

PATIENT

Cefiro Castro

SPECIES

Canine

BREED

Shar Pei Mix

SEX

Male Neuter

AGE

10 Years

WEIGHT

60 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. Maria Martes

INVOICE

49054

DATE

12-15-21

PRESENTING CLINICAL SIGNS

Cefiro presented for an abdominal ultrasound for MET check. Pt has a history of Mast cell tumor, high grade (Kiupel), Grade III (Patnaik) from a preputial mass removed on 7-7-21 Patient was presented for evaluation of a large mass at right inguinal area. Owner noticed 3 days ago. Owner has not seen it increase in size since then. Does not have vomiting or diarrhea. Has been eating well.

Abnormal PE/Chem/CBC/UA Results: Small, firm SQ mass at distal prepuce. Erythema at right inguinal area. Violet hue at left inguinal area firm, large right inguinal lymph node.

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. No evidence of an inflammatory or neoplastic process is noted.

Both kidneys show a slightly fuzzy corticomedullary transition which is age appropriate. Renal pelvises and exits to the ureters are unremarkable.

Reproductive tract

The prostate is small, hypoechoic, homogeneous and smoothly margined.

Adrenal glands

Both adrenal glands are normal.

Spleen

The spleen is inconspicuous in terms of size, surface and presents a mildly hyperechoic and coarse echotexture with diameters of 1.70 cm. Splenic vasculature presents normal course of vessels and unremarkable perfusion of the splenic veins. There are no signs of nodular/focal changes noted.

Liver/Gallbladder

Liver echogenic texture appears diffusely, mildly hyperechoic and is mildly coarse. 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.

Pancreas

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

Free Abdomen

There is no evidence of peritoneal or retroperitoneal effusion noted. The inguinal lymph nodes and the medial iliac lymph nodes are highly enlarged, rounded in shape, highly inhomogeneous and hypoechoic and present a significantly hyperechoic periphery in case of the inguinal lymph nodes. The mesenteric



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lymph nodes partially are mildly enlarged and rounded but homogeneous with an inconspicuous periphery.

Abdominal fat and great vessels show no pathological findings.

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ULTRASONOGRAPHIC FINDINGS

Primary

- Severe inguinal and medial iliac lymph adenomegaly with peripheral reactive tissue
- Mild mesenteric lymph adenomegaly

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Secondary

- Mildly hyperechoic liver and spleen with an indicated coarse echotexture

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasonographic findings of the lymph nodes are highly suspicious for an active and neoplastic process. Regarding the patient's history mast cell tumor metastases are likely. The rounded shape, inhomogeneous texture and the hyperechoic peripheral tissue -although unspecific- match with malignancy.

Diffuse infiltration of the spleen and liver, which is common with mast cell tumors, is not easy or cannot be safely detected with ultrasound. The hyperechoic and coarse echotexture can represent signs of infiltration. FNA of both for staging reasons could be performed to evaluate if another chemotherapy is possible. From a sonographic point of view, I do not think that curative surgery is feasible.

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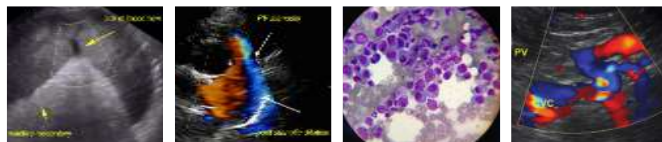
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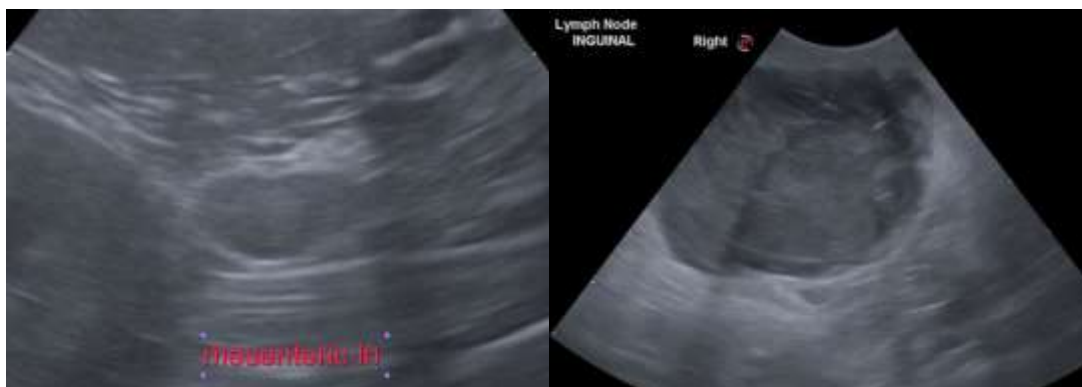
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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