



PATIENT PRESENTING CLINICAL SIGNS

Tiny Ortiz Colon History: Presented as a referral for an abdominal ultrasound. History: Patient presented initially on October 8 because he was acting abnormal at home, pasty feces and not eating very well.

SPECIES Bloodwork was done and moderate neutrophilia was observed in addition to mild elevation in amylase and lipase. Recommended referral to emergency clinic but declined. Treated as possible gastroenteritis/ pancreatitis with injectable cerenia, famotidine, convenia and oral metronidazole.

Canine Patient presented again on Monday because no full improvement was seen over the weekend. On presentation, heart and lungs were auscultated normal but he was painful in palpation of cranial abdomen. Patient was hospitalized and started on iv fluids. Given the marked neutrophilia, baytril

BREED was added to the treatment. On Tuesday, patient seemed slightly better, not painful on palpation of the abdomen, and he ate chicken; vitals were within limits. CBC was repeated and there was a slight improvement on neutrophilia. Decided to send him home with medications and repeat CBC on Thursday. Presented on Thursday, owner mentioned that he still not eating well at home and not acting normal. On CBC, the neutrophilia worsened and now the dog is again uncomfortable in palpation of the abdomen. Discussed with owner the importance of doing an abdominal to rule out neoplasia. Provisional Diagnosis or Reason for Referral: Extreme neutrophilia, no evidence of site of infection. Suspect neoplasia

Miniature Dachshund

SEX Neutered Male

AGE Abnormal PE/Chem/CBC/UA Results: On presentation, heart and lungs were auscultated normal but he was painful in palpation of cranial abdomen. On rectal exam he was uncomfortable on palpation, but no enlarged lymph node or prostate was detected. CBC was repeated and marked neutrophilia was observed; chemistry results besides mild hyperglobulinemia rest of values were wnl. Abdominal radiographs were taken, and per radiologist no significant abnormality was noted.

12 Years

INTERPRETED BY CBC: WBC 45.27 (5.05 - 16.76 K/ μ L) Neutrophils 41.32 (2.95 - 11.64 K/ μ L) CHEM: Globulin 5.2 (2.5 - 4.5 g/dL) Amylase 1,998 (500 - 1,500 U/L) Lipase 1,850 (200 - 1,800 U/L)

Sebastian Jawinski,
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Certified Vet Specialist
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ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

HOSPITAL NAME **Urinary system**

Paseos VC 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.

REFERRING VET

Dr. Illeana Rivera Both kidneys are inconspicuous with a clear corticomedullary definition. Renal pelvises and exits to the ureters are unremarkable.

INVOICE **Reproductive tract**

13918 The prostate is in homogeneous, appears smoothly margined and is inconspicuous.

Adrenal glands

DATE

10/20/21



PATIENT The left adrenal gland measures 0.52 cm in the cranial pole, 0.64 cm in caudal pole. Corticomedullary detail is intact.

Tiny Ortiz Colon

SPECIES The right adrenal gland is markedly asymmetric with a hyperechoic cranial pole and a spot-like calcification measuring 0.74 cm. The caudal pole measures 0.47 cm. An erosion of the CVC is not suspected.

Canine

Spleen

BREED

Splenic margins are mildly rounded. An indicated coarse granular echogenic texture is noted. Splenic vasculature presents normal course of vessels and unremarkable perfusion of the splenic veins. There are no signs of nodular/focal changes are noted.

Miniature Dachshund

SEX

The liver presents rounded margins. Liver echogenic texture appears generally hyperechoic and is coarse without evidence of nodular or focal changes.

Neutered Male

AGE

The gallbladder shows a moderate amount of hyperechoic sludge. The gallbladder wall is unremarkable without signs of relevant a florid process or cholestasis.

12 Years

Gastrointestinal

INTERPRETED BY

Gastric wall layering appears prominent. The small intestine and colon present intact wall layers being normal in width and echogenicity. There is no overt evidence of an ileus, a florid or even neoplastic process.

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Epigastric lymph nodes are mildly enlarged and hypoechoic but inconspicuous in shape. The gastric/pancreatic periphery is significantly hyperechoic, partially with loss of detail and distal shadowing (s. pancreas).

HOSPITAL NAME

Paseos VC

Mesenteric, para-aortal and portal lymph nodes are considered to be normal.

Pancreas

REFERRING VET

Dr. Illeana Rivera

The left and partially the right pancreas show irregular enlargement with an hyperechoic, inhomogeneous texture, small hypoechoic lines and a dilated duct. Periphery is markedly hyperechoic and presents at least two ill-defined and amorphous hypo- to anechoic areas on the left side.

