

PATIENT

Sandy Molina Torres

SPECIES

Canine

BREED

Mixed

SEX

Female Spayed

AGE

16 Months

WEIGHT

37 lbs

INTERPRETED BY

Sebastian Jawinski,
German Board Certified
Vet Specialist in
Diagnostic Imaging

IMAGING PERFORMED BY

Dr. Ferrer DVM

HOSPITAL NAME

Paseos Veterinary
Center

REFERRING VET

Dr. Jorge Delgado

INVOICE

50207

DATE

2-9-22

PRESENTING CLINICAL SIGNS

Presented as a referral for an abdominal ultrasound to evaluate vomiting. Pt has a history of vomiting and still vomiting while on medications.
Abnormal PE/Chem/CBC/UA Results: No PE findings or Labwork was provided.

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 5.55 cm length, right kidney 5.86 cm. Renal pelvises and exits to the ureters are unremarkable.

Adrenal glands

The left adrenal gland measures 1.72 x 0.46 x 0.50 cm, the right adrenal gland 1.70 x 0.50 x 0.40 cm. Both present normal size, shape and echogenic texture.

Spleen

The spleen is inconspicuous in terms of size, surface and echotexture and shows diameters of 1.70 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 is moderately 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 (gastric wall 0.29, duodenum 0.41, jejunum 0.32, colon 0.11 cm). Duodenum and jejunum present subtle hyperechoic striations of the mucosal layer. The gastric periphery appears mildly hyperechoic. Adjacent mesentery and fat tissue are of normal appearance apart from that.

There is no overt evidence of an ileus, a relevant inflammatory or even neoplastic process.

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

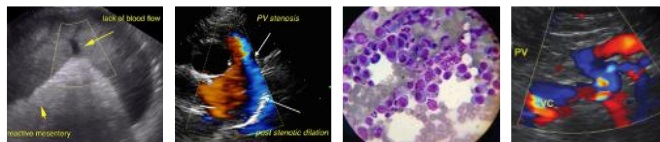
Pancreas

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

Free Abdomen

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.



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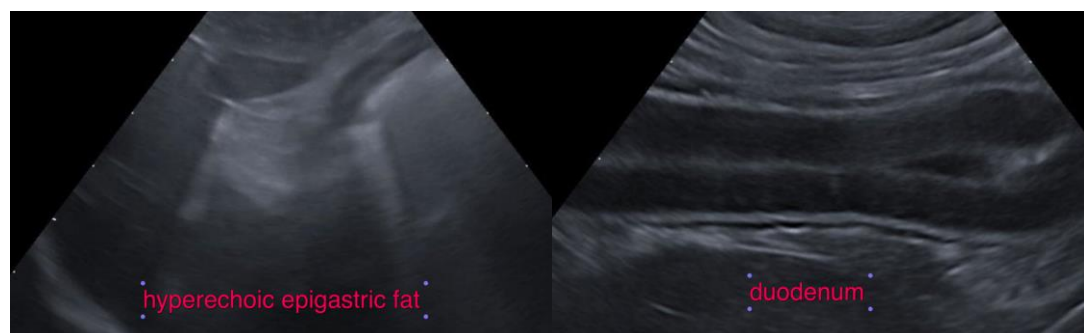
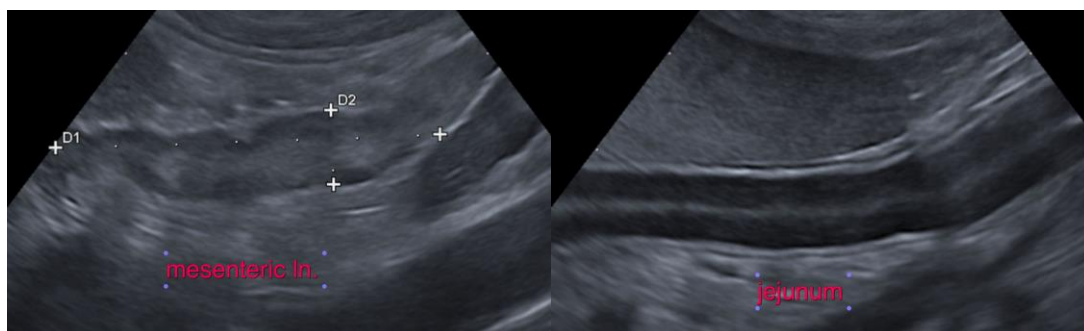
ULTRASONOGRAPHIC FINDINGS

- Mildly hyperechoic gastric periphery
- Mildly enlarged mesenteric lymph nodes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasonographic findings partially reflect the reported patient's history of vomiting and are likely consistent with gastritis and mesenteric lymphadenitis. This however is unspecific from a sonographic point of view. The hyperechoic changes of the mucosal layer are very subtle and still in normal limits. Lympho-plasmocytic or -histiocytic gastritis/enteritis are potential differentials.

If empiric therapy is not successful further diagnostic is recommended (CBC, biochemical profile, urinalysis, endoscopy with biopsy and gastric brush cytology).



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
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