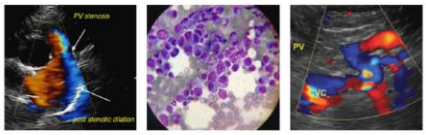
IMAGING PERFORMED BY
SVS Mobile Imaging CT 262 - 366 - 5970
fredgromalak@gmail.com



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

PATIENT

Bobo Strupp 48431A

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

7 Years

WEIGHT

3.52 kg

INTERPRETED BY

Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

Madison Veterinary Specialists

INVOICE

50021

DATE

2-2-22

PRESENTING CLINICAL SIGNS

Bobo presented for onset of vomiting and anorexia for the past 3 days. pDVM radiographs revealed a large abdominal mass.
Abnormal PE/Chem/CBC/UA Results: Anemia (10%), leukocytosis (23k) characterized by neutorphilia (19.9k) with bands (476), nRBCs(4). SDMA (14), elevated ALT (302), AST (312).

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.

The left kidney measures 3.81 cm length, right kidney 4.01 cm. The renal cortex appears heterogenous and coarse. There are multiple hyperechoic, wedge-shaped striations without withdrawals of the renal surface recognized on both sides. Both show a fuzzy corticomedullary transition. Renal pelvises and exits to the ureters are unremarkable. Renal veins on both sides appear mildly distended.

Adrenal glands

Both present normal size, shape and echogenic texture.

Spleen

The spleen is inconspicuous in terms of size, surface and echotexture. Splenic vasculature presents normal course of vessels. There are no signs of nodular/focal changes noted.

Liver/Gallbladder

There is a large, amorphous and highly inhomogeneous mass noted in the left liver presenting a highly undulating surface and deviation of the vasculature with partially chaotic vessels. Estimated diameters measure approximately 5.64 x 4.39 cm. The right sections of the liver are mildly inhomogeneous with at least one small hyperechoic, subcapsular spot. Liver veins appears distended.

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 with a mildly thickened muscular layer. The adjacent mesentery and fat tissue are hyperechoic due to presence of free peritoneal fluid.

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

Pancreas

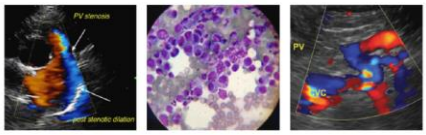
All pancreatic parts displayed show isoechoic echogenicity to the surrounding omental fat.

Free Abdomen

There is a moderate amount of free peritoneal effusion noted. The right central abdomen reveals multiple tissue-like and structured lesions.

IMAGING PERFORMED BY
SVS Mobile Imaging CT 262 - 366 - 5970
fredgromalak@gmail.com

SVS IMAGING



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

PATIENT

Bobo Strupp 48431A

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

7 Years

WEIGHT

3.52 kg

INTERPRETED BY

Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

Madison Veterinary Specialists

INVOICE

50021

DATE

2-2-22

ULTRASONOGRAPHIC FINDINGS

- Large, amorphous and highly irregular hepatic mass left liver
- Distended hepatic and renal veins
- Moderate amount of free peritoneal fluid
- Structured, tissue-like lesion free abdomen
- Signs of a chronic nephropathy with multiple indicated cortical infarcts
- Mildly thickened muscular layer small intestine

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

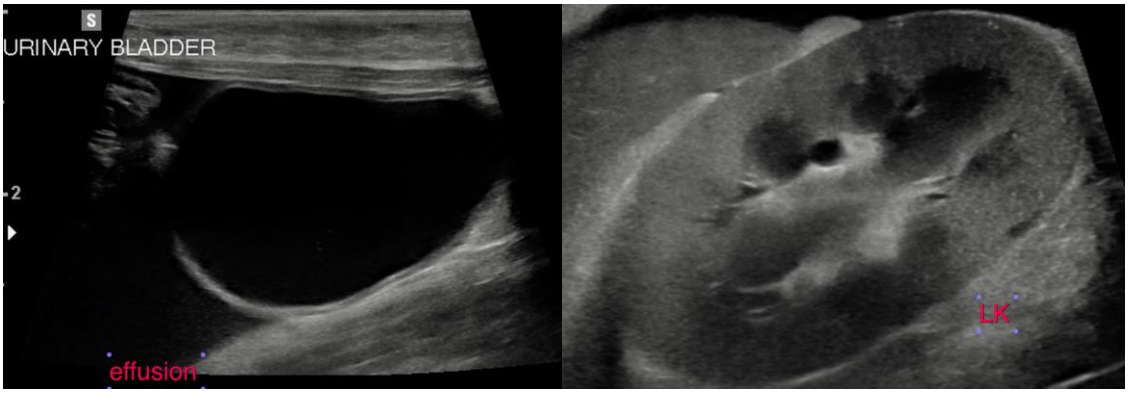
Ultrasonographic findings of the left liver likely present a neoplastic process. The mixed echogenicity of the mass and the deviation of the vasculature include differentials such as hepatocellular carcinoma and other malignant neoplasia/metastasis. I would rule out abscess formation and hematoma and would favor a malignant lesion. Metastases are normally presented as multiple target lesions which is not recognized in this case. Diameters of > 3 cm indicate malignancy.

