

PATIENT

Can Tango Unidad
Canina Policia de PR

SPECIES

Canine

BREED

Belgium Malinois

SEX

Male Intact

AGE

10 Years

WEIGHT

64lbs

INTERPRETED BY

Sebastian Jawinski,
German Board Certified
Vet Specialist in
Diagnostic Imaging

**IMAGING
PERFORMED BY**

Dr. G. Ferrer, DVM

HOSPITAL NAME

Paseos Veterinary
Center

REFERRING VET

Dr Gabriel Ferrer

INVOICE

50169

DATE

2-8-22

PRESENTING CLINICAL SIGNS

Presented for evaluation of vomiting that started on 2-7-22. Vomited 4-5 times. Pt likes to eat everything, and even yesterday vomited a large round seed from a plant. No diarrhea. Pt has been depressed and lethargic and normal temperature. Pt was started with IV fluids, Cerenia, famotidine and IV metronidazole.

Abnormal PE/Chem/CBC/U/A Results: Increased borborygmus Mild tension on abdominal palpation
BW: SDMA 17 (0 - 14 µg/dL) Potassium 3.4 3.5 - 5.8 mmol/L Total Protein 8.9 (5.2 - 8.2 g/dL) Globulin 5.4 (2.5 - 4.5 g/dL) Rest of Chem was normal CBC and U/A are pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary system

The urinary bladder appears mildly thickened with an irregular inner outline. Trigone and pelvic urethra present normal findings without evidence of uroliths or sediment. Ureters are not visualized and considered to be normal.

Both kidneys are inconspicuous with a clear corticomedullary definition. Renal pelvises and exits to the ureters are unremarkable.

Reproductive tract

The prostate is hyperechoic, mildly inhomogeneous and bi-lobulated. There are multiple small cysts noted.

Adrenal glands

Both present normal size, shape and echogenic texture.

Spleen

Splenic margins are moderately rounded. The spleen is inconspicuous in terms of surface and echotexture and shows diameters of 2.27 cm. There are no signs of nodular/focal changes noted.

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 which is considered as normal.

Gastrointestinal

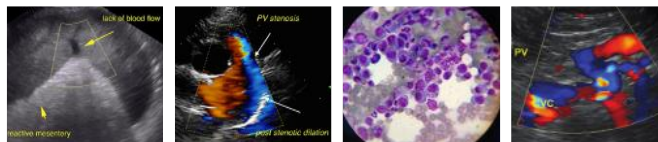
The stomach subjectively presents a mildly thickened wall. There is some gas content recognized in the mainly empty stomach. The jejunum is highly distended, and fluid filled with partially sedimented content. There are small pieces of foreign content noted. Another, ill-defined but structured content is seen with distal acoustic shadowing. Sections caudal to that reveal an empty jejunum/ileum. Adjacent mesentery and fat tissue are of normal appearance.

Mesenteric lymph nodes are moderately enlarged but inconspicuous in shape and periphery.

Pancreas

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

Free Abdomen



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There is a mild amount of peritoneal effusion noted.

ULTRASONOGRAPHIC FINDINGS

- Obstructive ileus is suspected with foreign jejunal content
- Mild peritoneal effusion
- Mesenteric lymph adenitis

Incidental findings:

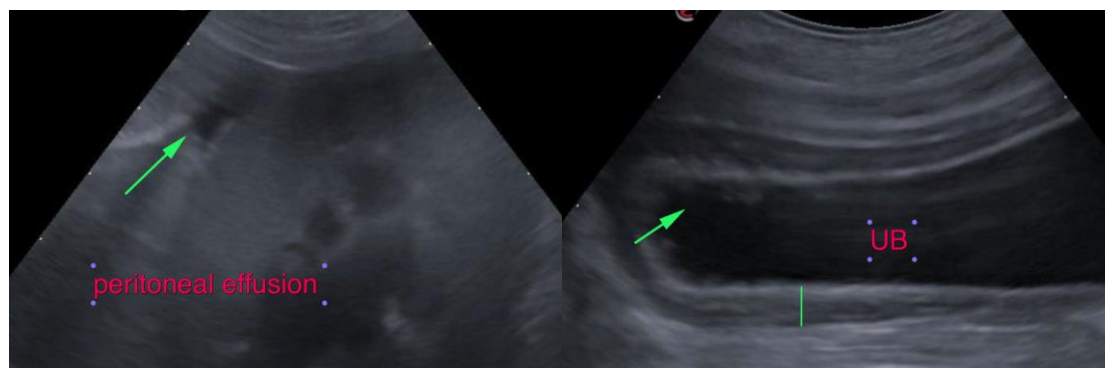
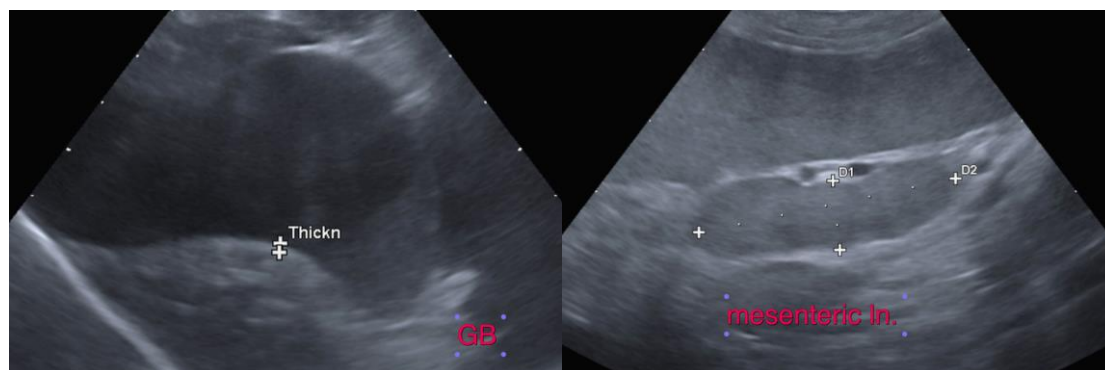
- Mild unspecific splenomegaly (breed-appropriate)
- Benign prostate hyperplasia with small cysts (non-relevant)
- Mildly thickened and irregular urinary bladder wall

