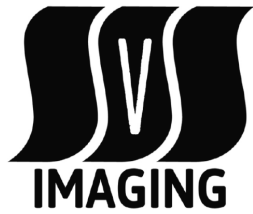
**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

This is a surgical emergency. No evidence of sarcoma. Cholecystectomy, splenectomy indicated +/- bladder lavage, even though the sand is minimal and may pass on its own. The gallbladder is likely the primary issue in this patient regarding the clinical signs and liver parenchymal inflammation.



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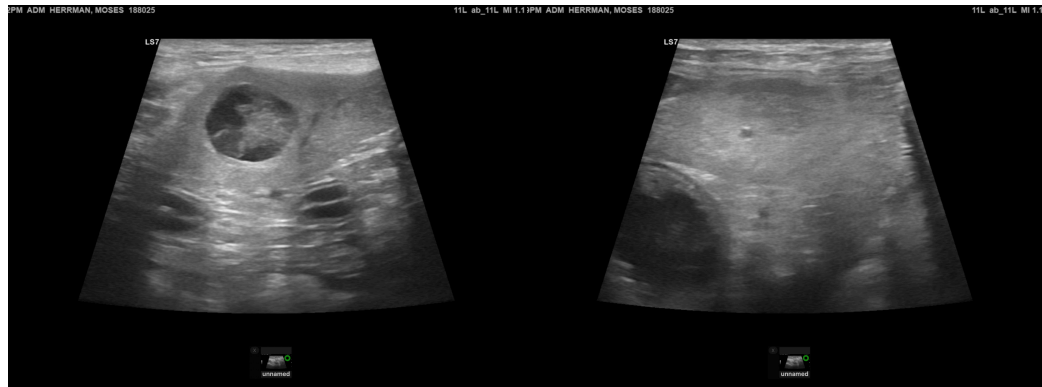
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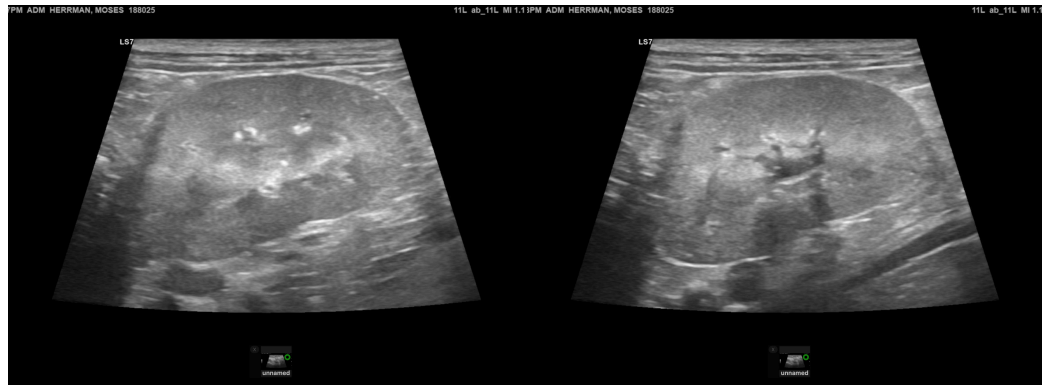
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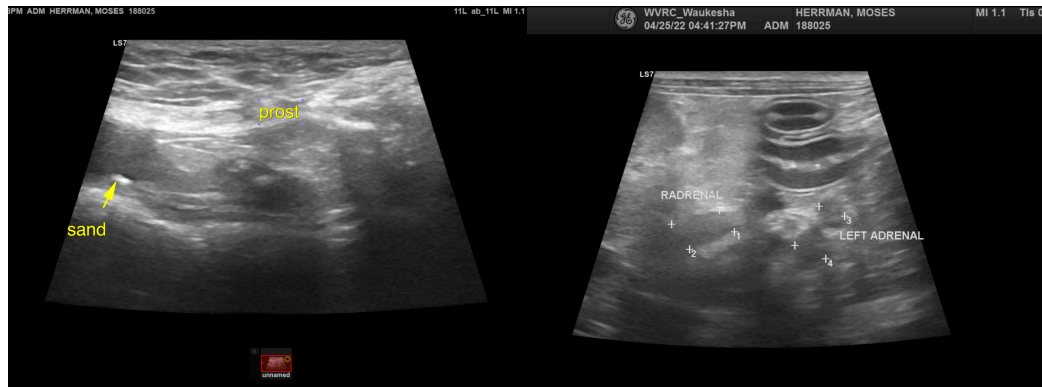
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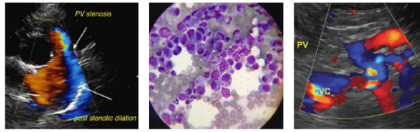
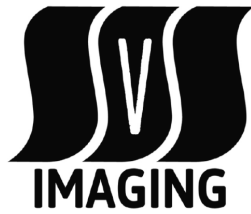
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**PATIENT**

Moses Herman

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.

**SPECIES**

Canine

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.

**Eric Lindquist**, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

[info@SonoPath.com](mailto:info@SonoPath.com)

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