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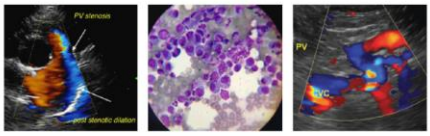
SVS Mobile Imaging 262 - 366 - 5970
fredgromalak@gmail.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Ciggy Lenzen

SPECIES

Canine

BREED

Labradoodle

SEX

MN

AGE

7 Years

WEIGHT

79 lbs

INTERPRETED BY

Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging

IMAGING PERFORMED BY

Dr. Gromalak

HOSPITAL NAME

SVS Imaging

REFERRING VET

Dr. Schulz

INVOICE

50002

DATE

2-1-22

PRESENTING CLINICAL SIGNS

Diagnosed with multiple myeloma and this is 3 month staging. currently on melphalan and prednisone. patient is doing well. last ultrasound revealed mildly mottled spleen and mild lymphadenopathy in the cranial abdomen and mesenteric chain.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary system

The urinary bladder shows a hyperechoic, tissue-like structure in the area of the bladder neck (0.21 cm). Association with the bladder wall is possible. The 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. There is mildly hyperechoic fat tissue recognized in the periphery of the right kidney.

Adrenal glands

Both adrenal glands are considered to be normal.

Spleen

The spleen appears mildly enlarged with transverse diameters of 2.96 cm. A subtly inhomogeneous and mottled echotexture is indicated, signs of nodular/focal changes are not noted. A small calcification at the level of the splenic veins is detected likely attached to the vessel wall (incidental, non-relevant finding). Splenic vasculature presents normal course of vessels and unremarkable perfusion of the splenic veins.

Liver/Gallbladder

Liver images are inconspicuous. Echotexture, size and vasculature appear regular. Evidence of nodular or focal changes is not visible. The gallbladder is mildly filled without signs of relevant sludge, a florid process or cholestasis.

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.

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.

Free Abdomen

There is no evidence of peritoneal or retroperitoneal effusion noted. The para-aortal and medial iliac lymph nodes are considered to be normal.

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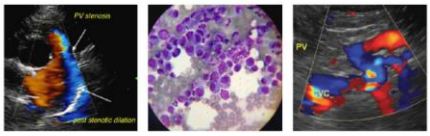

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ULTRASONOGRAPHIC FINDINGS

- Mild unspecific splenomegaly with an indicated mottled echotexture
- Questionable lesion of the urinary bladder wall
- Mildly hyperechoic fat tissue right renal periphery

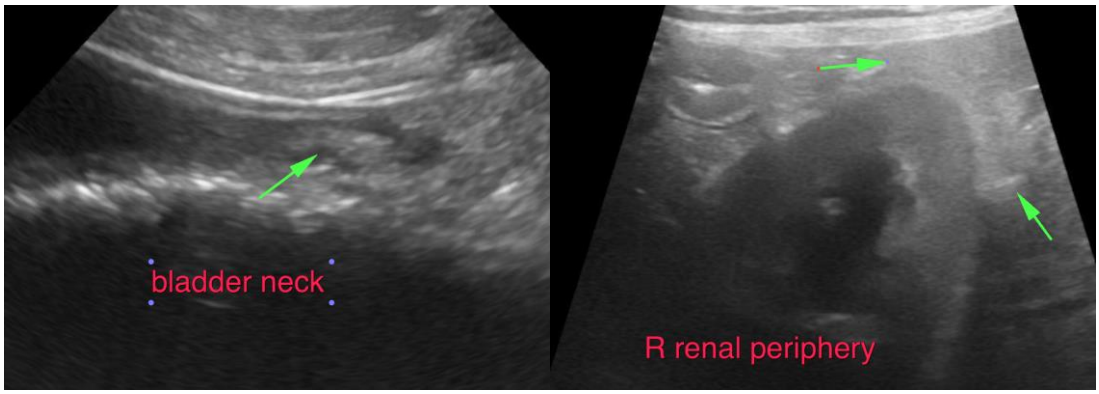
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

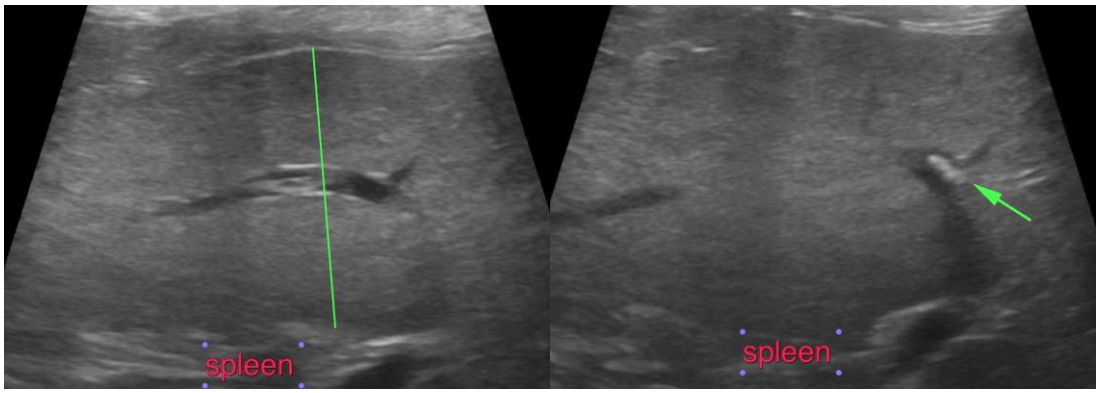
Ultrasonographic findings of the spleen are unspecific. Splenomegaly is commonly secondary to systemic inflammatory/infectious disease. Confirmed myeloma is a potential differential diagnosis. Final assessment is a matter of the temporary course (follow-up in 6 weeks) and ultrasound guided FNA. Radiographs of the chest and spine could be performed next to rule out mediastinal/pulmonary and punched out lesions.

Ultrasonographic findings of the bladder are not typical for neoplasia. The hyperechoic tissue may be wall associated and could represent polypoid hyperplasia as well as residual blood clots/cell detritus (cystocentesis for urine culture/cytology?).

The hyperechoic fat tissue in the right renal periphery may be an artificial finding. Focal inflammation (steatitis/peritonitis) is a possible differential but should go along with focal pain. Neoplasia is not suspected in this area.

The abdominal lymph nodes are currently considered to be normal.





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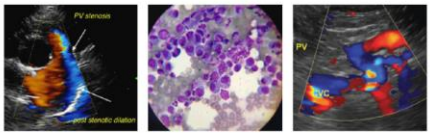

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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