

PATIENT

Blanco Reyes

SPECIES

Canine

BREED

Beagle Mix

SEX

Male Neuter

AGE

12 Years

WEIGHT

19.6 lbs

INTERPRETED BY

Sebastian Jawinski,
German Board Certified
Vet Specialist in
Diagnostic Imaging

IMAGING PERFORMED BY

Dr. G. Ferrer, DVM

HOSPITAL NAME

Paseos Veterinary
Center

REFERRING VET

Dr. Jose A. Cruz Rivera

INVOICE

49053

DATE

12-15-21

PRESENTING CLINICAL SIGNS

Patient presented as a referral for an abdominal ultrasound to increase liver enzyme. Patient has a history of leukopenia, thrombocytopenia, elevated ALT and ALP chronically. PT was treated with Doxycycline, Denamarin, and Prednisone

Abnormal PE/Chem/CBC/UA Results: CBC: WBC: 3.7 (5.5-16) Platelets: 93 (175-500) Chemistry: ALT 432 (10-125) ALKP 267 (23-112)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary system

The urinary bladder presents a marked amount of small cystic calculi with distal acoustic shadowing. One larger stone is identified measuring approximately 1.03 cm, probably showing a clot of sediment/debris. The prostatic/pelvic urethra again shows some uroliths. Wall layering is intact on all views without focal or diffuse thickening. Ureters are not visualized and considered to be normal. No evidence of a relevant inflammatory or neoplastic process is noted.

The renal cortex appears mildly hyperechoic and coarse. The renal medulla appears hyperechoic. There are multiple calcifications noted affecting the renal capsule and the renal pelvises. Both show an age-appropriate fuzzy corticomedullary transition. Renal pelvises and exits to the ureters are unremarkable.

Reproductive tract

The prostate is small, hypoechoic and appears smoothly marginated.

Adrenal glands

Both adrenal glands are normal.

Spleen

The spleen is inconspicuous in terms of size, surface and shows diameters of 1.65 cm. There are spot-like, hyperechoic lesions of 0.44 x 0.30 cm recognized. Splenic margins are mildly rounded. Splenic vasculature presents normal course of vessels and unremarkable perfusion of the splenic veins.

Liver/Gallbladder

The liver presents severe changes with a highly nodular surface and appears highly inhomogeneous. All liver parts are affected.

The gallbladder and -wall are unremarkable without signs of relevant sludge, a florid process or cholestasis.

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. There is no overt evidence of an ileus, a florid-inflammatory or even neoplastic process.

Mesenteric lymph nodes are mildly enlarged and hypoechoic but inconspicuous in shape and periphery.

Pancreas

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



PATIENT

Free Abdomen

Blanco Reyes

There is very subtle amount of free peritoneal fluid noted at the level of the caudate lobe of the liver. Abdominal fat and great vessels show no pathological findings.

SPECIES

ULTRASONOGRAPHIC FINDINGS

Canine

Primary

BREED

- Severe nodular-like changes of all liver parts
- Subtle ascites

Beagle Mix

Secondary

SEX

- Cystic calculi urinary bladder
- Mild mesenteric lymphadenopathy
- Mild unspecific splenomegaly with small calcifications/myelolipomas
- Signs of a bilateral, chronic and age-appropriate nephropathy

Male Neuter

AGE

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

12 Years

Ultrasonographic findings are highly suspicious for advanced liver disease as seen with fibrosis/cirrhosis. Portal hypertension with currently subtle ascites is assumed. Liver changes are severe and generally of bad prognosis. Treatment of a chronic hepatitis/inflammatory hepatopathy (prednisolone, antibiotics, spironolactone, hepatic diet) may improve clinical symptoms and reduce ascites. Liver neoplasia is unlikely but cannot be fully excluded.

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Clinical relevance of the cystic calculi is questionable. Obstruction (ureters, urethra) is currently not noted. Urinary testing may be beneficial.

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Findings of the mesenteric lymph nodes are still consistent with reactive inflammation.

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I do not suspect splenic neoplasia. The hyperechoic, well-defined spots are likely calcified and benign myelolipomas. Splenomegaly is an unspecific finding and commonly is secondary to systemic inflammatory/infectious disease.

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Changes of the kidneys are bilateral, age appropriate and likely present structural nephrosis.

