

PATIENT

Princess Mackesey

PRESENTING CLINICAL SIGNS

vomiting, bloody diarrhea, lethargic, inappetence, got into garbage 5 days ago.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary system

The urinary bladder is nearly empty, 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.

BREED

Bulldog

Both kidneys are inconspicuous with mild degenerative changes (s. right kidney with mild hyperechoic cortical spots) and a clear corticomedullary definition. Renal pelvises and exits to the ureters are unremarkable.

SEX

FS

Adrenal glands

AGE

10 Years

The left adrenal gland appears enlarged and asymmetric with diameters of 3.43 x 1.24 x 1.01 cm. Mild loss of corticomedullary detail is indicated especially in the cranial pole.

The right adrenal gland again is enlarged with diameters of 3.76 x 1.29 x 0.89 cm.

WEIGHT

33.2 kg

Spleen

Splenic margins are moderately rounded with marked undulation of the capsule. There are multiple hyperechoic, perihilar/-vascular infiltrates recognized. In addition to those strongly hyperechoic nodules and areas with distal acoustic shadowing are recognized. Splenic vasculature presents normal course of vessels and unremarkable perfusion of the splenic veins.

INTERPRETED BY

Sebastian Jawinski,
German Board Certified
Vet Specialist in
Diagnostic Imaging

Liver/Gallbladder

Liver images are inconspicuous. Echotexture, size and vasculature appear regular. Evidence of nodular or focal changes is not visible.

IMAGING PERFORMED BY

Dr. Gromalak

The gallbladder shows a mild amount of hyperechoic sludge. The gallbladder and -wall are unremarkable without signs of a florid process or cholestasis.

HOSPITAL NAME

SVS Imaging

Gastrointestinal

The gastric wall appears prominent with transverse diameters of 0.38 cm, wall layering is intact. Beside regular gas artifacts the gastric content shows hyperechoic material aligning with the gastric wall and having a complete distal acoustic shadow. The small intestine and colon present intact wall layers being normal in width and echogenicity. There are focal sections with fluid-content noted. Adjacent mesentery and fat tissue are of normal appearance. There is no overt evidence of an ileus.

REFERRING VET

Dr. Daggett

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

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Pancreas

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

DATE

12-15-21

Free Abdomen



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There is no evidence of peritoneal or retroperitoneal effusion noted. Abdominal fat and great vessels show no pathological findings.

ULTRASONOGRAPHIC FINDINGS

SPECIES

Canine

Primary

- Moderate unspecific splenomegaly
- Multiple, large splenic myelolipomas
- Multiple perivascular splenic infarcts/hemangiomas

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Secondary

- Questionable gastric foreign material
- Bilateral enlargement of the adrenal glands

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

10 Years

The multiple, strongly hyperechoic changes of the spleen are still consistent with benign myelolipomas, perivascular infarcts or hemangiomas. This is commonly an incidental finding without further relevance. Malignancy is not suspected but cannot be fully excluded. The mass-like lesions protruding the splenic capsule may represent a higher risk of rupture with consecutive abdominal hemorrhage. Follow up examinations are recommended to monitor size and number. Splenomegaly is an unspecific finding and commonly is secondary to systemic inflammatory/infectious disease.

WEIGHT

33.2 kg

The findings of the stomach must be correlated with the time of the last meal. The gastric content may show normal ingesta without relevance. The prominent wall although of normal diameter and the mildly fluid-filled intestinal sections speak for a mild inflammatory process as seen with unspecific gastroenteritis. Obstructive ileus is not suspected.

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Enlargement and asymmetry of the adrenal glands could represent hyperplasia due to pituitary-dependent hyperadrenocorticism. Final assessment (benign, malignant; functional, non-functional) is not possible and a matter of clinical presentation, the temporal evolution and urine/blood tests. I currently favor non-relevant, benign hyperplasia.

IMAGING PERFORMED BY

Dr. Gromalak

Sonographic monitoring of the spleen and adrenal glands is recommended (in 8 weeks).

