**PATIENT**

Barkley Oriel (15041C)

**SPECIES**

Canine

**BREED**

American Staffordshire

**SEX**

MN

**AGE**

12 Years

**WEIGHT**

26.9 kg

**INTERPRETED BY**Sebastian Jawinski,  
German Board  
Certified Vet Specialist  
in Diagnostic Imaging**IMAGING  
PERFORMED BY**

Dr. Gromalak

**HOSPITAL NAME**

SVS Imaging

**REFERRING VET**

Dr. Sondel

**INVOICE**

49505

**DATE**

1-12-22

**PRESENTING CLINICAL SIGNS**

recurrent apocrine gland adenocarcinoma. bilateral apocrine gland adenocarcinoma excised in 2020 but had incomplete margins. had sum lumbar lymph nodes removed. had splenectomy performed. restage splenic hemangiosarcoma.

Abnormal PE/Chem/CBC/UA Results: Findings: Liver: Normal. Gallbladder: The gallbladder contains a moderate amount of echogenic, nonshadowing luminal material, consistent with sludge. Spleen: The spleen is absent. The area of the spleen is normal. Kidneys: As before, there is subtle hyperechoic speckling of the renal cortices bilaterally. Adrenal glands: The left adrenal gland is normal. The small hyperechoic nodule within the central aspect of the right adrenal gland is similar (3 mm). The right adrenal gland is otherwise normal. Urinary bladder: Normal. Reproductive tract: The prostate gland has 2 small (approximately 2 mm diameter), ill-defined, bilaterally symmetrical mildly hyperechoic, nonshadowing regions. The prostate gland is otherwise normal. Gastrointestinal tract: The stomach contains a mild amount of gas and amorphous, echogenic, nonshadowing material, compatible with residual normal ingesta. The visible portions of the gastric wall are normal. The small intestine is normal. The cecum is absent. The region of the cecum is normal. The colon is normal. Pancreas: Normal. Lymph nodes: The medial iliac lymph nodes are normal. As before, the lumbar aortic lymph nodes contain numerous cysts. The jejunal lymph nodes are normal (4 mm in thickness versus 6-7 mm prior). As before, the left hepatic lymph node is mildly cystic and is similar in size (11 mm in thickness versus 12 mm prior). The right inguinal lymph nodes are mildly hypoechoic and slightly rounded/thickened compared to the left (right 2-3 mm in thickness). Vasculature: Visualized portions are normal. Peritoneal/retroperitoneal spaces: There is an 11 mm, lobular, hyperechoic, poorly shadowing region within the right caudal abdominal quadrant, compatible with fat. Interventions: Ultrasound-guided fine-needle aspirates of a right inguinal lymph node were performed without immediate complication. Conclusions: 1. Prior splenectomy. 2. Prior typhlectomy. 3. Mild prostatic hyperechogenicity; the primary differential diagnosis is benign fibrofatty degeneration. Malignancy is not excluded. 4. Similar cystic lumbar aortic lymph nodes. 5. Resolved jejunal lymphadenomegaly. 6. Similar mild cystic hepatic lymphadenomegaly. 7. Mild right inguinal lymphadenopathy; differential diagnoses include reactive hyperplasia or metastatic neoplasia. 8. Similar minimal bilateral renal degeneration. 9. Similar nonspecific right adrenal gland nodule

**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**

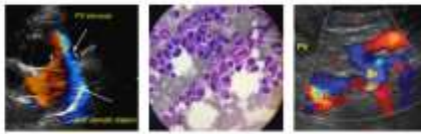
The prostate is small, hypoechoic and mildly inhomogeneous with two hyperechoic, irregular spots of 0.26 and 0.89 cm.

**Adrenal glands**

The left adrenal gland measures 2.80 x 0.64 x 0.66 cm, the right adrenal gland 2.86 x 0.82 x 0.69 cm.

Both present normal size, shape and echogenic texture. Nodular lesions are currently not recognized.

**Liver/Gallbladder**

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Liver images are inconspicuous. Echotexture, size and vasculature appear regular. Evidence of nodular or focal changes is not visible. The gallbladder shows a small amount of sludge which is considered as normal.

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**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.

