



PATIENT

Kiaeh Hessler

SPECIES

Canine

BREED

Chesapeake Bay Ret

SEX

FI

AGE

18 Months

WEIGHT

84lbs

INTERPRETED BY

Sebastian Jawinski,
German Board Certified
Vet Specialist in
Diagnostic Imaging

**IMAGING
PERFORMED BY**

Amy Mayhew LVT

HOSPITAL NAME

SVS Imaging Michigan

REFERRING VET

Hidden Springs
Veterinary Clinic

INVOICE

48712

DATE

12-2-21

PRESENTING CLINICAL SIGNS

PU/PD, Low cortisol, (possible atypical Addison's Disease), increased BUN, SDMA Exam findings and abnormal lab values: Intact female, Resting cortisol: 0.5, increased BUN, SDMA, ACTH Stim normal, repeat pending, normal UPC. Generalized alopecia, hx of staff pyoderma, hx several UTIs, recent UTI dx on 11/4, C & S e.coli, 2 week course of Enrofloxacin. Question you want answered with an ultrasound: Concern for adrenal abnormalities, bladder & ureters. Presurgical eval prior to OHE.

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 are inconspicuous with a clear corticomedullary definition. Left kidney measures 5.61 cm length, right kidney 6.29 cm. Renal pelvises and exits to the ureters are unremarkable.

Reproductive tract

The uterus is considered to be normal. The left ovary is inconspicuous. Caudal to the right kidney a hypoechoic, amorphous and ill-defined area is recognized measuring 2.64 cm (right ovary?, see last loop).

Adrenal glands

The left adrenal gland measures 0.42 cm in cranial pole, 0.54 cm in caudal pole. The right adrenal gland measures 0.53 cm in cranial pole, 0.47 cm in caudal pole. Both present normal size, shape and echogenic texture.

Spleen

The spleen is inconspicuous in terms of size, surface and echotexture and shows diameters of 1.74 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 images are inconspicuous. Echotexture, size and vasculature appear regular. Evidence of nodular or focal changes is not visible. The gallbladder and -wall are unremarkable without signs of relevant sludge, a florid process or cholestasis.

Gastrointestinal

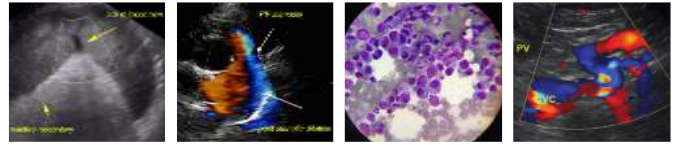
The stomach, the small intestine and colon present intact wall layers being normal in width and echogenicity. Adjacent mesentery and fat tissue are of normal appearance. There is no overt evidence of an ileus, a florid-inflammatory or even neoplastic process.

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

Pancreas

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

Free Abdomen



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There is no evidence of peritoneal or retroperitoneal effusion noted. The medial iliac lymph nodes are inconspicuous. Abdominal fat and great vessels show no pathological findings.

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ULTRASONOGRAPHIC FINDINGS

- Questionable lesion of the right ovary
- Normal abdominal findings apart from that

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasonographic findings show no overt or secondary signs of an ectopic ureter (distended/tubular ureter, distended renal pelvises). Cystocentesis for urine culture/cytology and vaginoscopy could be performed next. A sonographic follow-up in sedation with furosemide may show normal entrance of the ureters/urinary inflow.

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Both adrenals are inconspicuous. Nodular changes or reduced size are not recognized.

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The right ovary is not clearly defined. If surgery reveals abnormalities of the right ovary or the periphery histopathology is recommended to rule out ovarian neoplasia. Alopecia would be a concomitant finding with elevated estrogen (complement estrogen level?).

