**PATIENT**

Lucy Sikowski

**SPECIES**

Canine

**BREED**

Hound Mix

**SEX**

FS

**AGE**

10 Years

**WEIGHT**

50 lbs

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

Dr. Gromalak

**HOSPITAL NAME**

SVS Imaging

**REFERRING VET**

Dr. Smith-Reed

**INVOICE**

49330

**DATE**

1-5-22

**PRESENTING CLINICAL SIGNS**

surgical planning ultrasound for abdominal mass

**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.

Both kidneys appear inconspicuous as far as displayed.

**Spleen**

There is a large mass detected in the left lateral abdomen causing a shift of the left kidney to the right. The mass shows multiple cystic areas, is highly inhomogeneous and has broad-based contact to the spleen. Splenic origin is suspected.

**Liver/Gallbladder**

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 hyperechoic, partially structured sludge which is considered as normal.

**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.

**Free Abdomen**

There is subtle pooling of free peritoneal fluid recognized. The abdominal fat and great vessels show no pathological findings.

**ULTRASONOGRAPHIC FINDINGS**

- Large, inhomogeneous, and cystic mass left lateral abdomen

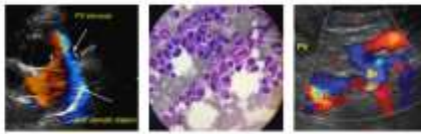
**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Final assessment of the origin of the mass is difficult due to its size. Splenic (peritoneal) origin is suspected since there are sections detected showing transitions between spleen-like tissue and the lesion, and the mass has broad-based contact to the spleen. Malignancy is assumed. Abdominal hemorrhage is currently not noted. Left pancreas, left adrenal gland, left kidney and lymph nodes/mesentery are further potential origins. Tomography and/or laparotomy are needed for further evaluation. R/O pulmonary/mediastinal metastases.

Changes of the gallbladder represent non-relevant sludge and a possible initial polyp of the gallbladder wall.

**IMAGING PERFORMED BY**

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**SonoPath**  
Clinical Sonography & Telectology

EDUCATIONAL TELECONSULTATION SERVICES™

1-800-838-4268 info@sonopath.com SonoPath.com

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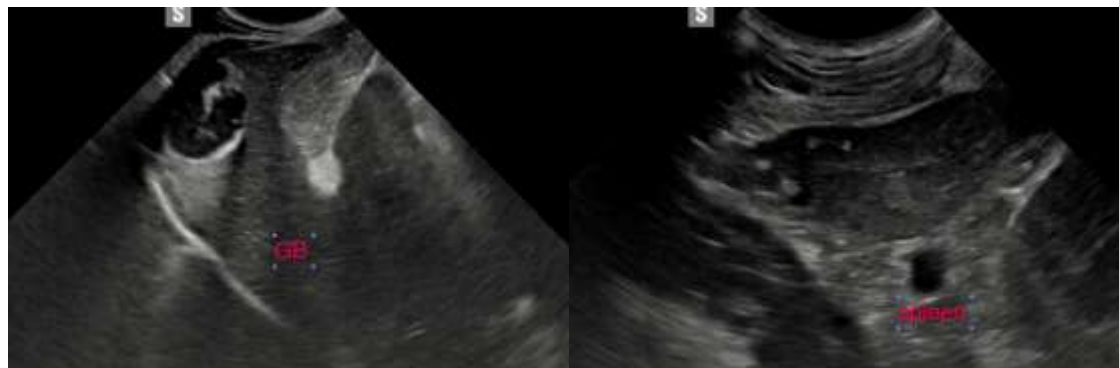
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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