



PATIENT PRESENTING CLINICAL SIGNS

Carmen Yuliin Hoffman
 History: Patient presented for evaluation of vomiting and diarrhea. The vomiting and diarrhea has been chronic for this patient and temporary resolved with medication, but develops them again frequently. Also, patient has lost weight rapidly from 12.5# to 9.2 # in matter of weeks. Pt has history of Complex mammary adenocarcinoma, low-grade removed mammary gland in Feb 2020.

SPECIES Blood test showed panhypoproteinemia, decrease cholesterol, Thrombocytosis and Leukocytosis. The urine did not show significant loss of protein.

Canine

BREED

Yorkshire Terrier

Abnormal PE/Chem/CBC/UA Results: The PE showed mild abdominal distention and tension on abdominal palpation. Mild dehydration was present. CBC: WBC. 30.05 (5.05 - 16.76 K/ μ L) Neutrophils 26.34 (2.95 - 11.64 K/ μ L) Monocytes 1.66 (0.16 - 1.12 K/ μ L) Platelets 805 (148 - 484 K/ μ L) Chemistry: Total Protein 3.4 (5.2 - 8.2 g/dL) Albumin 1.3 (2.2 - 3.9 g/dL) Globulin. 2.1 (2.5 - 4.5 g/dL) Cholesterol 77 (110 - 320 mg/dL) Calcium. 4.8 (7.9 - 12.0 mg/dL) U/A: USG: 1.032 , 1+ protein 0.3 g/L, No obvious UTI

SEX

Spayed Female

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary system

AGE

8 Years

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 are noted.

INTERPRETED BY

Sebastian Jawinski,
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 Certified Vet Specialist
 in Diagnostic Imaging

Both kidneys show small pelvic calculi but are inconspicuous apart from that. Renal pelvises and exits to the ureters are unremarkable.

Adrenal glands

Both adrenal glands are normal.

HOSPITAL NAME

Paseos VC

Spleen

The spleen is inconspicuous in terms of size, surface and echotexture. There are no signs of nodular/focal changes are noted.

REFERRING VET

Dr. Gabriel Ferrer,
 DVM

Liver/Gallbladder

Liver echotexture is mildly inhomogeneous. Liver surface appears mildly irregular.

The gallbladder wall is mildly irregular with the bladder having small amounts of sludge. There are no signs of cholestasis.

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Gastrointestinal

DATE

10/14/21



PATIENT

Carmen Yuliin Hoffman

The gastric wall is severely thickened (- 0.7 cm) and hypoechoic. The wall layering appears intact throughout. The small intestine presents a marked mucosal fogging with multiple hyperechoic striations. Wall layering is intact. Adjacent mesentery and fat tissue are highly hyperechoic. Mesenteric lymph nodes are considered as normal.

SPECIES

Canine

Pancreas

With subject to the peritoneal effusion pancreatic parts displayed show inconspicuous echogenicity. Signs of focal lesions are missing.

BREED

Yorkshire Terrier

Free Abdomen

There is a moderate amount of anechoic peritoneal effusion recognized. Great vessels show no pathological findings.

SEX

Spayed Female

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Severe thickening of the gastric wall
- Mucosal fogging small intestine with multiple hyperechoic striations
- Moderate peritoneal effusion

AGE

8 Years

Secondary Findings

- Inhomogeneous liver with an irregular surface
- Hyperechoic mesentery/pancreas
- Incidental renal pelvic calculi

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

Paseos VC

Sonographic findings are highly suspicious for gastritis (lympho-plasmocytic, -histiocytic) and a chronic and infiltrative bowel disease which is commonly recognized with lacteal dilation/lymphangiectasia and PLE. The highly hyperechoic mesentery likely represents an inflammatory process (mesenteritis) and partially could be artificial due to the abdominal effusion. Differentials include IBD, ulcerative and granulomatous disease. Lymphoma could look similar and is a potential differential although mesenteric lymph nodes are inconspicuous.

REFERRING VET

Dr. Gabriel Ferrer,
DVM

Next diagnostic steps could be urine testing (UPC), blood workup with liver enzymes, TLI, folate and Vit. B12 as well as ACTH stimulation test to rule out bacterial overgrowth, liver insufficiency and hypoadrenocorticism. If results are inconclusive endoscopy/laparotomy with biopsies of the stomach/duodenum, ileum and colon could be performed next. Gastric wall should be accessible for ultrasound guided FNA to rule out lymphoma.

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PATIENT Sonographic changes are severe, and therapy may be unrewarding.

Carmen Yuliin Hoffman PLE/IBD are commonly results of food allergy. Empiric dietary treatment (hydrolyzed protein diet, fat restriction), antibiotics (metronidazole) and additional immunosuppressive therapy (prednisone, azathioprine/cyclosporine) are recommended.

SPECIES Ultrasonographic findings of the liver 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. Their clinical relevance remains questionable. Changes of the gallbladder represent mild and chronic cholecystitis without signs of a cholestasis.