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Free Abdomen

There is a subtle amount of free peritoneal effusion in the periphery of the spleen noted.

Abdominal great vessels show no pathological findings.

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ULTRASONOGRAPHIC FINDINGS



PATIENT

Tiny Ortiz Colon

PRIMARY

SPECIES

Canine

- Signs of a pancreatitis/perifocal peritonitis/steatitis
- Suspected reactive gastritis and epigastric lymphadenopathy
- Hepatomegaly
- Splenomegaly

SECONDARY

BREED

Miniature Dachshund

- Nodular-like lesion of the cranial right adrenal gland
- Gallbladder sludge

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

Neutered Male

AGE

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Changes of the pancreatic periphery and pancreas most likely reflect the clinical presentation representing acute pancreatitis with signs of a focal peritonitis and reactive gastritis. The indicated hypoechoic lines speak for an acute/active process with formation of edema. The hypo- to anechoic ill-defined areas indicate fluid accumulation and could represent initial abscess and/or necrosis. The latter should be ruled out by FNA for cytology and culture. Pancreatic neoplasia cannot be fully excluded since it could be hidden by the current inflammation. Sonographic monitoring is recommended for re-evaluation of anechoic areas and the peritoneal fluid. Complementary measuring of cPL and CRP are beneficial.

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Regarding the clinical presentation fluid and antibiotic therapy (enrofloxacin, amoxicillin or metronidazole), pain management, antiemetics and low-fat diet/hepatic support are recommended. Ultrasonographic findings of the liver and spleen are secondary findings. Secondary hepatitis/cholecystitis/splenitis are possible as well as chronic issues such as chronic hepatitis, vacuolar liver disease and lipidosis. There are no signs of nodular or focal changes that are suspicious for neoplasia. However, infiltrative neoplasia is possible (lymphoma, mast cell tumor). FNA of the liver and spleen are recommended.

HOSPITAL NAME

Paseos VC

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Final assessment of the right adrenal lesion (benign, malignant; functional, non-functional) is not possible and a matter of clinical presentation, the temporal evolution and urine/blood tests. I currently favor a benign capsulated lesion. Sonographic monitoring of the adrenal glands is recommended (in 8 weeks).

