



PATIENT PRESENTING CLINICAL SIGNS

Wrangler Simmons History: Nonclinical
 Abnormal PE/Chem/CBC/UA Results: Elevated ALT and ALP >2,000, have just submitted hepatic u/s to Sonopath and results were consistent with nodular hyperplasia. When I did u/s I felt that there was a mass in the region of the caudate lobe.

SPECIES

Canine

RADIOGRAPHIC STUDY OF THE ABDOMEN

BREED

Terrier X

All displayed bony structures are unremarkable without signs of a fracture, sub-/luxation and/or a lytic/sclerotic process.

The spleen presents as expected and is well defined.

SEX

Neutered Male

The stomach is empty showing a small gas pocket. The gastric axis is displaced caudodorsally by a mass effect coming from the right cranioventral aspect of the abdomen. On vd projection, the mass is located in the right cranial abdomen, displacing the stomach to the left of the midline. Margins of the liver are well-defined and its margins extend caudal to the costal arch.

AGE

12 Years

The small intestinal loops are within normal limits. Colon and caecum are empty and inconspicuous.

Both kidneys are visualized and considered to be normal. Serosal detail is intact, there are no signs of abdominal or retroperitoneal effusion.

INTERPRETED BY

Sebastian Jawinski,
 German Board
 Certified Vet Specialist
 in Diagnostic Imaging

The urinary bladder is moderately filled, no evidence of radiopaque cystic calculi.

The prostate shows normal findings being located intra-pelvin.

RADIOGRAPHIC DIAGNOSIS

HOSPITAL NAME

Ruidoso AC

- Large mass effect right cranial abdomen most likely representing a mass of the right liver

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

REFERRING VET

Amanda Favis

The suspected liver mass is highly suspicious for a neoplasia, but radiographs unspacific in differentiating benign from malignant lesions. Differentials include benign nodular hyperplasia -which I would favor as well-, hepatoma, carcinoma, lymphoma, hemangiosarcoma or histiocytic sarcoma. Large abscess formation or granuloma are less likely differentials. Currently there is no evidence of peritoneal effusion recognized. FNA/biopsy is needed for further evaluation. Complementary radiographs of the thorax could be performed to exclude pulmonary metastasis.

INVOICE

12539

DATE

8/16/21



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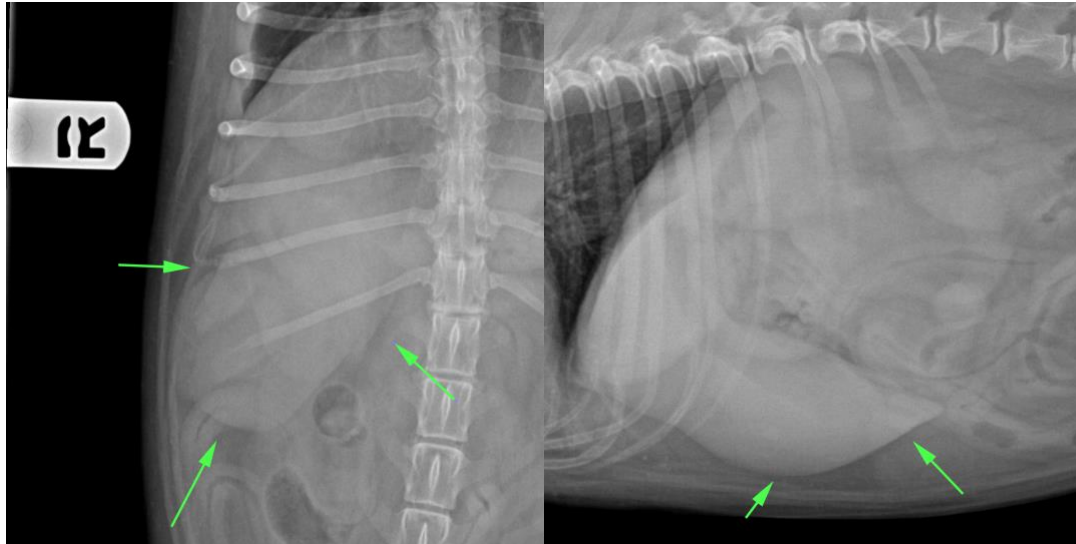
Amanda Favis

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The information and recommendations provided are based on the images presented by the referring veterinarian. 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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