BREED

Yorkshire Terrier

SEX

Spayed Female

AGE

8 Years

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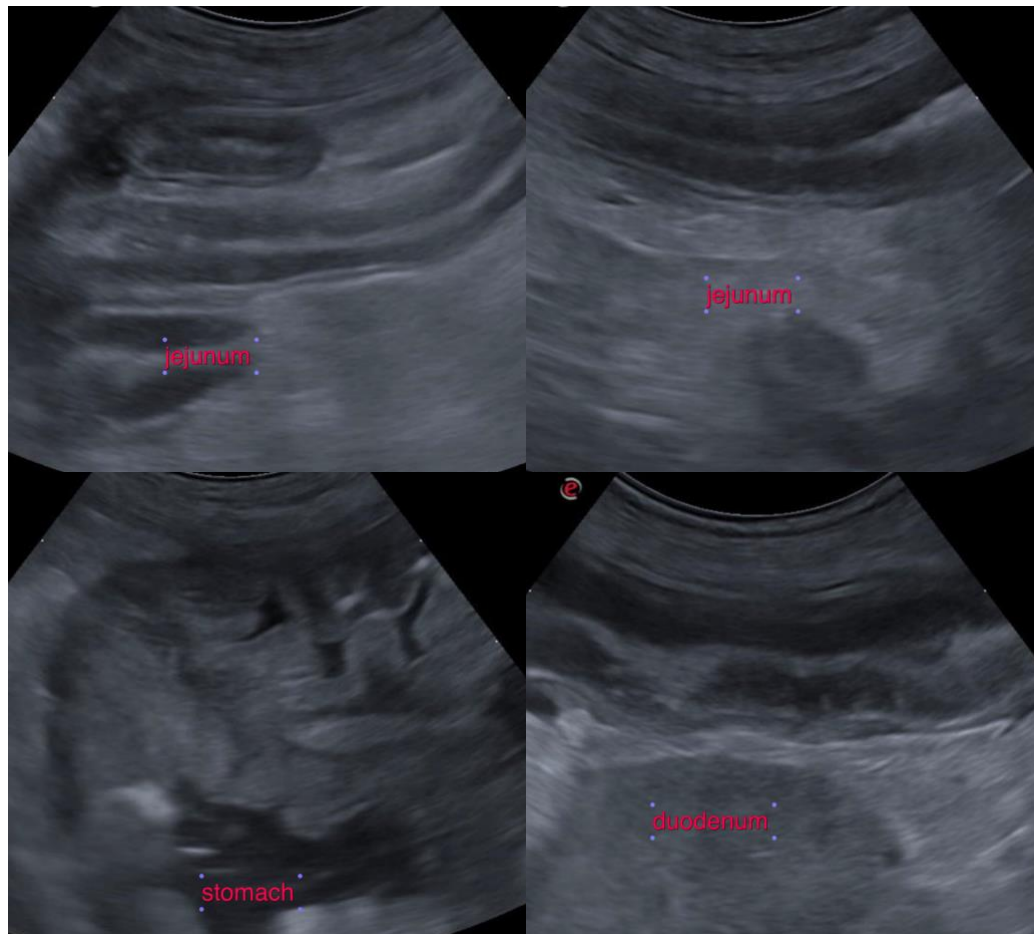
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PATIENT

Carmen Yuliin
Hoffman

SPECIES

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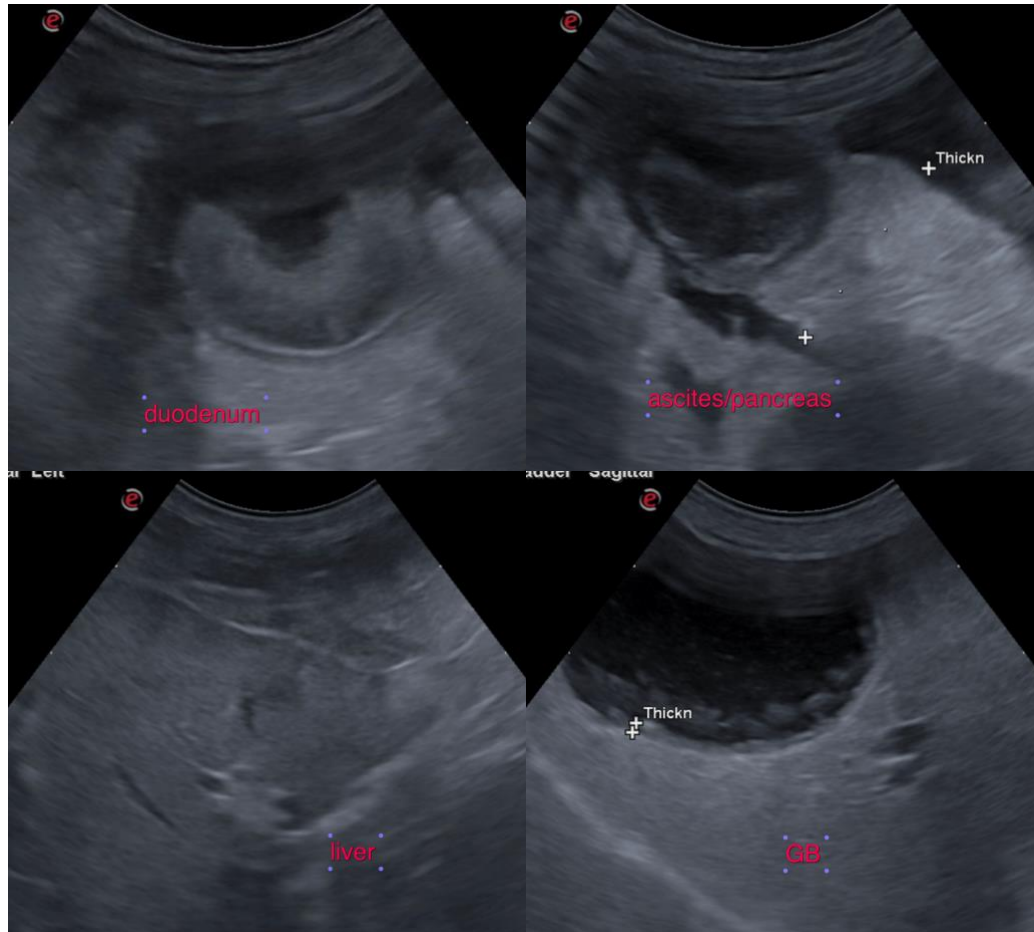
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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