

PATIENT

Luna Sepulveda

SPECIES

Canine

BREED

Shih Tzu

SEX

Female Spayed

AGE

6 Years

WEIGHT

13.3 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. Alma D. Alicea-
Garces

INVOICE

49279

DATE

12-28-21

PRESENTING CLINICAL SIGNS

Patient presented as a referral for an abdominal ultrasound. Presented to the Emergency Clinic on 12-19-21 with history of lethargy, anorexia, vomited twice (clear) and has had 5 bouts of pasty light brown colored diarrhea. No hx of dietary change, eats generic kibble mixed with tomatoes. Indoor mainly, but access to yard with fake grass and it's a controlled environment. Goes on neighborhood walks and she gets everything into her mouth even other dog's feces. Vaccines up to date, but no current on HW prevention. No access to drugs or toxins. Dog belong to daughter which recently became infected with COVID and dog has been with her non stop. O was worried about COVID to dog. Currently on Omeprazole, Clavamox, Metronidazole, denamarin, propectalin, fentanyl patch. aag.
Abnormal PE/Chem/CBC/UA Results: PE Historical: Tense abdomen and painful Catalyst 17/electrolytes - ALT 5,312. T. bili 2.9. GGT/ALKP slightly elevated. cPL abnormal. Fecal No parasite seen. CBC - slight neutrophilia and hemoconcentration

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary system

The urinary bladder presents a focal to diffusely thickened and irregular wall. There is hyperechoic sediment and multiple hyperechoic corpuscles noted. A single stone of approximately 1.20 cm with a clearly defined distal acoustic shadow is recognized. Trigone and pelvic urethra present normal findings.

Both kidneys are inconspicuous with a clear corticomedullary definition. A subtly mottled, hyperechoic cortex is detected on the right. Left kidney measures 4.12 cm length, right kidney 4.13 cm. Renal pelvises and exits to the ureters are unremarkable.

Adrenal glands

Both adrenal glands are normal.

Spleen

The spleen is inconspicuous in terms of size, surface and echotexture and shows diameters of 1.13 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 mildly and diffusely hyperechoic but is homogeneous. Size and vasculature appear regular. Evidence of nodular or focal changes is not visible. The gallbladder shows a small amount of sludge which is considered as normal. The gallbladder wall is unremarkable.

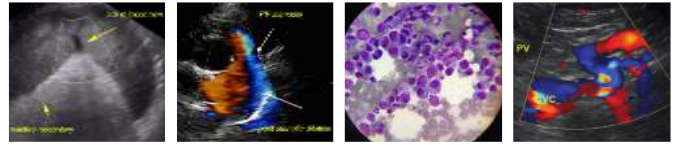
Gastrointestinal

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. 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.

Free Abdomen



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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.

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ULTRASONOGRAPHIC FINDINGS

Primary

- Urolithiasis urinary bladder with signs of a moderate cystitis

BREED

Shih Tzu

Secondary

- Subtly mottled, hyperechoic renal cortex on the right
- Mildly hyperechoic liver

SEX

Female Spayed

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasonographic findings of the urinary bladder present obvious urolithiasis with consecutive thickening of the urinary bladder wall. I assume this to be due to chronic and mechanical irritation. Neoplasia is not suspected since wall layering appears intact throughout. Cystocentesis for sediment/urine culture/cytology could be the next diagnostic steps. Secondary infectious cystitis is possible. This may include the kidneys with the indicated patchy renal cortex on the right (local pain?/could be artificial as well).

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Ultrasonographic findings of the liver could speak for a chronic liver disease such as chronic hepatitis and/or fatty infiltration since there no signs of nodular or focal changes that are suspicious for neoplasia. Their clinical relevance remains questionable. Ultrasound is not straight forward here, but I would rule out neoplasia.

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Especially stomach and small intestine including pancreas and gallbladder represent normal findings. Normal sonographic appearance does not exclude infection/inflammation or functional problems such as indigestibility going along with IBD. A painful abdomen may be caused by intestinal/pancreatic inflammation as well as cystitis/nephritis.

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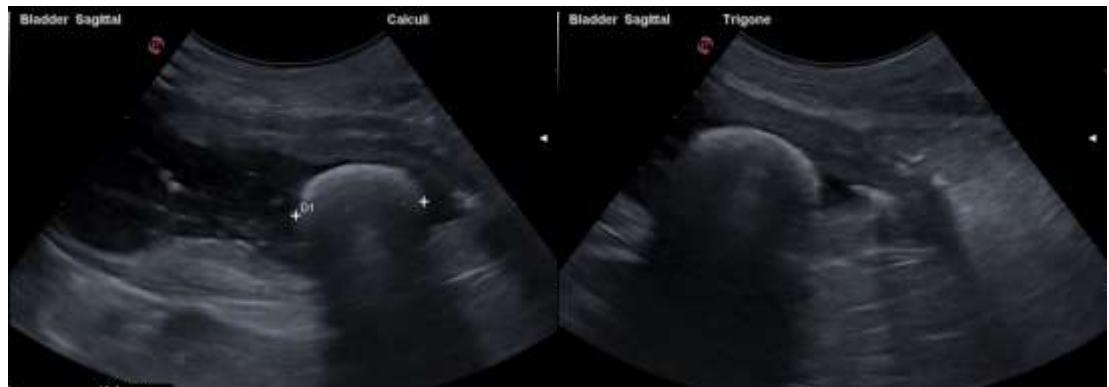
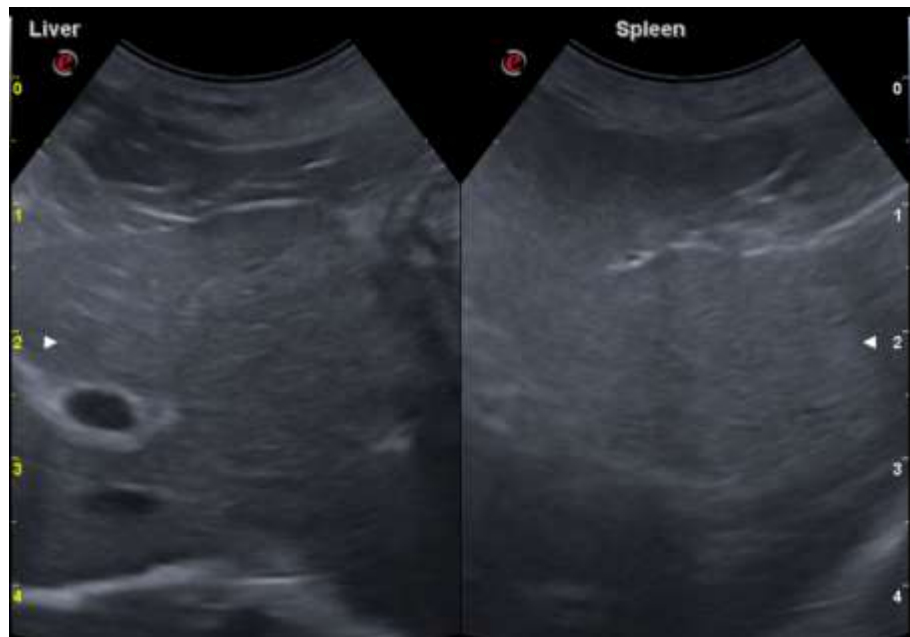
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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