

PATIENT

Lucky Retana

SPECIES

Canine

BREED

Maltese

SEX

M

AGE

16 Years

WEIGHT

4 kg

INTERPRETED BY

Sebastian Jawinski,
German Board Certified
Vet Specialist in
Diagnostic Imaging

IMAGING PERFORMED BY

Dr. Gromalak

HOSPITAL NAME

SVS Imaging

REFERRING VET

Dr. Keller

INVOICE

49190

DATE

12-22-21

PRESENTING CLINICAL SIGNS

Inappetence and diarrhea, lethargic and swaying when standing/walking.
Abnormal PE/Chem/CBC/UA Results: Mildly anemic, Neutrophilia, sdma (49), azotemic, ALT 199, ALKP 475, GGT 22, specific gravity 1.011

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.

Left kidney measures 4.37 cm length, right kidney approximately 4.00 cm. Both kidneys show a slightly age-appropriate fuzzy corticomedullary transition. Renal pelvises and exits to the ureters are unremarkable.

Reproductive tract

The prostate is inhomogeneous and appears smoothly marginated. There are multiple small cysts noted.

Adrenal glands

The left adrenal gland measures 1.59 x 0.55 x 0.63 cm, the right adrenal gland 1.58 x 0.53 x 0.67 cm.

Both present normal size, shape and echogenic texture.

Spleen

Splenic echogenic texture is mildly inhomogeneous without protrusions of the capsule. Additional to that mild, hyperechoic, perihilar infiltrates are recognized. 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 generally and mildly hyperechoic and is inhomogeneous with at least one small hypoechoic area.

The gallbladder shows a mildly filled with hyperechoic sludge, small hyperechoic choleliths and presents a markedly thickened wall. The periphery is inconspicuous. There are no signs of cholestasis noted.

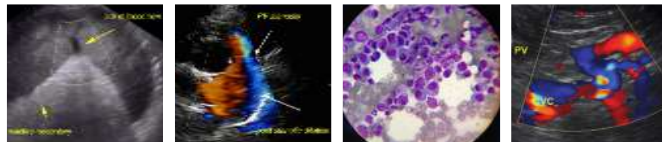
Gastrointestinal

The stomach is empty and presents a thickened gastric wall with transverse diameters up to 0.51 cm. Wall layering is intact. The small intestine and colon present intact wall layers revealing a markedly thickened colon wall measuring 0.30 cm. Again, layer detail is intact. being normal in width and echogenicity. The adjacent mesentery and fat tissue are of normal appearance.

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

Pancreas

All pancreatic parts displayed show a mildly hyperechoic echogenicity to the surrounding omental fat.



PATIENT

Signs of overt inflammatory changes or focal lesions are missing.

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Free Abdomen

SPECIES

There is no evidence of peritoneal or retroperitoneal effusion noted. The para-aortal and medial iliac lymph nodes are considered to be normal. The abdominal fat and great vessels show no pathological findings.

Canine

ULTRASONOGRAPHIC FINDINGS

BREED

Primary

Maltese

- Thickened gastric and colon wall with intact layering
- Thickened gallbladder wall with hyperechoic sludge and small choleliths

SEX

Secondary

M

- Signs of a bilateral, age appropriate and chronic nephropathy
- Inhomogeneous, mildly hyperechoic liver, small hypoechoic hepatic lesion
- Age appropriate perihilar splenic hemangiomas/infarcts
- Mild benign prostatic hyperplasia, multiple small prostatic cysts

AGE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

Ultrasonographic findings of the stomach and colon do reflect the reported patient's history and represent marked signs of gastritis and colitis. This changes however are unspecific. Chronic inflammation (IBD, indigestibility) and infectious disease are possible. Wall layering is intact, ulceration and/or neoplasia are currently not suspected.

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Changes of the gallbladder represent mild and chronic cholecystitis without signs of cholestasis. Polyps and initial/premature mucocele are possible, neoplasia is unlikely. Gastric- and gallbladder (and liver-) changes are likely concomitant findings. Empiric therapy of gastritis/colitis could be performed next.

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Changes of the kidneys are bilateral. I suggest they are normal age-related changes.

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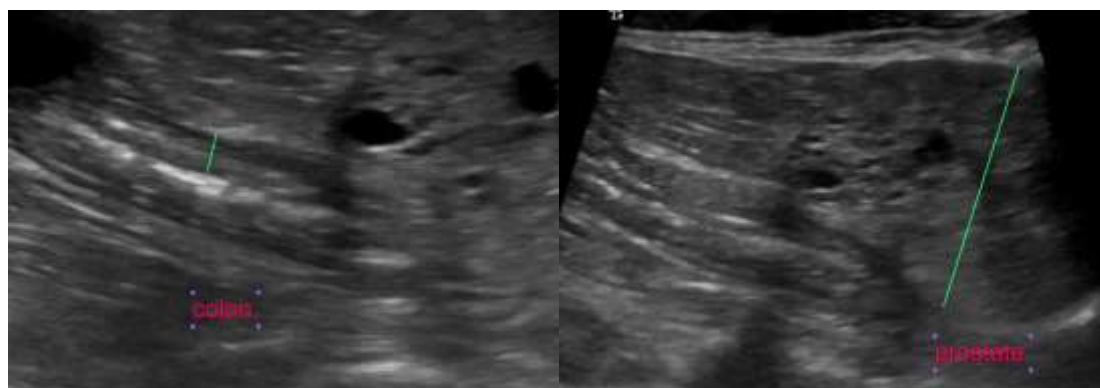
Ultrasonographic findings of the liver are somehow age expected and could speak for chronic liver disease such as chronic hepatitis, vacuolar liver disease and/or fatty infiltration. Elevation of the liver enzymes may be explained by these changes.

