



PATIENT

Remmy Baker

SPECIES

Canine

BREED

Husky cross

SEX

Male Neutered

AGE

7

WEIGHT

30kg

INTERPRETED BY

Sebastian Jawinski,
German Board Certified
Vet Specialist in
Diagnostic Imaging

IMAGING PERFORMED BY

Colborne

HOSPITAL NAME

Aberdeen Veterinary
Hospital

REFERRING VET

Colborne

INVOICE

48856

DATE

12-7-21

PRESENTING CLINICAL SIGNS

Dec 3rd- emerg clinic for anorexia, diarrhea and lethargy. No vomiting. AFAST performed with no free fluid. Chest rads were normal. Sent home on cerenia Dec 5th- different emerg clinic for no improvement. Blood work showed severely elevated ALT, moderate elevation in bilirubin, mild elevation in ALP. Started on liver antioxidants and milk thistle and continued cerenia. Today presented for worsening of symptoms. Hasn't eaten for 2 days. No vomiting or bowel movements for last couple of days (not eating). Won't take medications. PUPD. O says that he has had an enlarged spleen for the last few years noted on previous ultrasound exams.
Abnormal PE/Chem/CBC/UA Results: Icteric on exam. Firm painful cranial abdomen. Lethargic. Normal TPR, CRT. Mildly dehydrated. Blood work- see above Abdominal x-ray shows severe enlargement of the spleen with displacement of the SI caudally.

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 present a subjectively thickened cortex which appears mildly coarse. On the right at least one wedge shape subcapsular void is recognized. Both demonstrate focal lesions noted as amorphous medullary and hyperechoic areas (1.76 x 1.90 cm right, 1.71 x 1.50 left) and as rounded, anechoic/cystic areas at the level of the corticomedullary transition (1.00 x 0.99 cm).

Renal pelvises and exits to the ureters are unremarkable.

Spleen

The spleen is severely enlarged and highly inhomogeneous with an undulating, hyperechoic capsule and a partially, marked undulating course of the splenic vessels. Splenic veins indicate intact perfusion. The splenic periphery reveals mild peritoneal effusion.

Liver/Gallbladder

The liver is severely enlarged, again with a coarse echotexture. The hepatic capsule is hyperechoic and irregular with mild pooling of peritoneal fluid in the liver periphery.

The gallbladder wall is severely thickened with a predominantly hypoechoic wall measuring approximately 0.79 cm. A moderate amount of hyperechoic sludge is present without signs of cholestasis.

Gastrointestinal

The gastric wall appears irregularly thickened partially with a fuzzy wall layering. The small intestine and colon present intact wall layers being normal in width and echogenicity. Adjacent mesentery and fat tissue are mildly hyperechoic in the presence of ascites.

Pancreas

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

Free Abdomen

The great vessels show no pathological findings.



