

PATIENT

Zeus Ayala Rodriguez

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Male Intact

AGE

14 Years

WEIGHT

8.9lbs

INTERPRETED BY

Sebastian Jawinski,
German Board Certified
Vet Specialist in
Diagnostic Imaging

IMAGING PERFORMED BY

Dr. Ferrer DVM

HOSPITAL NAME

Paseos Veterinary
Center

REFERRING VET

Dr. Gabriel Ferrer

INVOICE

49476

DATE

1-11-22

PRESENTING CLINICAL SIGNS

The patient presented as a referral for an abdominal ultrasound to evaluate vomiting. Pt started to vomit several weeks ago and went to referring veterinarian and medication including cerenia and famotidine were given and appeared to help. The PE done yesterday did not show any major abnormalities related to vomiting. Although, during PE it appears to be vomit some bile with some digested food also seems to be spontaneous like regurgitation and without much abdominal component. Abnormal PE/Chem/CBC/UA Results: CBC was done DEc 20th 2021: Platelets : 533 (148-488) HCT: 36 (37-61) rest was unremarkable Chemistry was declined Abdominal rads done at referring vet: Distended stomach, possible collapsing trachea.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary system

The urinary bladder, trigone and pelvic urethra 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 are age appropriate and inconspicuous. Renal pelvises and exits to the ureters are unremarkable.

Reproductive tract

The prostate is mildly enlarged and inhomogeneous, appears smoothly margined and measures 3.03 x 2.41 cm. Both testicles are inconspicuous.

Adrenal glands

Both adrenals present normal size, shape and echogenic texture.

Spleen

The spleen is inconspicuous in terms of size, surface and echotexture and shows diameters of 0.67 cm. Splenic vasculature presents normal course of vessels and unremarkable perfusion of the splenic veins.

Liver/Gallbladder

The central liver shows a questionable mass-like lesion with deviation of the vasculature (3.37 x 3.02 cm). Liver images are inconspicuous apart from that. Echotexture, size and vasculature appear regular. Evidence of nodular or focal changes is not visible.

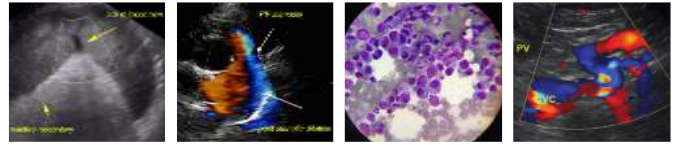
The gallbladder is highly filled presenting corpuscular sediment and a small amount of hyperechoic sludge. The gallbladder wall is unremarkable.

Gastrointestinal

The gastric periphery is mildly hyperechoic. 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. Multiple hyperechoic, spot-like to striated areas of the mucosal layer in the duodenum are indicated.

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 are mildly hyperechoic and inhomogeneous. Signs of overt inflammatory changes or focal lesions are missing.

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Free Abdomen

There is a subtle amount of peritoneal effusion noted. The para-aortal and medial iliac lymph nodes are considered to be normal. The abdominal fat and great vessels show no pathological findings.

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ULTRASONOGRAPHIC FINDINGS

- Geriatric abdominal sonogram
- Questionable mass central liver

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographic findings do not reflect the reported patient's history. Complementary endoscopy and contrast studies could be performed next.

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Sonographic findings of the liver are unspecific. Differentials of the suspected liver mass include nodular hyperplasia/regenerate, adenoma, hepatocellular carcinoma and other malignant neoplasia/metastasis. I would rule out abscess formation and hematoma. I currently do not suspect relevant neoplasia in this case. A sonographic recheck in 6 weeks is recommended.

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Changes of the gallbladder represent mild and chronic cholecystitis without overt signs of a cholestasis. This finding must be correlated with the clinical presentation (murphy sign?) and with the time of the last meal. The mildly hyperechoic gastric periphery and the inhomogeneous pancreas may indicate a mild inflammatory or reactive process. The duodenal muscular alternations of echogenicity are still consistent with a normal layer pattern of the duodenum. Normal sonographic appearance does not exclude (chronic) inflammation (gastritis/pancreatitis/duodenitis/cholangiohepatitis).