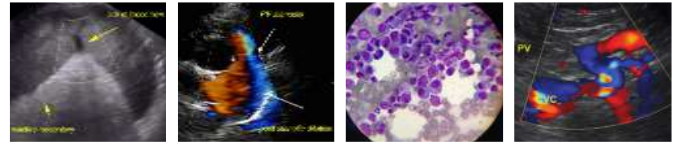
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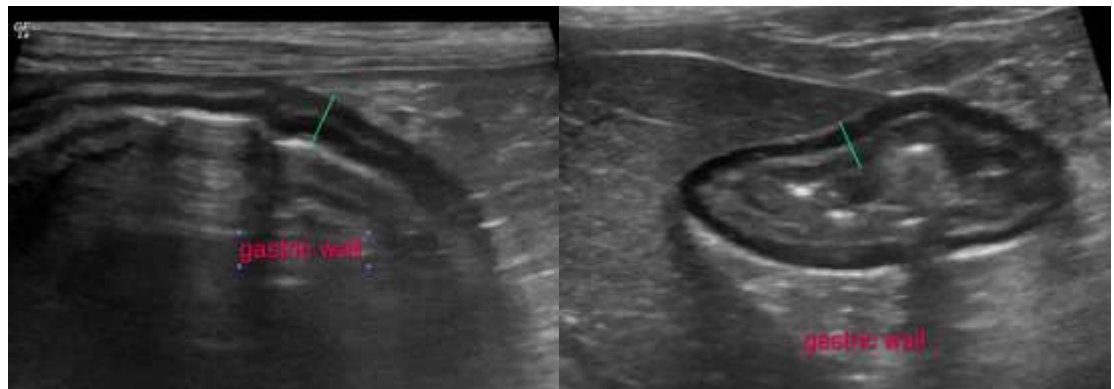
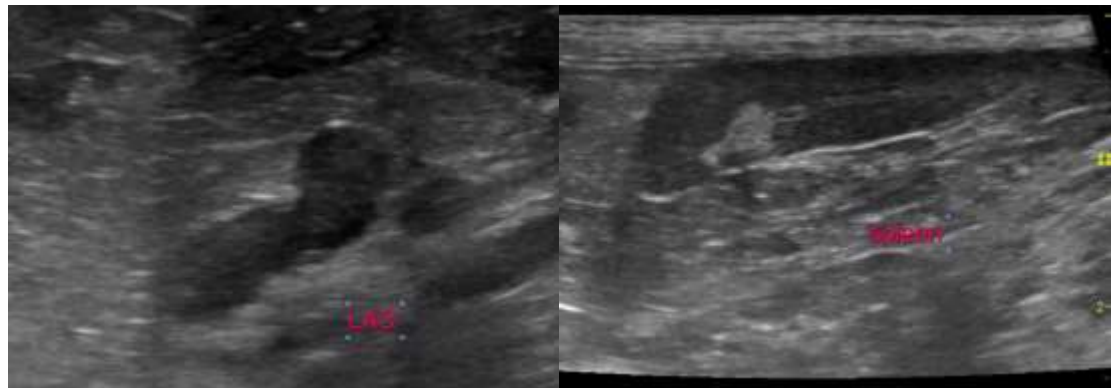
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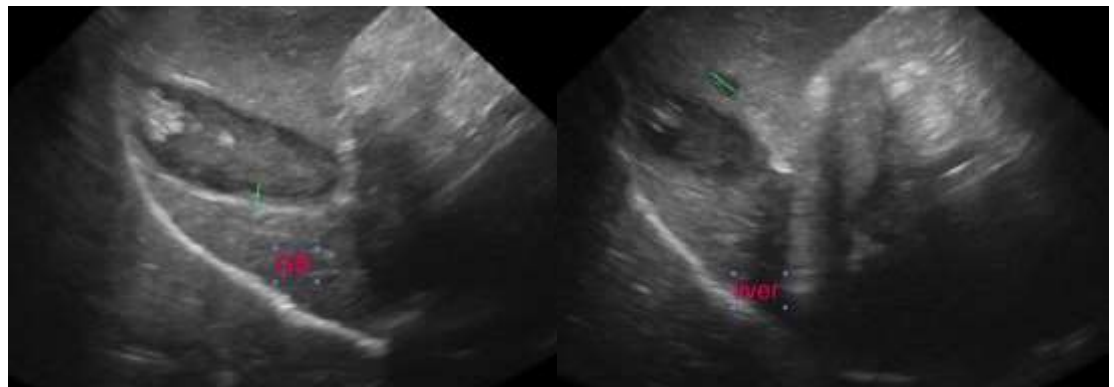
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

BREED

Maltese

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.

SEX

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info@sonopath.com

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