

**PATIENT**

Astro Shadow Mendez  
Cruz

**SPECIES**

Canine

**BREED**

Siberian Husky

**SEX**

Male Neuter

**AGE**

12 Years

**WEIGHT**

62.4 lbs

**INTERPRETED BY**

Sebastian Jawinski,  
German Board Certified  
Vet Specialist in  
Diagnostic Imaging

**IMAGING  
PERFORMED BY**

Dr. G. Ferrer, DVM

**HOSPITAL NAME**

Paseos Veterinary  
Center

**REFERRING VET**

Dra. Michelle Biello

**INVOICE**

49504

**DATE**

1-12-22

**PRESENTING CLINICAL SIGNS**

Presented as a referral for an abdominal ultrasound for further evaluate recurrence of pancreatitis. Patient was treated for pancreatitis on November 2021 after ingesting an ice cream treat including the wood stick handle. Blood work at that time revealed elevation of the hepatic enzymes and well as elevation in the Calcium but the patient had been on supplements. Patient used to get fed raw diet. According to O patient had responded favorably to treatment but clinical signs returned this week. Currently patient is BAR but underweight and elevation of hepatic enzymes remains as well as hypercalcemia. Additionally, the patient vomited a piece of wood 1 month after ingestion. Uncertain if any other pieces remain.

Abnormal PE/Chem/CBC/UA Results: BW: CHEM: ALP"1308 ( 20-150) ALT 167 (10-118) Ca+ : 12.63 (8.6-11.8) CBC: WBC: 5.25 ( 6-17) Lymphocytes: 0.67 (1-4.8)

**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 show a fuzzy corticomedullary transition. Renal pelvises and exits to the ureters are unremarkable.

**Reproductive tract**

The prostate is small, appears smoothly marginated and is inconspicuous.

**Adrenal glands**

Both present normal size, shape and echogenic texture.

**Spleen**

Splenic margins are mildly rounded with measured transverse diameters of 2.77 cm. Splenic echogenic texture is mildly inhomogeneous with an indicated, isoechoic nodule-like lesion of 1.52 x 1.35 cm. Subtle protrusion of the hyperechoic capsule is 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 moderately filled with a hyperechoic gallbladder wall, multiple hyperechoic calculi presenting isoechoic, irregular tissue with multiple, spot-like calcifications. Relevant cholestasis is not noted.

**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.

Mesenteric lymph nodes are mildly enlarged but inconspicuous in shape and periphery.

**Pancreas**

All pancreatic parts displayed are mildly inhomogeneous. The surrounding omental fat is inconspicuous.

**Free Abdomen**



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There is no evidence of peritoneal or retroperitoneal 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**

**Primary**

- Suspected chronic cholecystitis with multiple calculi and suspected polyps

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**Secondary**

- Mild splenomegaly with capsular fibrosis, an inhomogeneous texture and an indicated nodule-like lesion
- Mild mesenteric lymph adenopathy

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Liver and pancreas are inconspicuous/age-appropriate from a sonographic perspective. This does not rule out active and secondary hepatitis/pancreatitis.

Changes of the gallbladder likely represent chronic cholecystitis without signs of cholestasis. Polyps are suspected, initial/premature mucocele is possible but unlikely. Neoplasia such as carcinoma of the gallbladder and/or the common bile duct are potential differential diagnoses. A sonographic recheck is recommended in 4 weeks to rule out progression.

Splenomegaly is an unspecific finding and commonly is secondary to systemic inflammatory/infectious disease (for example pancreatitis). Benign lesions such as nodular hyperplasia and extramedullary hematopoiesis are common and assumed.

The mild enlargement of the mesenteric lymph nodes is consistent with mild reactive inflammation.

