**PATIENT**Wilson Stevens
(47950A)**SPECIES**

Canine

BREED

Springer Spaniel

SEX

MN

AGE

11 Years

WEIGHT

17.7 kg

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

Dr. Gromalak

HOSPITAL NAME

SVS Imaging

REFERRING VET

Dr. Koepl

INVOICE

49502

DATE

1-12-22

PRESENTING CLINICAL SIGNS

puPd, referring vet diagnosed with diabetes patient was not started on insulin. hx of ibd. hydrolyzed protein diet. p was started on regulin CRI.

Abnormal PE/Chem/CBC/UA Results: Blood glucose ~400. leukocytosis. alp 293, tbil 1, mild elevated cholesterol.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary system**

The urinary bladder presents mild hyperechoic corpuscles with gas artifacts. The bladder, trigone and pelvic urethra present normal findings apart from that 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.

Both kidneys show a fuzzy corticomedullary transition with a hyperechoic cortex and medulla. Multiple small, cortical cysts are recognized. The renal veins appear prominent. Renal pelvises and exits to the ureters are unremarkable.

Reproductive tract

The prostate is small, hypoechoic and homogeneous and appears smoothly margined.

Adrenal glands

The left adrenal gland measures 2.65 x 0.65 x 0.64 cm and is inconspicuous.

The right adrenal gland measures 3.09 x 0.72 x 0.61 cm. In its central part an encapsulated, hyperechoic nodule of 1.03 x 0.90 cm is noted.

Spleen

Splenic margins are moderately rounded, transverse diameters measure 1.77 cm. At least one amorphous and inhomogeneous nodule-like lesion is detected measuring 2.00 x 0.91 cm. Splenic echogenic texture is mildly inhomogeneous without relevant protrusions of the capsule.

Liver/Gallbladder

The liver shows a subtle rounding of the liver edges. Liver echogenic texture appears diffusely and mildly hyperechoic and is mildly inhomogeneous. The gallbladder is mildly filled without signs of relevant sludge, a flurid process or cholestasis.

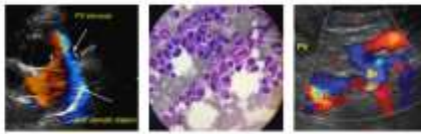
Gastrointestinal

The stomach appears mildly fluid-filled with a thickened gastric wall of 04.2 cm. The small intestine and colon present intact wall layers being normal in width and echogenicity. Adjacent mesentery and fat tissue are of normal appearance. The mesenteric lymph nodes are considered to be normal.

Pancreas

There are significant changes of the pancreas and the pancreatic periphery recognized with the pancreas being hypoechoic and irregular with an undulating capsule and a highly hyperechoic periphery. Multiple, small, spot-like calcifications are detected within the pancreas.

Free Abdomen

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There is a subtle amount of peritoneal effusion noted. The para-aortal and medial iliac lymph nodes are mildly enlarged but show a regular periphery and shape.

ULTRASONOGRAPHIC FINDINGS**Primary**

- Severe signs of a chronic and active pancreatitis, gastritis and focal peritonitis
- Nodule right adrenal gland
- Moderate unspecific splenomegaly and irregular splenic lesion

Secondary

- Signs of a moderate and chronic nephropathy with multiple small cortical cysts
- Hepatomegaly and -pathy
- Mild enlargement para-aortal and medial iliac lymph nodes, cystitis is suspected

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the pancreas currently shows an active inflammatory process with marked peripheral reactions as commonly seen with active pancreatitis/gastritis/peritonitis. The irregular pancreatic capsule and the calcifications indicate a chronic issue. A neoplastic process cannot be fully excluded (for example adenocarcinoma). This however is a matter of regular rechecks and/or FNA/biopsy. A sonographic recheck in 2 days is recommended to rule out pancreatic abscess formation. Spleno- and hepatomegaly are likely concomitant findings representing reactive splenitis and hepatic lipidosis. These findings and changes of both kidneys would match with diabetes. Bacterial overgrowth with secondary gastritis, nephritis and cystitis is common and suspected.

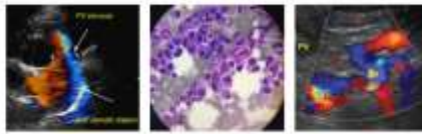
Final assessment of the right adrenal (benign, malignant; functional, non-functional) and splenic lesion is not possible and a matter of clinical presentation, the temporal evolution and urine/blood tests. I currently favor a benign capsulated lesion of the right adrenal gland. Sonographic monitoring of the adrenal glands and the spleen is recommended (in 6 weeks). Early-stage neoplasia cannot be excluded.

Ultrasonographic findings of the liver could speak for a chronic liver disease such as chronic hepatitis, vacuolar liver disease and/or fatty infiltration since there no signs of nodular or focal changes that are suspicious for neoplasia.

Next diagnostic steps could be urine testing (UPC, culture), blood workup with liver enzymes, TLI, folate and Vit. B12 as well as ACTH stimulation test to rule out bacterial overgrowth, liver insufficiency and hyper-/hypoadrenocorticism.

