

**IMAGING PERFORMED BY**

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

**PATIENT**

Ilorek Kopplin  
44305A

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

Male Neutered

**AGE**

13 Years

**WEIGHT**

36.6 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-Dr. Tuttle

**INVOICE**

50208

**DATE**

2-9-22

**PRESENTING CLINICAL SIGNS**

History of a splenectomy in August 2021. Histopathology sample was lost so no definitive diagnosis. Routine recheck. Patient is clinically normal.

**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 age-appropriate and inconspicuous. Left kidney measures 6.75 cm length, right kidney 7.52 cm. Renal pelvises and exits to the ureters are unremarkable.

**Reproductive tract**

The prostate is small, mildly inhomogeneous and appears smoothly margined.

**Adrenal glands**

Both adrenals are mildly asymmetric. The left adrenal gland measures 3.19 x 0.53 x 0.94 cm with a hypoechoic, spot-like lesion in the caudal pole. The right adrenal gland measures 3.27 x 0.96 x 0.76 cm with again a nodule-like lesion in the caudal pole (0.67 cm). Their periphery is inconspicuous. in cranial pole, cm in caudal pole.

**Liver/Gallbladder**

Liver echogenic texture appears diffusely inhomogeneous and coarse with at least two mass-like lesions (left liver 4.45 x 3.41, right liver 3.29 x 1.96 cm). The gallbladder shows a small amount of sludge which is considered as normal.

**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**

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**

- Mass-like lesions left and right liver
- Inhomogeneous echogenic texture liver
- Asymmetric adrenal glands with nodule-like lesions in the caudal poles

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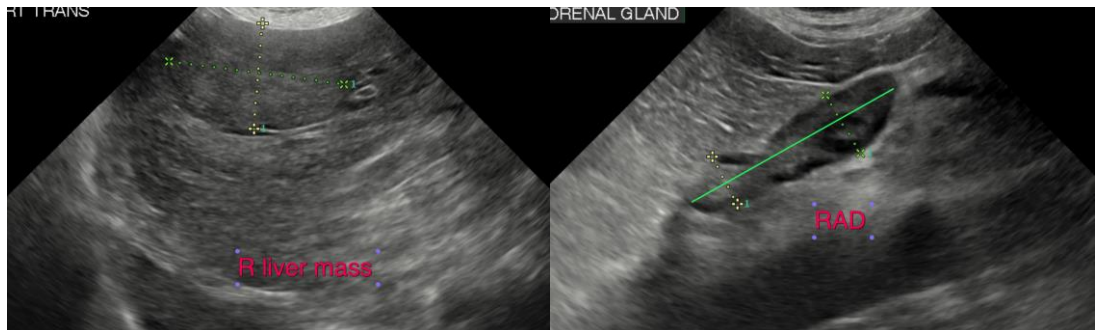
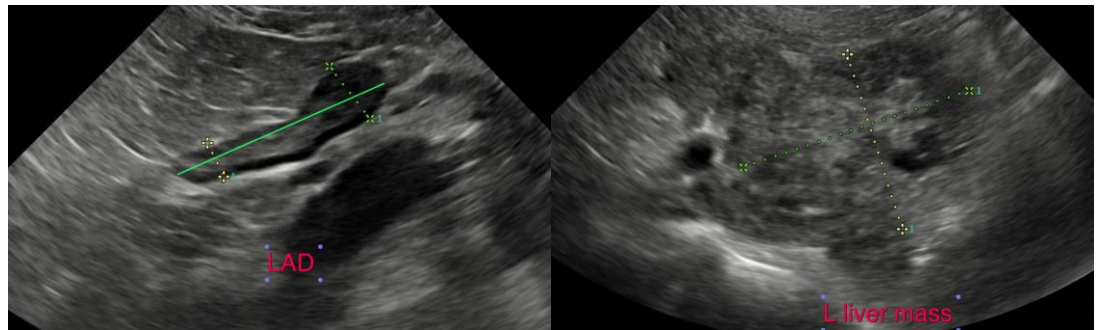
**DATE**

2-9-22

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

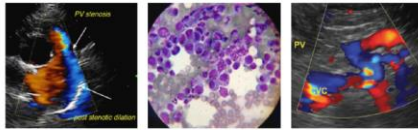
Sonographic findings of the liver are unspecific. The mixed echogenicity of the mass-like lesions includes differentials such as nodular hyperplasia/regenerates, adenoma, hepatocellular carcinoma and other malignant neoplasia/metastasis. I would rule out abscess formation and hematoma. Metastases are normally presented as multiple target lesions which is not recognized in this case. Diameters of > 3 cm indicate malignancy. Follow up examinations and/or biopsy/FNA are recommended for final assessment. In addition to that chronic liver disease is indicated. This mainly is consistent with age-appropriate findings (degenerative liver disease, chronic hepatitis, vacuolar liver disease and/or fatty infiltration).

Final assessment of the adrenal glands (benign, malignant; functional, non-functional) is not possible and a matter of clinical presentation, the temporal evolution and urine/blood tests. I currently favor benign capsulated lesions. Sonographic monitoring of the adrenal glands is recommended (in 8 weeks). Early-stage neoplasia cannot be fully excluded.



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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