



**PATIENT**

Herbie Kritch

**PRESENTING CLINICAL SIGNS**

Mast Cell tumor/growth to be removed on right side. This is an abdominal cancer check

**SPECIES**

Canine

**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.

**BREED**

Boston Terrier

Both kidneys are inconspicuous with a clear corticomedullary definition. Left kidney measures 5.43 cm length, right kidney 5.02 cm. Renal pelvises and exits to the ureters are unremarkable.

**SEX**

MN

**Reproductive tract**

The prostate is small and inconspicuous.

**AGE**

10 Years

**Adrenal glands**

The left adrenal gland measures 2.37 x 0.57 x 0.57 cm, the right adrenal gland 0.56 and 0.46 cm in the cranial and caudal pole. Both present normal size, shape and echogenic texture.

**WEIGHT**

31.3 lbs

**Spleen**

The spleen is inconspicuous in terms of size, surface and echotexture and shows diameters of 1.50 cm. 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

There are no signs of nodular/focal changes noted.

**IMAGING PERFORMED BY**

Kim Liedberg

**Liver/Gallbladder**

Liver echogenic texture appears mildly hyperechoic and coarse. Liver images are inconspicuous apart from that. Size and vasculature appear regular. Evidence of nodular or focal changes is not visible.

**HOSPITAL NAME**

SVS Imaging WI

The gallbladder is mildly filled without signs of relevant sludge, a florid process or cholestasis. The gallbladder wall is unremarkable.

**REFERRING VET**

Dr. Custead MVS

**Gastrointestinal**

There is a questionable, mildly hypoechoic nodule noted in the gastric periphery measuring 0.74 cm. 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.

**INVOICE**

49256

The 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.

**DATE**

12-27-21

**Free Abdomen**



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There is no evidence of peritoneal or retroperitoneal effusion noted. The para-aortal lymph nodes are mildly enlarged but show an inconspicuous texture, shape and periphery. The abdominal fat and great vessels show no pathological findings.

**SPECIES**

Canine

**ULTRASONOGRAPHIC FINDINGS**

- Mild hepatopathy with an inhomogeneous texture
- Questionable nodule gastric periphery
- Mild para-aortal lymph adenomegaly

**BREED**

Boston Terrier

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Ultrasonographic findings are still consistent with a normal abdominal sonogram.

**SEX**

MN

Changes of the liver are subtle and can represent chronic, age-appropriate, degenerative findings. Diffuse liver disease or even infiltrative disease cannot be ruled out completely, FNA/biopsy are needed for further evaluation (as already performed).

**AGE**

10 Years

The spleen appears normal.

The mild enlargement of the para-aortal lymph node is an unspecific finding and could match with a reactive-inflammatory process. Neoplasia is not suspected from a sonographic point of view.

**WEIGHT**

31.3 lbs

The questionable nodule in the gastric periphery should be rechecked sonographically in 6 weeks. Beside an artificial issue or asymmetric fat tissue a nodule-like lesion is a potential differential diagnosis. If constancy or even growth is recognized I would recommend FNA.

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**IMAGING PERFORMED BY**

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**HOSPITAL NAME**

SVS Imaging WI

**REFERRING VET**

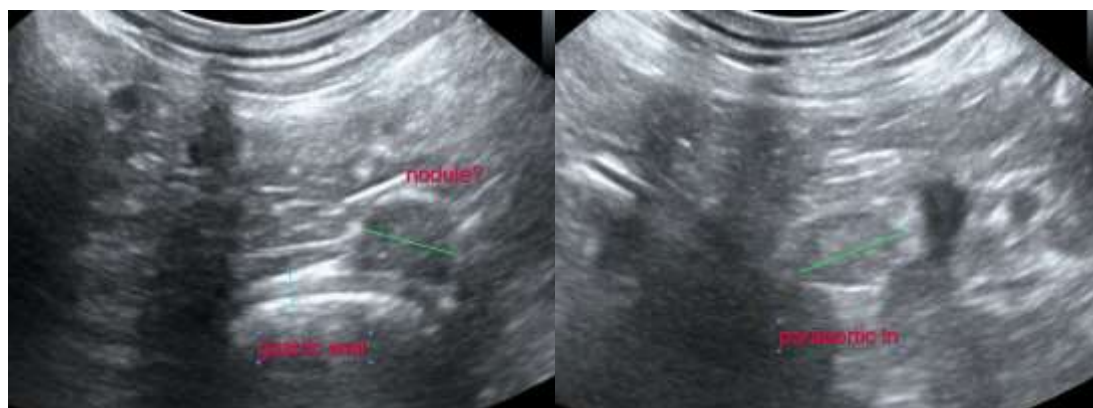
Dr. Custead MVS

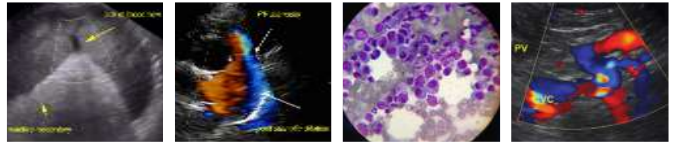
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
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