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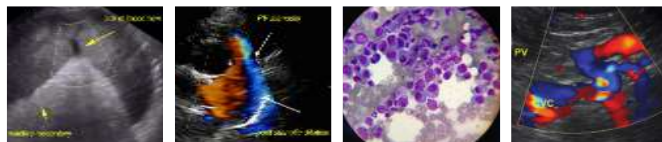
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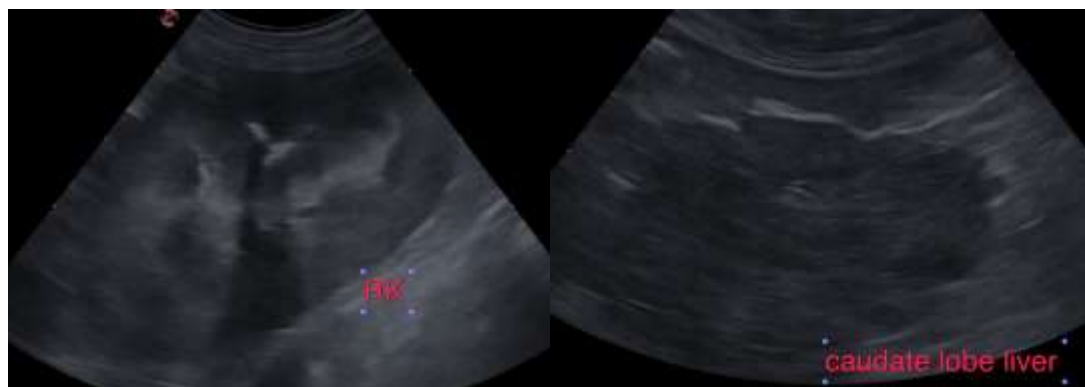
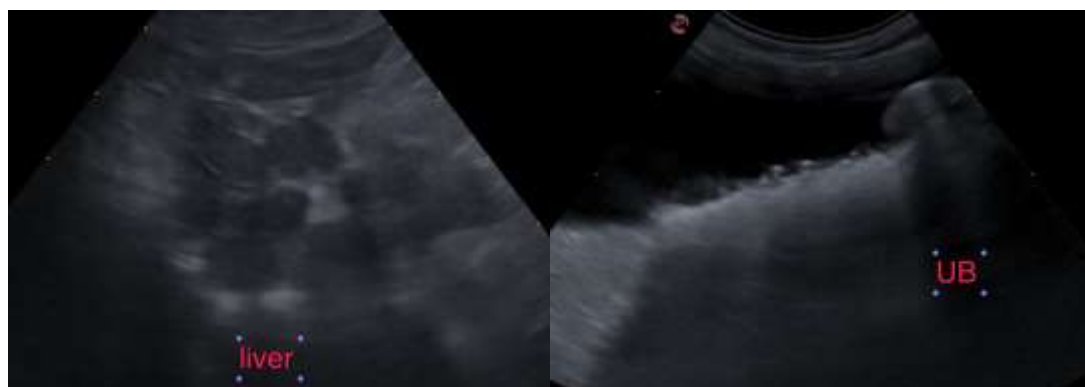
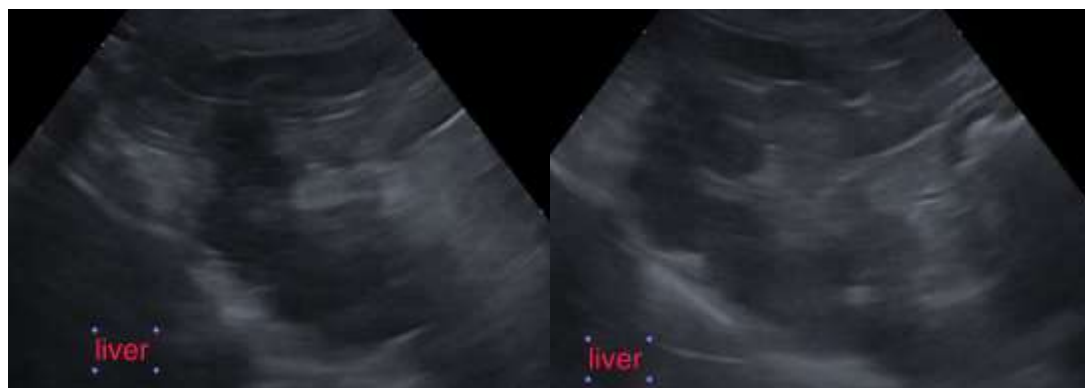
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@sonopath.com