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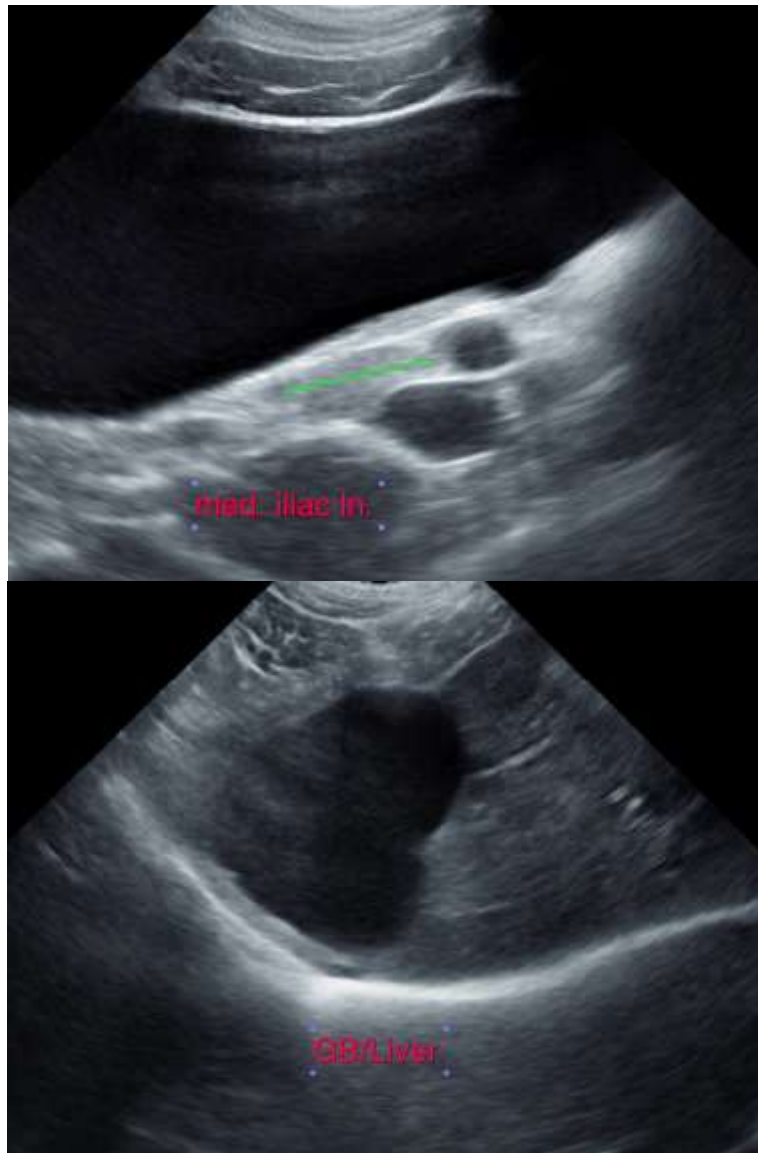
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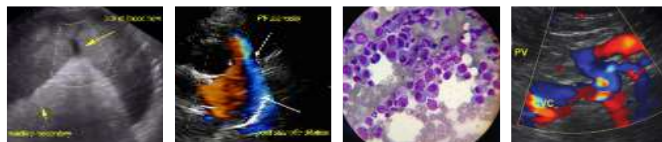
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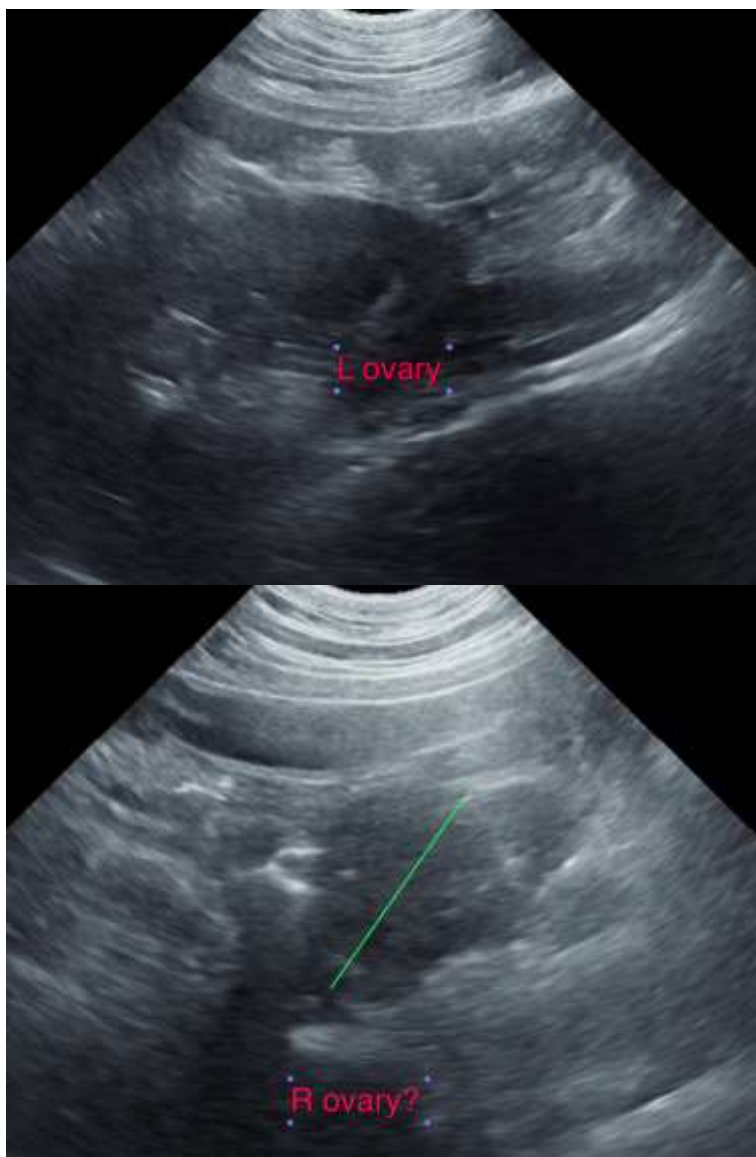
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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