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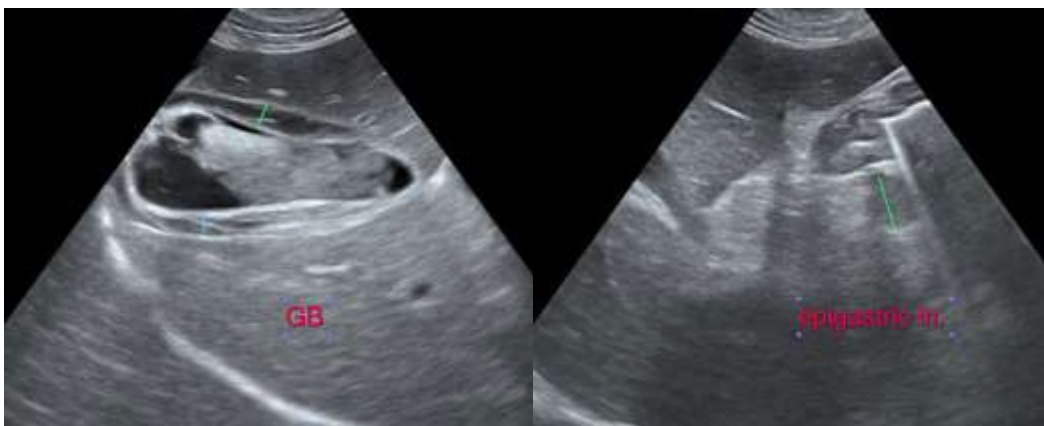
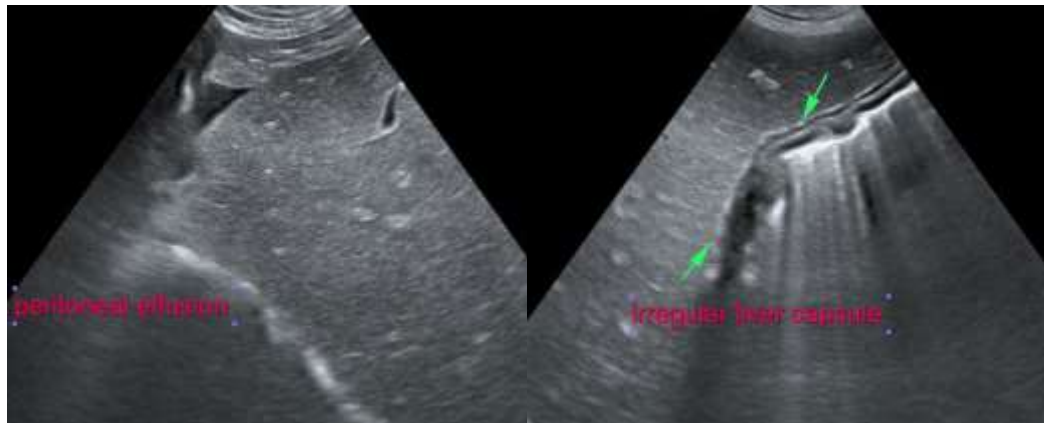
ULTRASONOGRAPHIC FINDINGS

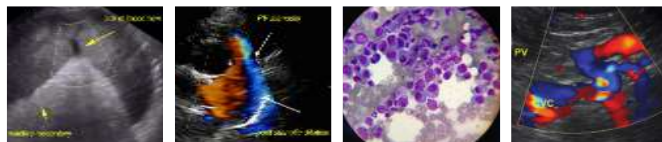
- Severe swelling of the liver and spleen both having a highly inhomogeneous/coarse texture
- Bilateral renal lesions, chronic renal infarct right kidney
- Gallbladder wall edema
- Gastric wall thickening with questionable integrity of the wall layering
- Mild ascites

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasonographic findings of the abdomen are severe and likely represent a systemic disease. Possible differentials include systemic and severe infection/sepsis and an infiltrative, neoplastic process. I favor the latter and am concerned about malignant, systemic lymphoma/sarcoma involving spleen, liver, both kidneys and stomach. The gallbladder wall edema additionally is seen with congestive heart failure and patients having shock-like issues (sepsis/hypovolemic shock).

Regardless of neoplastic vs. non-neoplastic findings, changes are significant and indicate a poor prognosis as far as can be assessed with ultrasound. FNAs of the liver and spleen, chest rads and echocardiography could be performed next.





