



**PATIENT**

Nala Rosario Rivera

**SPECIES**

Canine

**BREED**

Mixed

**SEX**

Female Spayed

**AGE**

6 Years

**WEIGHT**

41 lbs

**INTERPRETED BY**

Sebastian Jawinski,  
German Board Certified  
Vet Specialist in  
Diagnostic Imaging

**IMAGING  
PERFORMED BY**

Dr. Ferrer DVM

**HOSPITAL NAME**

Paseos Veterinary  
Center

**REFERRING VET**

Dra Michelle Biello

**INVOICE**

48855

**DATE**

12-7-21

**PRESENTING CLINICAL SIGNS**

Presented as referral for an abdominal ultrasound. Nala was diagnosed with cutaneous neoplasia on 6-11-20, Squamous cell carcinoma. Lesion have increased in size over the past year. On 11-02-21 patient presented for severe anemia and thrombocytopenia. Patient responded to prednisone and dyxycycline. Last CBC performed on 12-1-21 showed normal Hgb and platelets. Platelets has been tapered off at this point. This referral is to evaluate for possible metastasis.

**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. Renal pelvises and exits to the ureters are unremarkable.

**Adrenal glands**

Both adrenal glands are considered to be normal.

**Spleen**

The spleen presents a large and highly inhomogeneous mass severely protruding the splenic capsule on both sides. The mass shows sharp margination and an inconspicuous periphery. Maximum diameters measure 2.79 x 2.38 cm.

**Liver/Gallbladder**

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

The gallbladder shows a small amount of sludge. The gallbladder wall is unremarkable without signs of a florid process, cholestasis is not recognized.

**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.

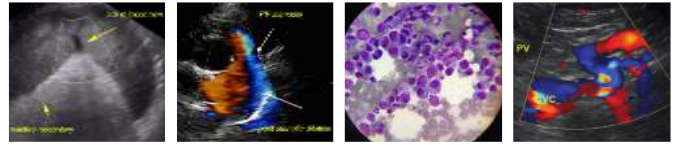
Mesenteric, epigastric and portal lymph nodes are considered to be normal.

**Pancreas**

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

**Free Abdomen**

There is no evidence of peritoneal or retroperitoneal effusion noted. The medial iliac lymph nodes are asymmetric with enlarged of the (right?) left lymph node which appears mildly amorphous und inhomogeneous with mildly hyperechoic peripheral fat tissue.



**PATIENT**

Abdominal fat and great vessels show no pathological findings.

Nala Rosario Rivera

**ULTRASONOGRAPHIC FINDINGS**

**SPECIES**

- Splenic mass 2.79 x 2.38 cm
- Questionable asymmetric enlargement of the medial iliac lymph nodes

Canine

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**BREED**

Ultrasonographic findings of the spleen are highly suspicious for a malignant neoplasia as commonly seen with hemangiosarcoma. Metastases usually are multiple, smaller target lesions, which is not noted in this case. Benign could look similar and are possible as well. The significant protrusion of the splenic capsule indicates a higher risk for splenic rupture and abdominal hemorrhage.

Mixed

**SEX**

The mildly enlarged, inhomogeneous and amorphous medial iliac lymph node (anamnesis right side, ultrasound loop left side) could represent neoplastic infiltration secondary to malignant neoplasia in the tributary region. FNA could be performed to rule out malignancy.

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Staging if possible (CT chest/abdomen, chest rads) are recommended as well as splenic resection at least to prevent rupture.

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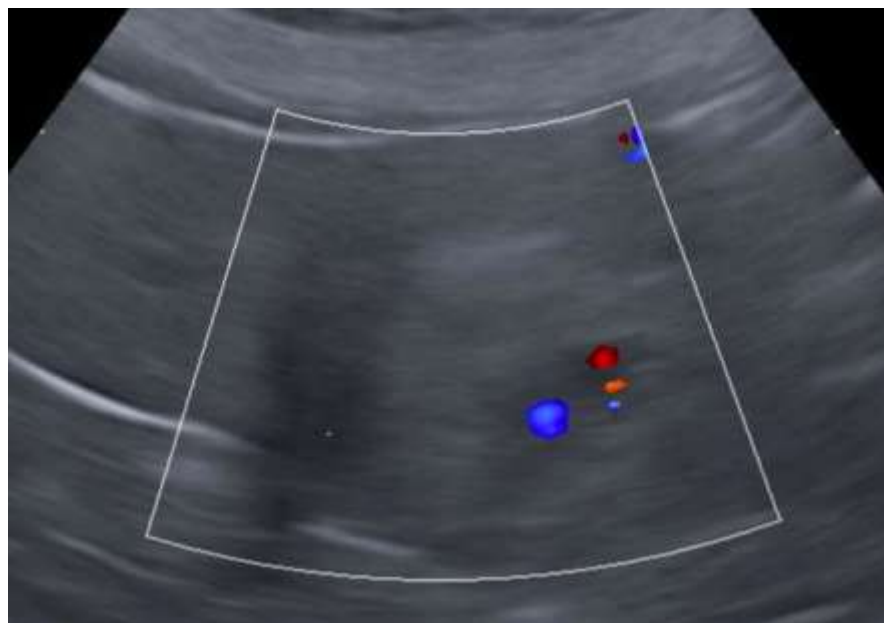
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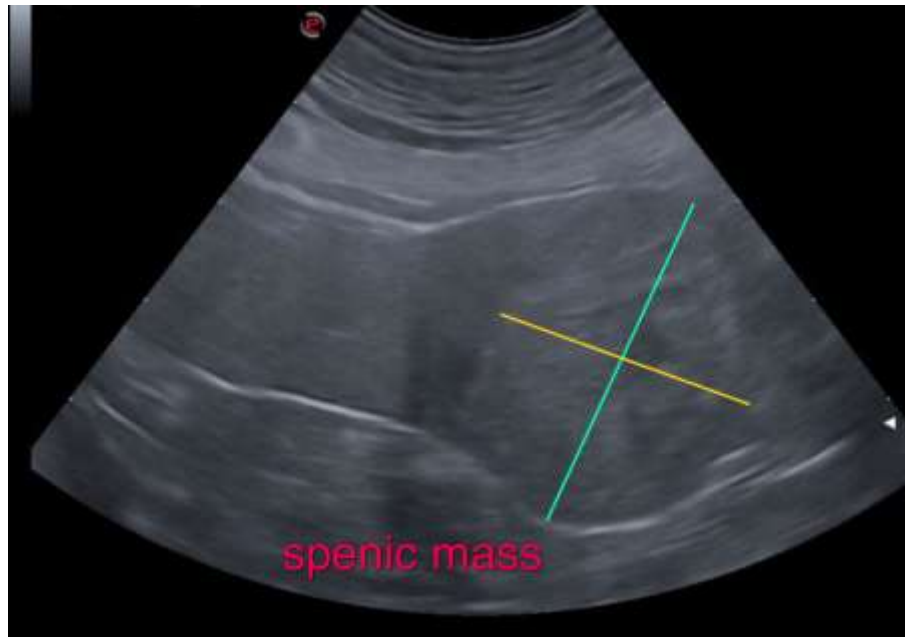
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
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