Abdominal hemorrhage due to micro-ruptures is possible. I am concerned about the distended hepatic and renal veins, the inhomogeneous texture and hyperechoic lesion of the right liver. Chronic and diffuse liver disease/cirrhosis and/or infiltration with consecutive portal hypertension and ascites should be considered. Right sided heart failure and shock status should be ruled out prior to surgery.

The multiple tissue-like lesion may represent organized blood clots. Peritoneal nodules cannot be fully excluded.

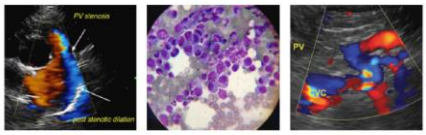
Changes of the kidneys are bilateral. Chronic nephrosis is common and incidental, multiple cortical infarcts are often recognized as an incidental finding without clinical relevance.

The mildly thickened muscular layer of the small intestine is commonly seen with infiltrative bowel disease such as eosinophilic/lympho-plasmocytic inflammation. Lymphoma is not suspected.



IMAGING PERFORMED BY
SVS Mobile Imaging CT 262 - 366 - 5970
fredgromalak@gmail.com

SVS IMAGING



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

PATIENT

Bobo Strupp 48431A

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

7 Years

WEIGHT

3.52 kg

INTERPRETED BY

Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

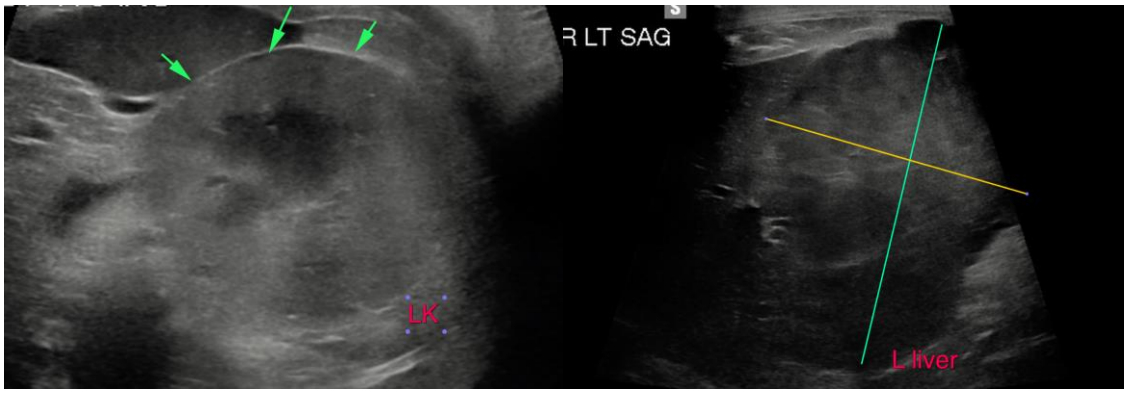
Madison Veterinary Specialists

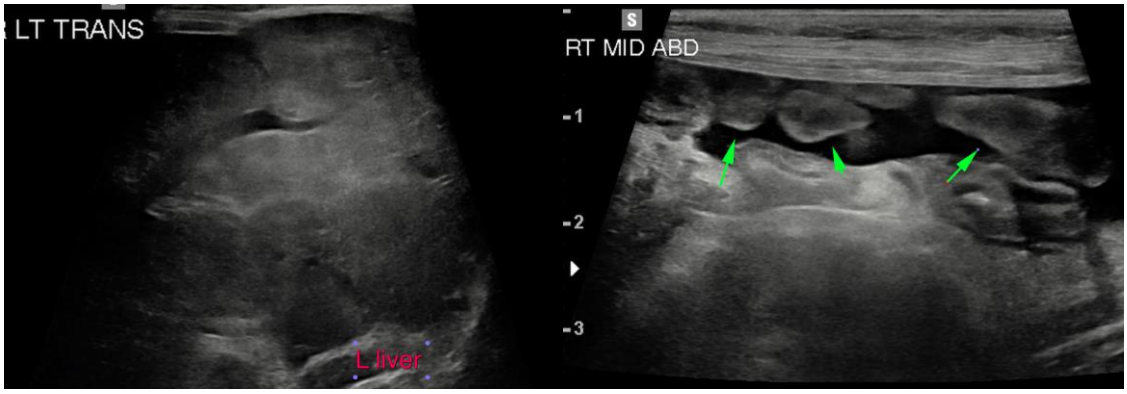
INVOICE

50021

DATE

2-2-22





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

Sebastian.Jawinski@sonopath.com