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

**Pancreas**

The left pancreas appears hypoechoic with an undulating capsule and multiple small cystic areas. The right pancreas and the surrounding omental fat are inconspicuous.

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**Free Abdomen**

There is no evidence of peritoneal or retroperitoneal effusion noted.

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There is an enlarged mildly amorphous lymph node recognized which is considered to be in the sacral/sub-lumbar region measuring 3.48 cm in length presenting a cyst of 2.28 x 1.86 cm. The para-aortal are cystic with an oval shape. The medial iliac lymph nodes are considered to be normal.

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The abdominal fat and great vessels show no pathological findings.

The displayed inguinal lymph nodes are highly hypoechoic and mildly rounded measuring 1.17 and 0.43 cm.

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The left anal gland is not visualized. The right one is mildly fluid-filled and shows tissue-like material.

**ULTRASONOGRAPHIC FINDINGS**

- Sacral lymph adenomegaly with cysts
- Cystic para-aortal lymph adenopathy
- Inguinal lymph adenomegaly
- Mesenteric lymph nodes are in normal limits
- Questionable right anal gland neoplasia
- Degenerative changes of the left pancreas as an incidental finding
- Small prostate with two hyperechoic spots

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The size (3.48 cm) and amorphous shape of the sacral lymph node is highly suspicious for a regional metastasis. However, these tend to stay there for a long time before other distant metastases occur (spleen, liver, lung, bone). FNA is recommended.

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Currently hepatic metastases of an adenocarcinoma of the apocrine glands/hemangiosarcoma are not recognized. The splenic region is inconspicuous. The cystic para-aortic lymph nodes likely represent some degenerative changes without signs of malignancy.

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The tissue-like material in the right anal sac again may show neoplasia. Ultrasound is unspecific. FNA/biopsy are needed for further evaluation.

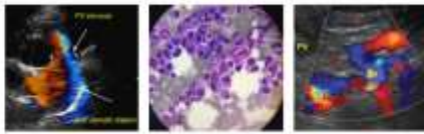
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The inguinal lymph nodes are highly suspicious for a neoplastic process being hypoechoic and mildly rounded in shape. FNA is recommended.

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Changes of the prostate can represent fibrofatty degeneration as well as mild calcifications. The latter could be metaplastic as residuals of cysts but is also seen with initial neoplasia such as prostate carcinoma. Final assessment is a matter of the temporal evolution or FNA/biopsy.

