**PATIENT**Bodhi Prochaska
(42549B)**SPECIES**

Canine

BREED

Weimeraner

SEX

MN

AGE

11 Years

WEIGHT

22.9 kg

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

Dr. Gromalak

HOSPITAL NAME

SVS Imaging

REFERRING VET

Dr. Custead

INVOICE

49503

DATE

1-12-22

PRESENTING CLINICAL SIGNS

Presented 10/21 large intramuscular mass between semitendinosus and semimembranosus of right hind. Grade 4 left systolic heart murmur. Chronic weight loss chronic hacking cough Hx of thrombocytopenia; resolved in 2020.

Abnormal PE/Chem/CBC/UA Results: At the caudal aspect of the right thigh, there is an at least 9 cm diameter, lobular, partially well-defined, hyperechoic mass. At the distolateral periphery of the mass, there is a 1.7 cm lobular region of mostly anechoic fluid. At the mid to distal and peripheral aspects of the mass, there are several variably sized (up to 6 mm in thickness) round to ovoid, well-defined nodules/structures of intermediate echogenicity. One of these structures is adjacent to a small vessel and has a fatty hilus, compatible with a lymph node.

ULTRASONOGRAPHIC EXAMINATION OF THE RIGHT THIGH & ABDOMEN**Right Thigh**

The mass of the right thigh described above is most likely located in the intramuscular fascia with loss of fibrillar pattern and mild hyperechoic peripheral reactions with central hypoechoic to anechoic areas. There are transitions to a more fat-tissue like pattern with indicated nodular changes. The displayed lymph node likely demonstrates the popliteal lymph node with mild reactive-inflammatory changes.

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 inconspicuous with a clear corticomedullary definition.

Adrenal glands

Both adrenal glands are considered to be normal.

Spleen

There are at least three splenic lesions detected with the first measuring 0.75 x 0.68 cm indicating a target lesion and the second measuring 1.45 x 1.53 cm having a rounded shape with irregular hyperechoic areas significantly protruding the capsule at the caudal tip. Another perihilar, unstructured and hypoechoic area is noted.

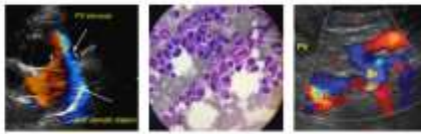
Liver/Gallbladder

Liver echogenic texture appears inhomogeneous and coarse with multiple small hypoechoic areas. The gallbladder shows a moderate amount of hyperechoic sludge. Relevant inflammation or cholestasis are not recognized. 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.

Pancreas

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

Free Abdomen

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.

ULTRASONOGRAPHIC FINDINGS

- Suspected myopathy of the right caudal thigh (semitendinosus/-membranous muscle?)
- Hepatopathy with an inhomogeneous echogenic texture
- Splenic target lesion and partially calcified nodule caudal tip
- Hyperechoic gallbladder sludge

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Changes of the right thigh musculature are unspecific. Traumatic issues as seen with partial muscle rupture and hematoma are potential differentials. Chronic lesions may lead to fat replacement/fatty infiltration of the inter- and intramuscular fascia. The popliteal lymph node is still consistent with a reactive inflammation. Neoplasia is not obvious. However, ultrasound cannot differentiate a benign from a malignant lesion (for example lipoma from liposarcoma). FNA/biopsy are needed for further evaluation.

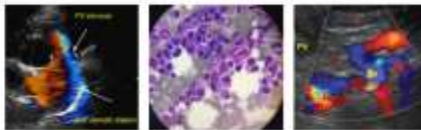
Ultrasonographic findings of the liver speak for a chronic liver disease such as chronic hepatitis, vacuolar liver disease and/or fatty infiltration since there are no signs of nodular or focal changes that are suspicious for neoplasia. Infiltrative disease cannot be fully excluded. Ultrasound is not straight forward here, but I currently would rule out neoplasia.

Although unspecific and incidental the splenic lesions are suspicious for malignant neoplasia. The significant protrusion of the caudal capsule has a higher risk for rupture with consecutive abdominal bleeding. Regardless of its biological behavior splenectomy should be discussed (chest rads are recommended).

Changes of the gallbladder represent mild cholelithiasis which may be due to mild and chronic cholecystitis without signs of a cholestasis. This finding must be correlated with the clinical presentation (murphy sign?) and with the time of the last meal.