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SVS Mobile Imaging 262-366-5970
fredgromalak@gmail.com



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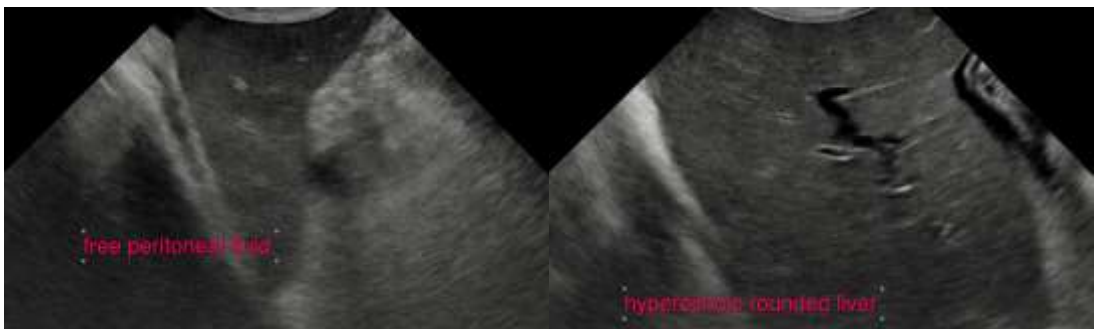
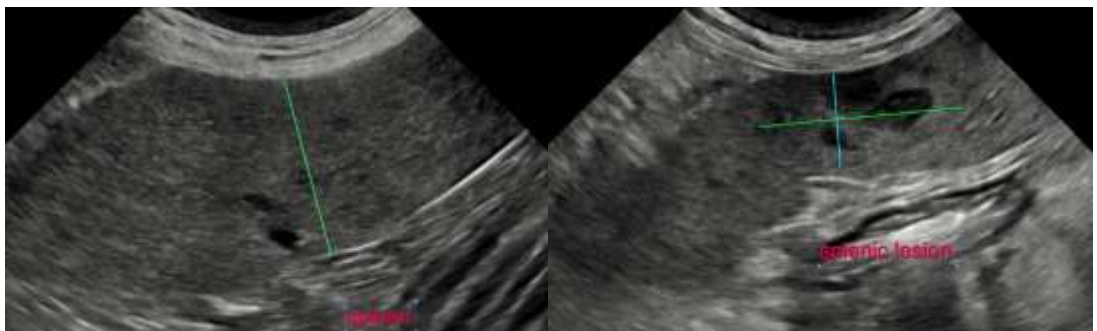
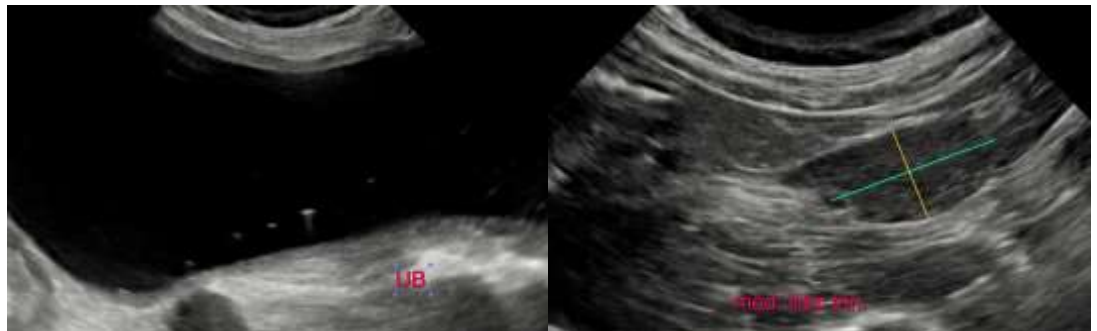
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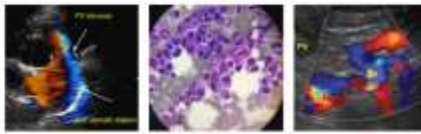
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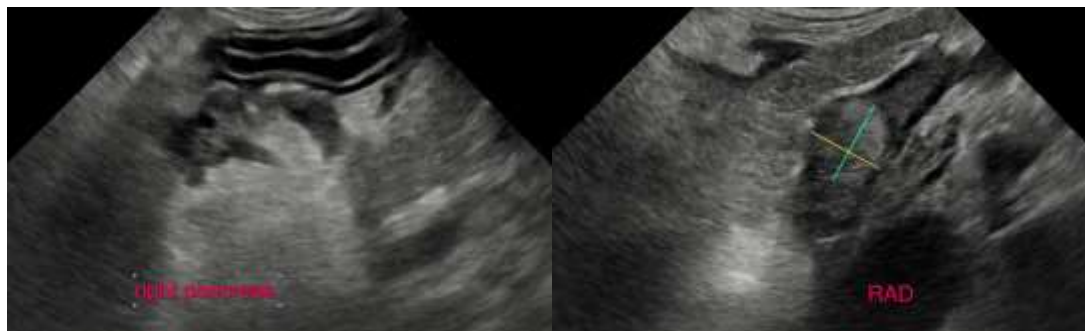
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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