



PATIENT

Pepper Melvin-Crawford

SPECIES

Canine

BREED

Poodle Mix

SEX

MN

AGE

13 Years

WEIGHT

11.6 lbs

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

Family Pet Practice

INVOICE

48844

DATE

12-7-21

PRESENTING CLINICAL SIGNS

Previous AUS performed by internist in July 2020 revealed suspect splenic neoplasia (mass measured 1.76cm x 2.08cm). Serial repeat scans by myself were performed Sept 2020 and March 2021. Liver appeared slightly heterogeneous, splenic nodule was stable from above and a new nodule was noted (3.9mm x 6.9mm). Patient is on no medications and is clinically doing well.
Abnormal PE/Chem/CBC/UA Results: Most recent labs performed July 2020 WNL

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 3.92 cm length, right kidney 4.47 cm. Renal pelvises and exits to the ureters are unremarkable.

Reproductive tract

The prostate is homogeneous and appears smoothly.

Adrenal glands

The left adrenal gland measures 0.45 cm in cranial pole, 0.49 cm in caudal pole. The right adrenal gland measures 0.53 cm in cranial pole, 0.79 cm in caudal pole.

Both present normal size, shape and echogenic texture.

Spleen

There is an irregular shaped, hypo- to anechoic lesion of 2.08 x 1.76 cm noted. The adjacent vessels get mildly deviated. Splenic echogenic texture is mildly inhomogeneous with at least one protrusion of the capsule.

Liver/Gallbladder

The left parts of the liver show at least two hypoechoic, well-defined lesions of 1.51 x 1.45 cm and 2.00 x 0.87 cm, the latter with broad based contact to the capsule and central vessel. Liver images are inconspicuous apart from that.

The gallbladder and -wall are unremarkable without signs of relevant sludge, a florid process or cholestasis.

Gastrointestinal

The gastric wall appears prominent with transverse diameters up to 0.47 cm, wall layering is inconspicuous. 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.



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Pancreas

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

SPECIES

Free Abdomen

Canine

There is no evidence of peritoneal or retroperitoneal effusion noted. Abdominal fat and great vessels show no pathological findings.

BREED

ULTRASONOGRAPHIC FINDINGS

Poodle Mix

- Splenic lesion 2.08 x 0.87 cm, inhomogeneous splenic echotexture
- Hepatic nodules left liver 1.51 x 1.45 cm and 2.00 x 0.87 cm
- Subtle thickening of the gastric wall

SEX

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Ultrasonographic findings of the spleen and liver are unspecific. Multiple differentials are possible including malignant lesions such as hemangiosarcoma and/or metastasis, and benign changes as seen with adenoma, hemangioma (liver), nodular hyperplasia (spleen/liver), residual hemorrhage and extramedullary hematopoiesis (spleen). Biopsy/FNA are needed for final assessment. The mild protrusion of the splenic capsule indicates an expansile mass with a higher risk of rupture. Age and constitution of the patient must be taken into account. Close follow-up examinations are recommended to monitor constancy in size, shape and number. FNAs of the liver and spleen as well as chest rads could be performed next to rule out malignant neoplasia and consider resection of the spleen to prevent abdominal hemorrhage.

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The suspected thickening of the gastric wall is likely clinically irrelevant and an incidental finding and may show mild gastritis from a sonographic point of view.

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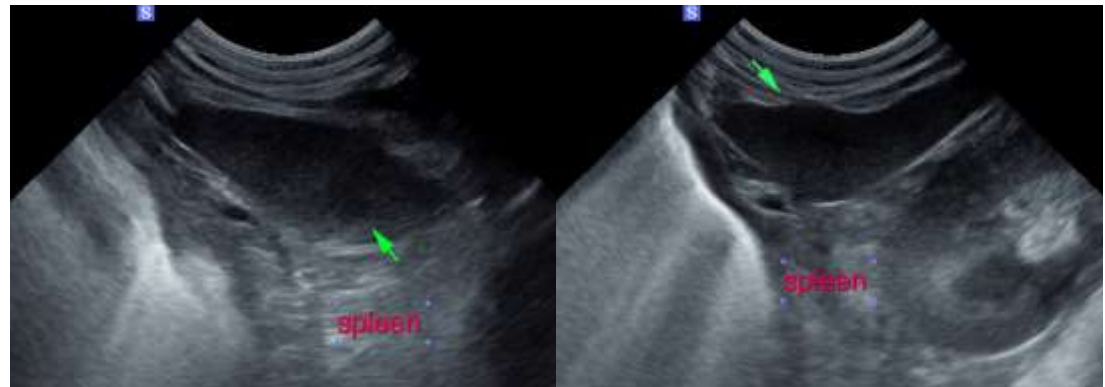
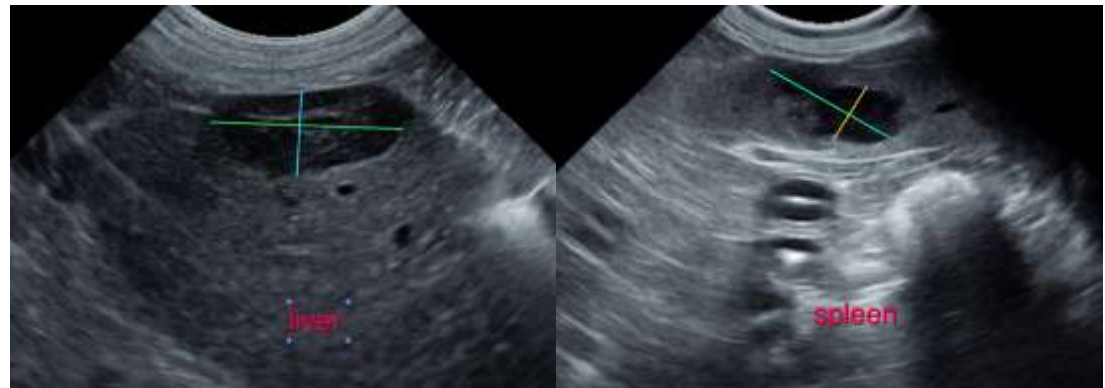
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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