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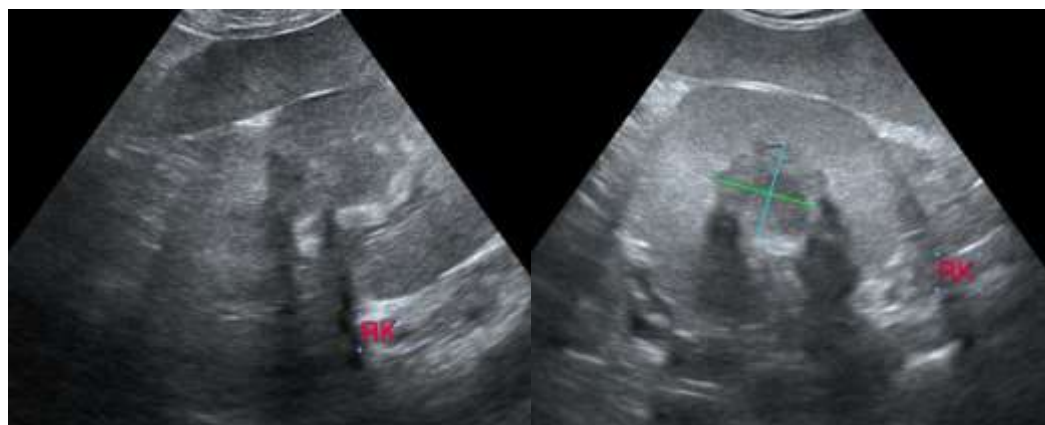
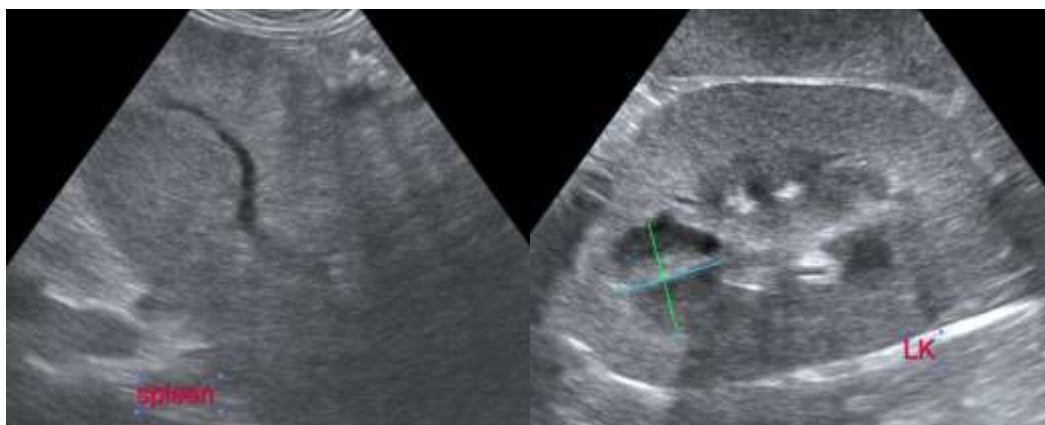
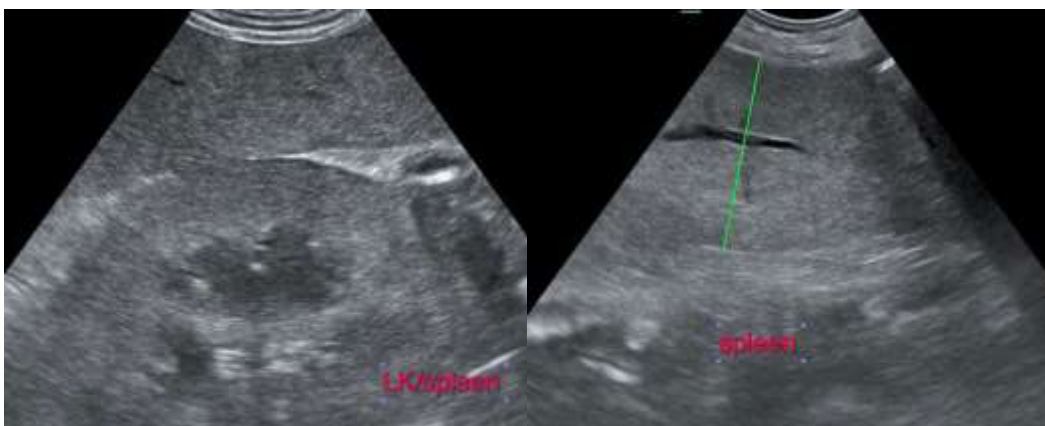
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@sonopath.com