



PATIENT PRESENTING CLINICAL SIGNS

Loah Suazo Nieves History: Loah presented as a referral for an abdominal ultrasound. At the referring veterinarian a possible mass in the abdomen was noticed. Pt was recently hospitalized for pancreatitis. Pt has been lethargic and O reported that cannot walk.

SPECIES

Canine Abnormal PE/Chem/CBC/UA Results: CHEM: ALP : 715 (20-150), ALT: 262 (10-118) CBC: WBC: 20.8 (6-17), Neutrophils : 18.5 (3-12) HCT: 33% (37-55), PLT: 122 (165-500)

BREED

Miniature Schnauzer

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary system

SEX

Spayed Female

The urinary bladder, trigone und 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.

AGE

14 Years

Both kidneys present pelvic calculi with distal shadowing but are age-appropriate and inconspicuous apart from that.

Adrenal glands

INTERPRETED BY

Sebastian Jawinski,
German Board
Certified Vet Specialist
in Diagnostic Imaging

The left adrenal gland shows a single and focal hyperechoic spot in the corticomedullary transition of the cranial pole.

The right adrenal gland is inconspicuous.

HOSPITAL NAME

Paseos VC

Spleen

The spleen reveals a hypoechoic, amorphous perivascular infiltrate of a hilus vessel. Additional to that a rounded nodule with protruding of the capsule is found in the cranial tip measuring 1.15 x 0.9 cm.

Liver/Gallbladder

REFERRING VET

Dr. Rodriguez,
Hospital Vet 172

Liver images present a large hypoechoic mass-like lesion of the left liver which contain corpuscular fluid and multiple septa measuring approximately 6.23 x 4.30 cm. Liver echotexture and size are inconspicuous apart from that.

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The gallbladder shows a small amount of hyperechoic fast sedimenting sludge. The gallbladder wall is unremarkable. There are no signs of a florid process or cholestasis.

Gastrointestinal

DATE

10/6/21

**PATIENT**

Loah Suazo Nieves

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.

Mesenteric, epigastric and portal lymph nodes are considered to be normal.

SPECIES

Canine

Pancreas

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

BREED

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Free Abdomen

There is no peritoneal or retroperitoneal effusion recognized.

Abdominal fat and great vessels show no pathological findings.

SEX

Spayed Female

ULTRASONOGRAPHIC FINDINGS**PRIMARY****AGE**

14 Years

- Large hematoma of the left liver
- Perivascular infiltrate splenic hilus vessel
- Hypodense splenic nodule cranial tip of the spleen

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SECONDARY

- Incidental and/or age appropriate:
 - Multiple pelvic calculi both kidneys
 - Focal calcification left adrenal gland
 - Hyperechoic sludge gallbladder

HOSPITAL NAME

Paseos VC

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**REFERRING VET**

Dr. Rodriguez,
Hospital Vet 172

Ultrasonographic findings of the liver likely represent a large and acute hematoma. Margination and the corpuscular and septated content would go along with that. This commonly is seen due to hepatic neoplasia which is not clearly identified but not excluded by that. Hepatic abscess/necrosis are potential differentials.

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The splenic perivascular lesion again could represent an acute hemorrhage and/or infarct. The nodule in the cranial tip of the spleen is likely neoplastic but unspecific. Protrusion of the capsule is a risk factor for rupture. Currently there is no free peritoneal fluid recognized.

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Please check for pulmonary metastasis and coagulation disorders which may occur as a paraneoplastic syndrome. I would recommend FNA of the liver lesion as long a blood clotting is inconspicuous to rule out hepatic abscess formation and a sonographic recheck in 5 days to monitor size and appearance of the liver and perivascular splenic lesion.

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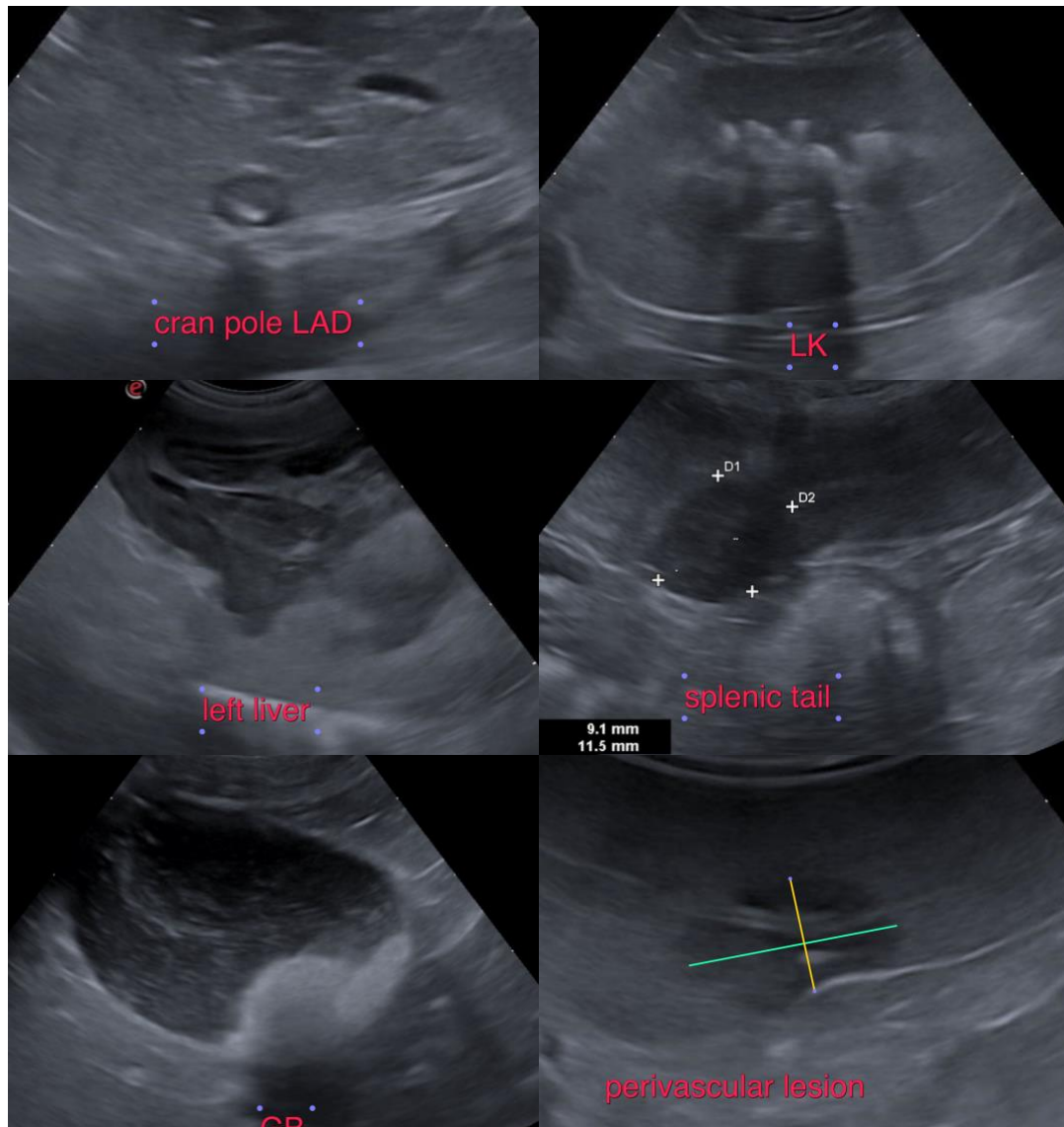
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



PATIENT

Loah Suazo Nieves

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.

SPECIES

Canine

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info@sonopath.com

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