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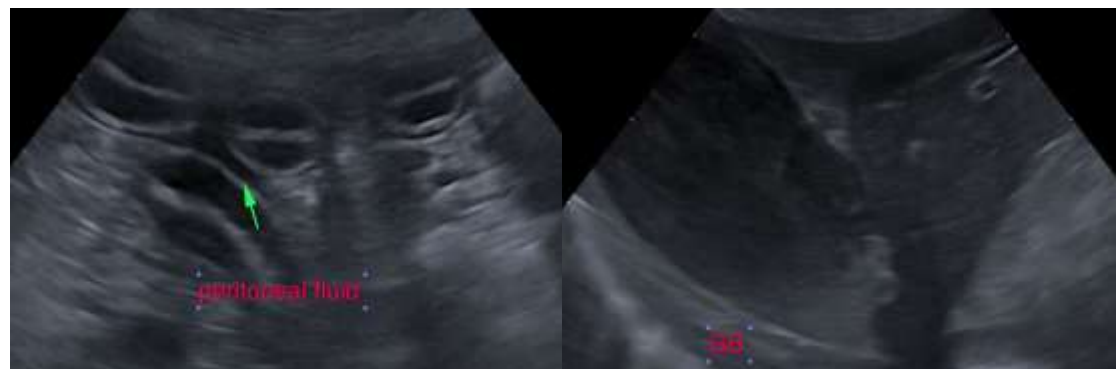
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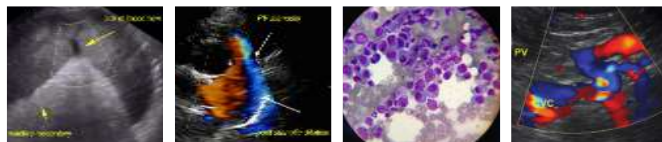


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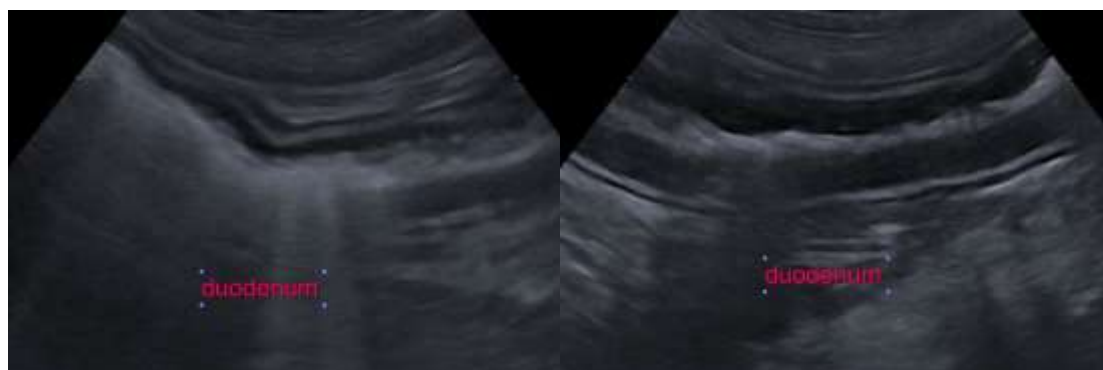
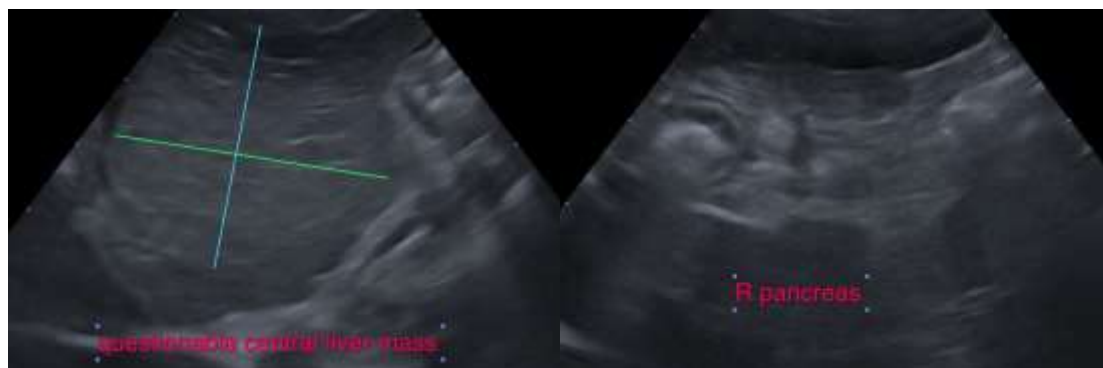
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging
info@sonopath.com