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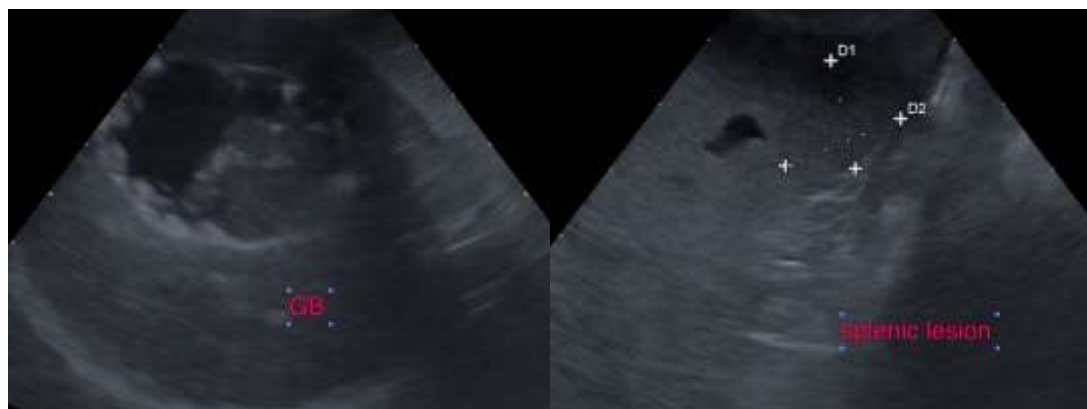
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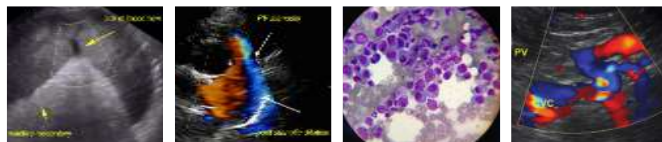


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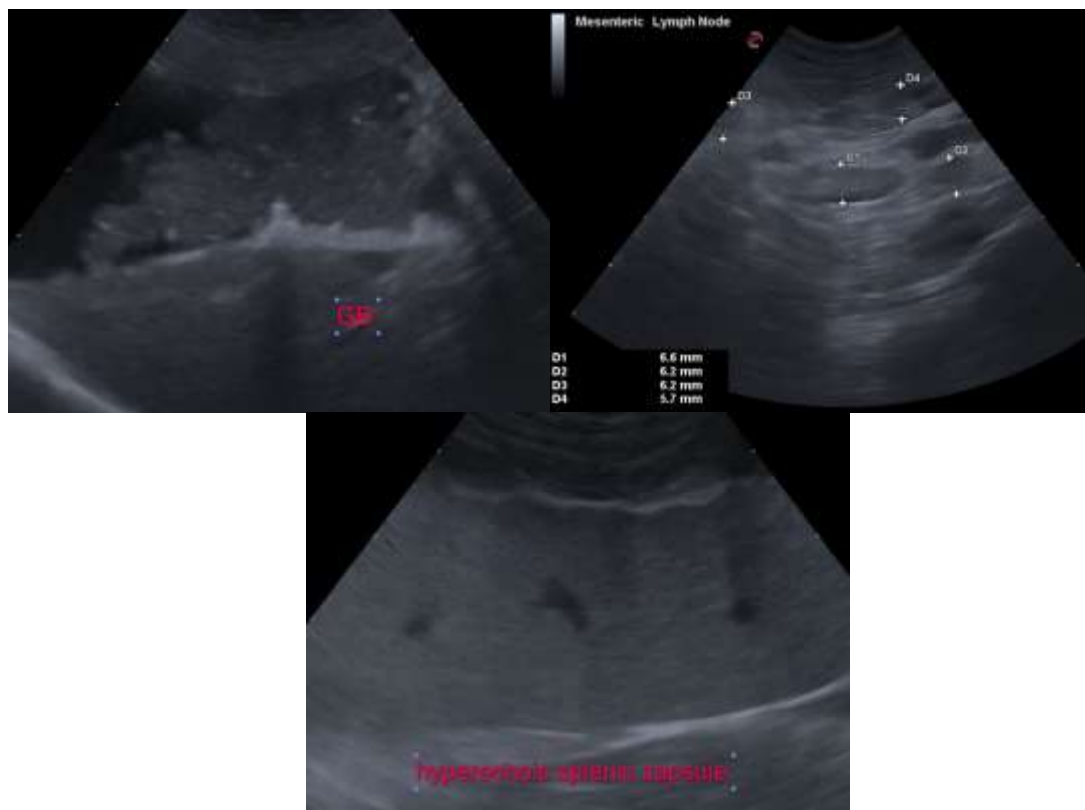
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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