HOSPITAL NAME

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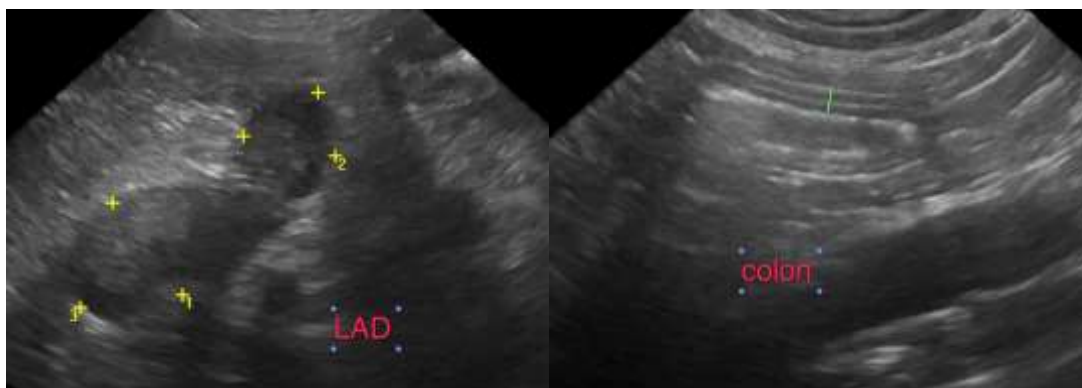
Dr. Daggett

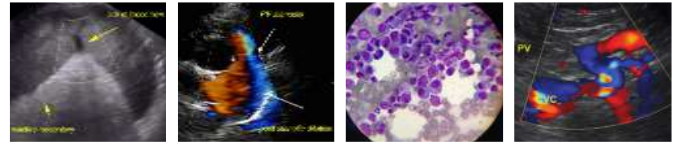
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SPECIES