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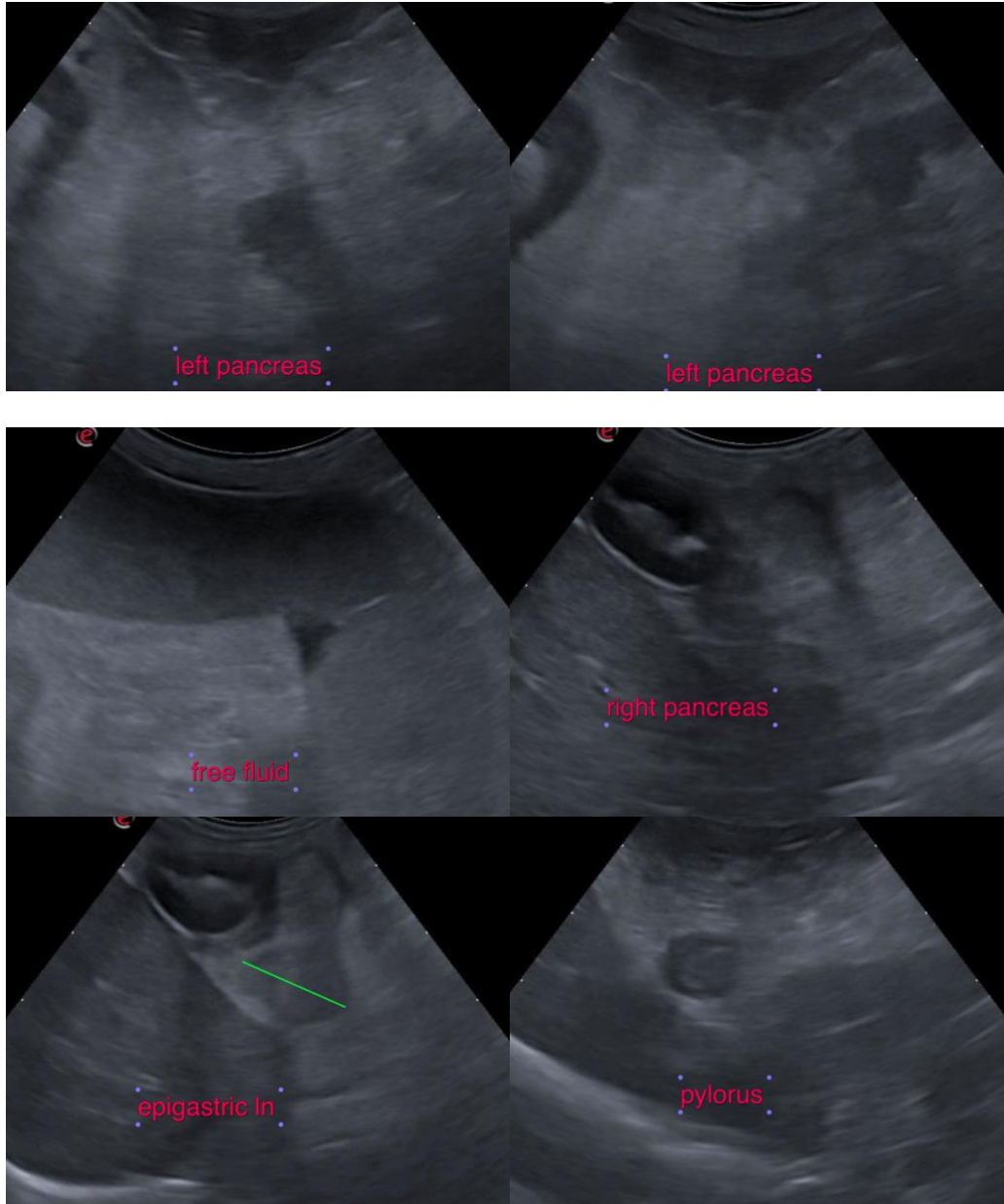
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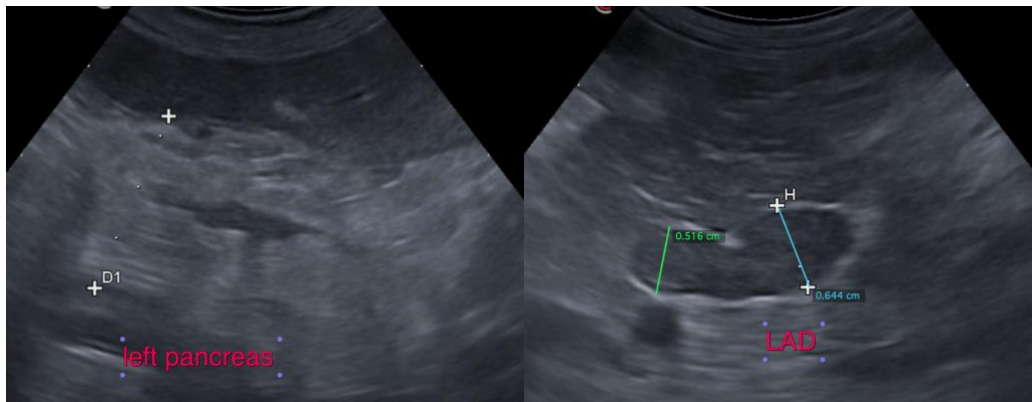
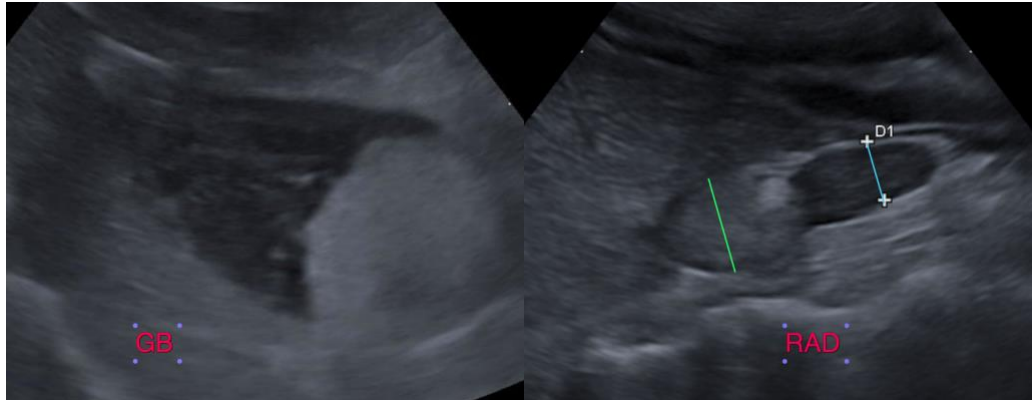
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

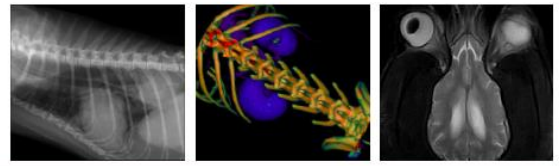
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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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