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Clinical Sonography & Telectology

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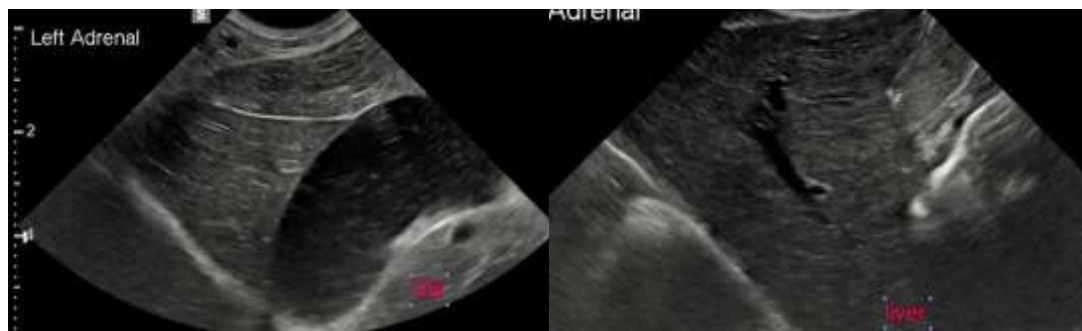
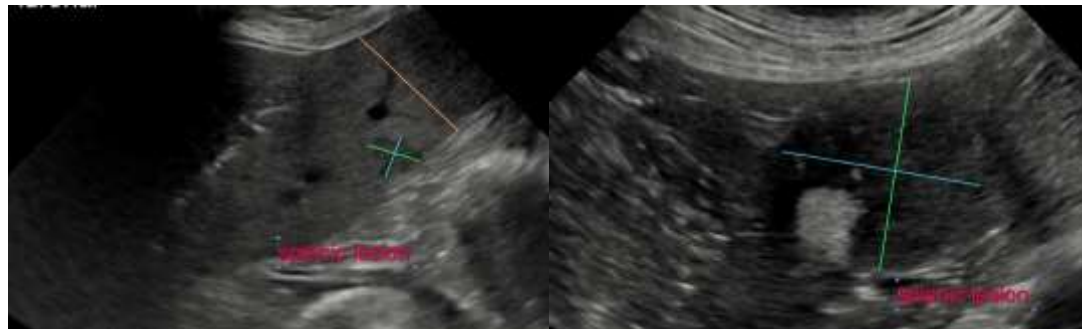
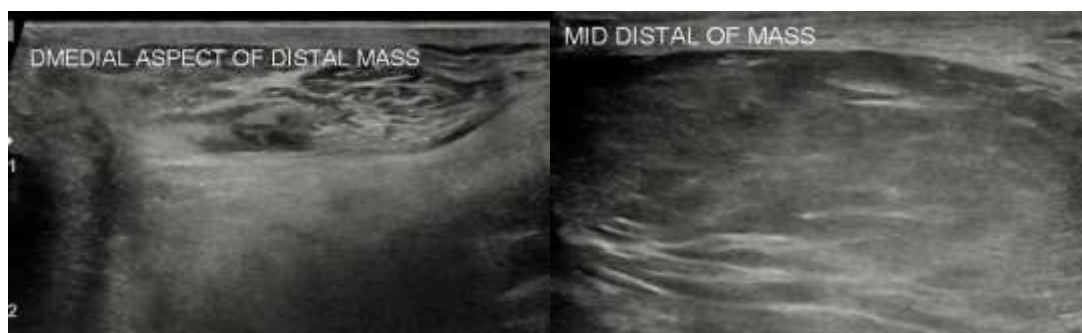
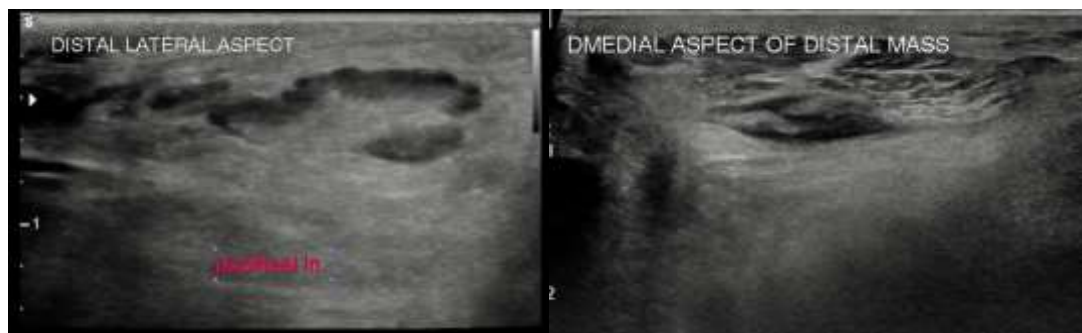
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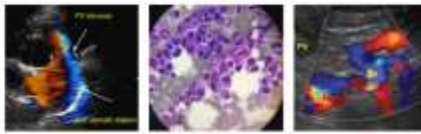
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

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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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