

**IMAGING PERFORMED BY**

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



**Clinical Sonography & Telectology**

EDUCATIONAL TELECONSULTATION SERVICES™

1-800-838-4268 info@sonopath.com SonoPath.com

**PATIENT**

Rusty Madche  
48486A

**SPECIES**

Canine

**BREED**

Shiba Inu Mix

**SEX**

Male Neutered

**AGE**

11 Years, 10 Months

**WEIGHT**

16.3kg

**INTERPRETED BY**

Sebastian Jawinski,  
German Board  
Certified Vet  
Specialist in  
Diagnostic Imaging

**IMAGING PERFORMED BY**

Tom McNeill

**HOSPITAL NAME**

SVS Imaging CT

**REFERRING VET**

MVS - Dr. Custead

**INVOICE**

50161

**DATE**

2-8-22

**PRESENTING CLINICAL SIGNS**

Rusty was presented to the MVS Oncology Service on Feb 08, 2022 for further evaluation of a grade 2 MCT. 12/21/21 Rusty presented to his pcDVM for swelling of left forelimb after falling on the stairs a week prior. The left forelimb was described as swollen from the mid-humerus distal through elbow to approximate mid radius, non painful upon palpation. Radiographs were obtained and showed only soft tissue swelling. Bone cortices of humerus and radius/ulna smooth, uninterrupted and even in thickness. No fractures were seen. Rusty was treated for soft tissue swelling with NSAIDs. On 1/5/22 a muscle wedge biopsy was obtained and submitted for pathology. Report diagnosed a grade 2 MCT with incomplete excision.

Abnormal PE/Chem/CBC/UA Results: Lab work was also performed during this appointment, revealing mildly high WBC (19.3), neutrophils (16.752), and platelets (514).

**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 5.66 cm length, right kidney 5.69 cm. Renal pelvises and exits to the ureters are unremarkable.

**Reproductive tract**

The prostate is hypoechoic, homogeneous and appears smoothly margined.

**Adrenal glands**

Both present normal size (LAD 2.79 x 0.50 x 0.55 cm, RAD 1.91 x 0.83 x 0.66 cm), shape and echogenic texture.

**Spleen**

The spleen is inconspicuous in terms of size, surface and echotexture and shows diameters of 1.10 cm. There are no signs of nodular/focal changes noted.

**Liver/Gallbladder**

The liver shows a mild rounding of the liver edges. Liver echogenic texture appears diffusely and mildly hyperechoic and coarse. The gallbladder is moderately filled and shows a small amount of sludge which is considered as normal. The inner outline of the gallbladder wall is mildly irregular.

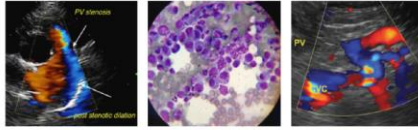
**Gastrointestinal**

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. There is no overt evidence of an ileus, a florid-inflammatory or even neoplastic process. The mesenteric, epigastric and portal lymph nodes are considered to be normal.

**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.

**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. The abdominal fat and great vessels show no pathological findings.

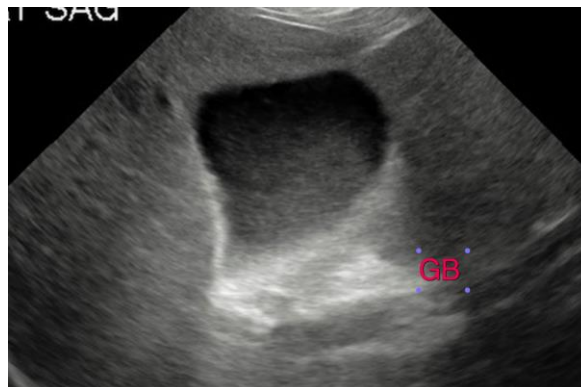
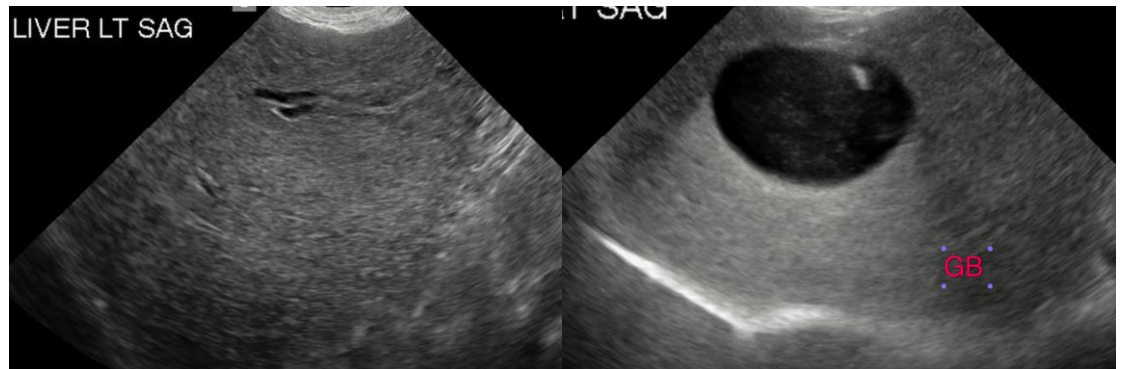
**ULTRASONOGRAPHIC FINDINGS**

- Mild hepatomegaly with an inhomogeneous echogenic texture

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

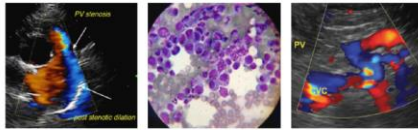
Ultrasonographic findings of the liver could speak for a chronic liver disease and is commonly seen with fatty infiltration and chronic hepatitis. There are no signs of nodular or focal changes that are suspicious for neoplasia. However, especially with presence of a mast cell tumor infiltrative disease cannot be ruled out. Ultrasound is not straight forward here. Additional testing (FNA liver and spleen for staging reasons) is recommended.

Changes of the gallbladder could represent mild and chronic cholecystitis without signs of a cholestasis. This finding must be correlated with the clinical presentation (murphy sign?) and with the time of the last meal.



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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**

Sebastian.Jawinski@sonopath.com