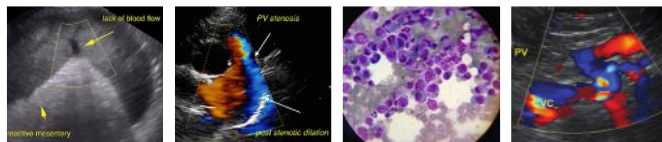
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Findings present two populations of jejunal loops with a significant distended section. Foreign material causing obstructive ileus is likely. Findings indicate structured and may be long stretched material. With regard to the patient's history laparotomy needs to be considered, at least to exclude intestinal leakage/perforation. The mild effusion may be due to secondary mesenteritis/peritonitis. Sonographic monitoring of the distended loops and the amount of free peritoneal fluid could be performed prior to surgery. Reactive-inflammatory mesenteric lymph adenopathy is assumed.

The even and diffuse thickening of the urinary bladder wall could represent mild and chronic cystitis. This must be correlated with the clinical presentation. Artificial thickening due to the mild filling is possible as well (urinary testing?).

Splenomegaly is an unspecific and somewhat breed-appropriate finding. Swelling secondary to systemic inflammatory/infectious disease is possible as well (mild splenitis).





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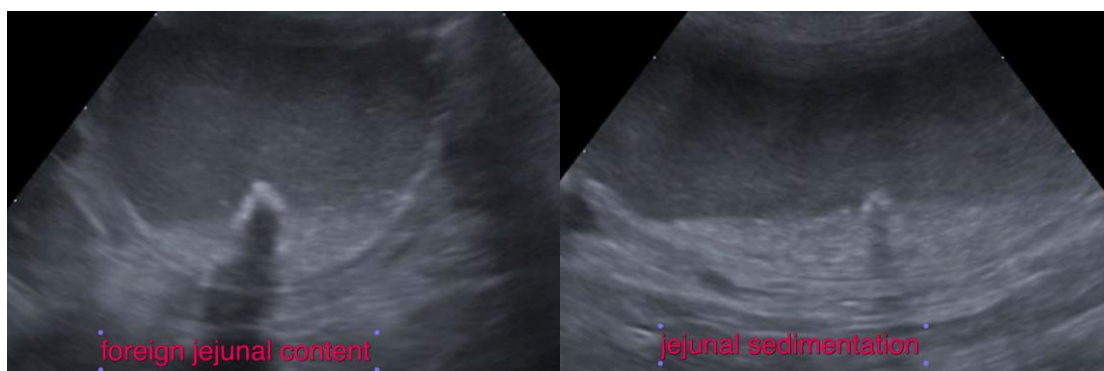
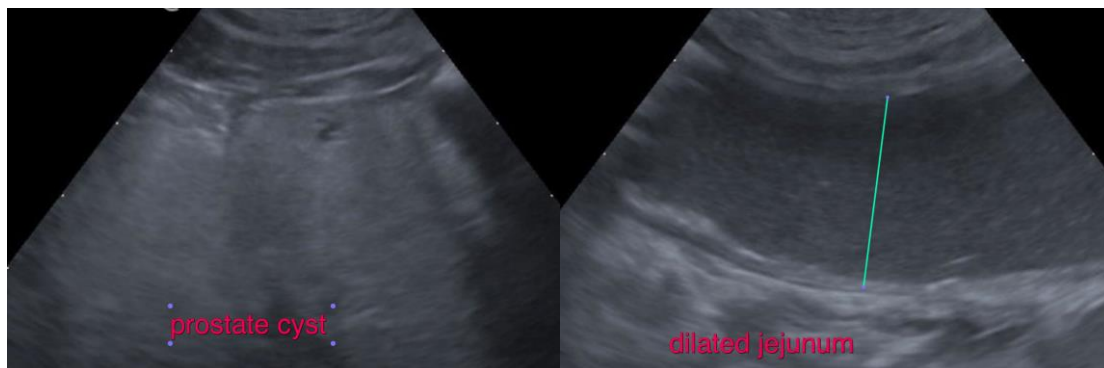
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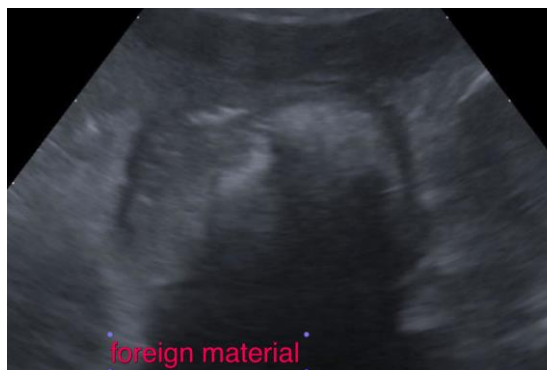
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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