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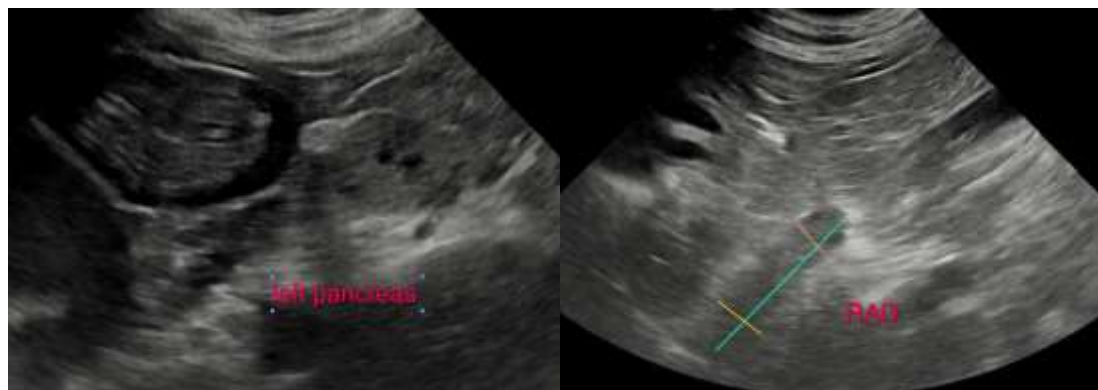
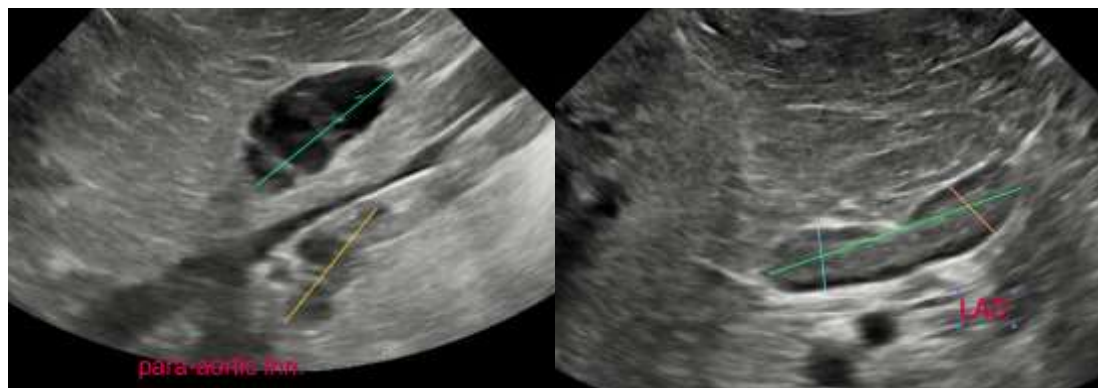
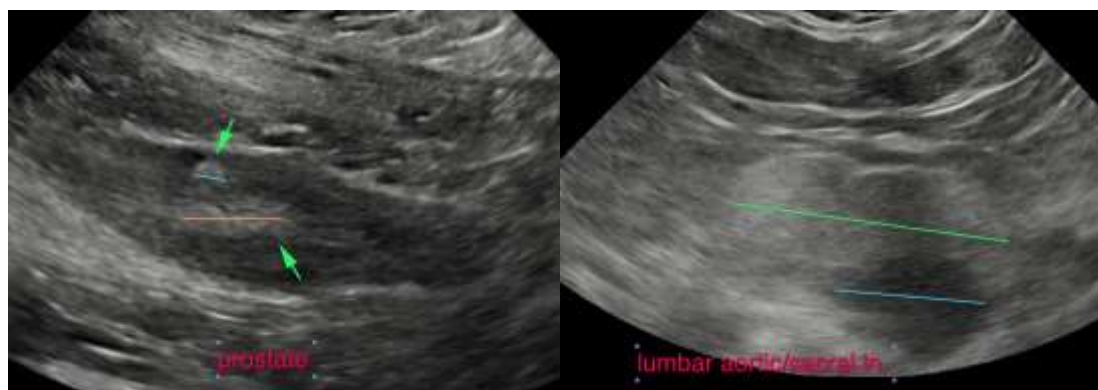
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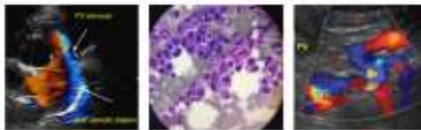
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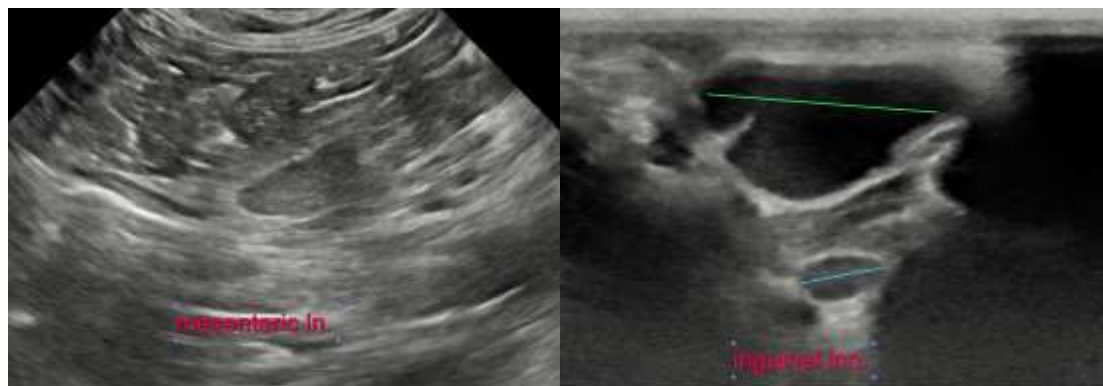
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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