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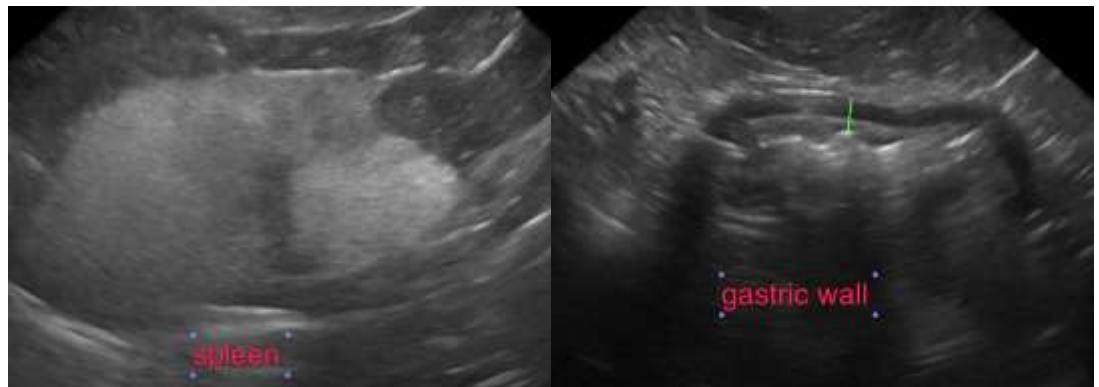
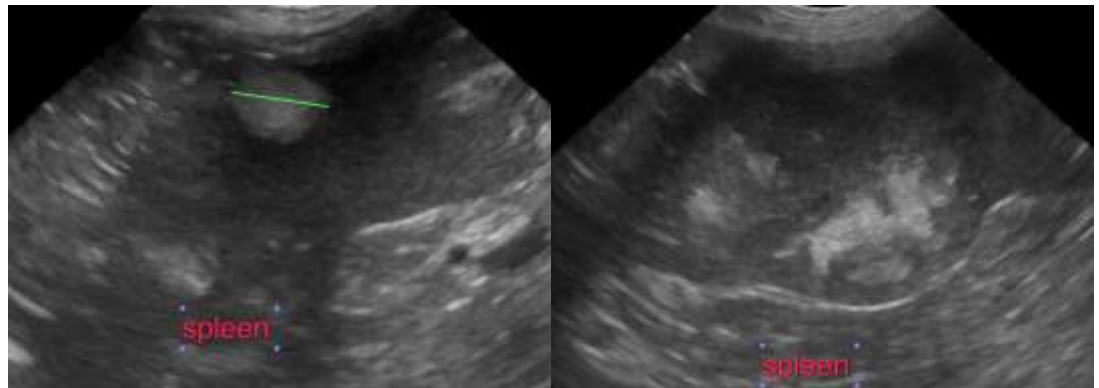
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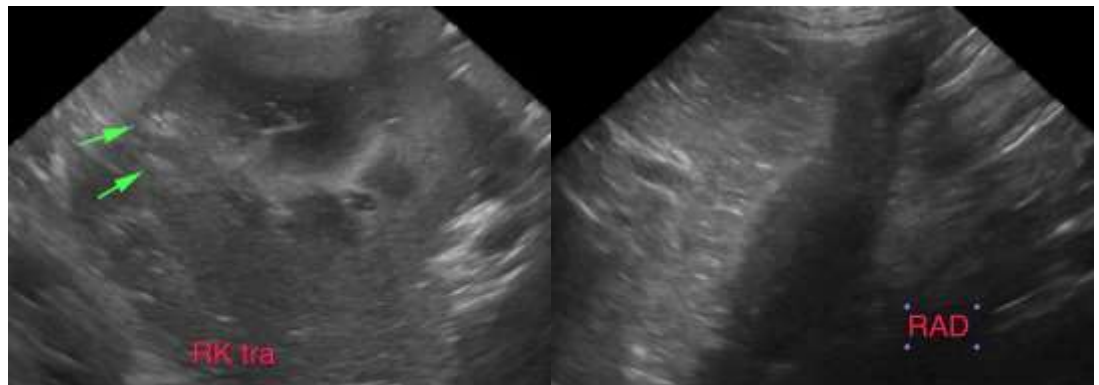
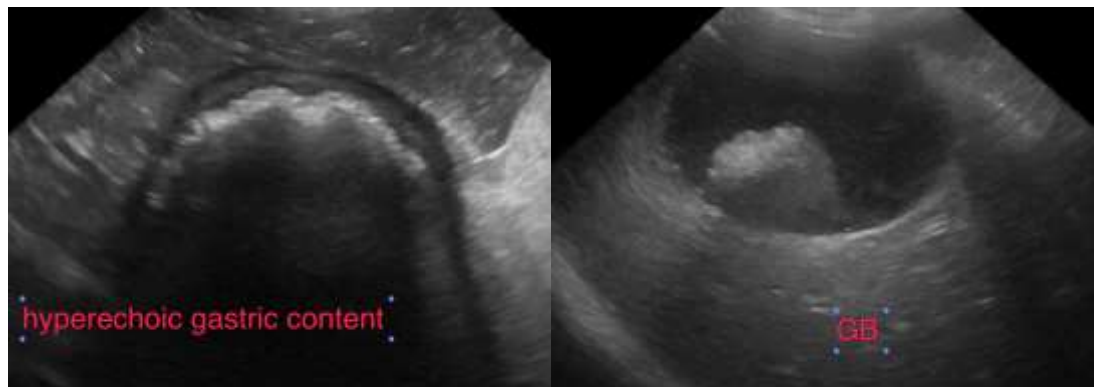
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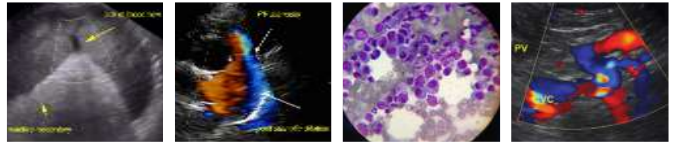
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

BREED

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info@sonopath.com

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