



PATIENT

Dexter Corvalan

SPECIES

Canine

BREED

Aust. Shep Mini

SEX

Neutered Male

AGE

8 Years, 9 Months

INTERPRETED BY

Sebastian Jawinski,
German Board
Certified Vet
Specialist in
Diagnostic Imaging

HOSPITAL NAME

All Pets Medical
Center

REFERRING VET

Agnes Rupley, DVM

INVOICE

46925

DATE

8-9-21

PRESENTING CLINICAL SIGNS

PRESENTED FOR: Exam and abdominal ultrasound. Dexter was referred to us by another veterinarian for ultrasound for suspected pancreatitis. OWNER REPORTS: Owner reported that starting mid 2020 Dexter would get very hungry. Straining while defecating and vomiting. Since that day he was been pretty much normal, this occurred 2 weeks ago. Owner reports that since December 2020 she noticed a change in the appearance of his stools. They looked greasier and smaller. His BW was normal at the time. After that she noticed he would poop less often but everything else was normal. Noted weight loss early 2020 but also found tapeworms in poop. He got a dewormer and they moved on. She assumed he kept the weight off because she adjusted this diet to keep him at his ideal weight of 23ish pounds. About 2 weeks ago owner took him in because she had not seen him poop very often in the week before that. Then she saw him have difficulty when pushing and he began to vomit. After his vet visit and starting him on antibiotics he improved and has been normal since. His "normal" is pooping maybe once every 2 days or so. It's hard to tell if his appetite is normal because he was always hated GI food and had gotten used to eating non-kibble food. So he is eating less than normal but it's hard to tell if that's because he's picky or because he's sick. All other behavior is totally normal. He's been a happy and energetic doggie since his last vet visit. Owner reports that Dexter has Alopecia since he was a puppy. He has had his thyroid checked in the past as well. To owners knowledge there has not been evidence of any hormonal/metabolic disorder in his yearly BW or exams. Never licks or scratches. Apoquel was for allergies causing shaking head. VITALS: Temperature: 100 Heart Rate: 90 bpm Respiratory Rate: 30 bpm Mucous Membrane Color: Pink Capillary Refill Time: <2 seconds HISTORY OF: Osteoarthritis of carpi and tarsi. CURRENT MEDICATIONS: Simpiraca trio Gabapentin start approx 7/23 as needed. Carprofen start: about may 2021 as needed Apoquel start: february 2021 as needed. EXAM FINDINGS: Mild sensitivity mid dorsal abdomen. body score of 6/9 Dental disease Mild to moderate pain response on deep muscle palpation of the lumbar spine. Alopecia on tail and base of tail with pigmentation. Alopecia on caudal thighs. LAB RESULTS: Urinalysis results pending. Chemistry and CBC declined. PREVIOUS RECORDS: 4/30/21 CBC-normal. Chemistry-slightly elevated BUN at 28mg/dL (7.0-25.0) mg/dL, with normal other results. 12-04-2020 SDMA 14.2 (Mild Inc.) UG/dL <14.0 Urinalysis - pH of 8.5, otherwise normal with specific gravity of 1.047. Chemistry-BUN at high end of normal, normal other results. 02-16-2020 T4 2.0 µg/dL 0.8 3.5 Chemistry-BUN and creatinine at the high end of normal. CBC- normal. UA-normal. ASSESSMENT AND PLAN: Ultrasound guided aspirate of the mass in the liver. Urinalysis.

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 are noted.

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Left kidney measures 4.17 cm length, right kidney 3.93 cm. There is a clear corticomedullary definition. Renal pelvis and exit to the ureters are unremarkable.

Adrenal glands**SPECIES**

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Both adrenal glands are considered to be normal.

Spleen**BREED**

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The spleen shows transverse diameters of 1.48 cm and is inconspicuous in terms of size, surface and echotexture. Splenic vasculature presents normal course of vessels. There are no signs of nodular/focal changes are noted.

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Liver/Gallbladder

Liver images show a hyperechoic, nodular-like lesion of the left lateral liver with contact to the liver surface but without protrusion of the capsule with a maximum diameter of 0.48 cm. Liver edges are inconspicuous. Liver echogenic texture appears homogeneous without further evidence of nodular/focal changes. Deviation of vasculature is not noticed. Gallbladder is unremarkable without sign of relevant sludge, a florid process or cholestasis. Liver vasculature presents normal appearance.

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Gastrointestinal

The mucosal layer of the small intestine indicates small hyperechoic infiltrates. Apart from that stomach, small and large intestine present intact wall layers being normal in width and echogenicity. Adjacent mesentery and fat tissue are of normal appearance. Mesenteric lymph nodes are considered to be normal.

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Pancreas

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

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Free Abdomen

No peritoneal or retroperitoneal effusion. Abdominal fat and great vessels show no pathological findings.

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ULTRASONOGRAPHIC FINDINGS

- Small hyperechoic lesion left lateral liver
- Indicated hyperechoic infiltrates mucosal layer small intestine

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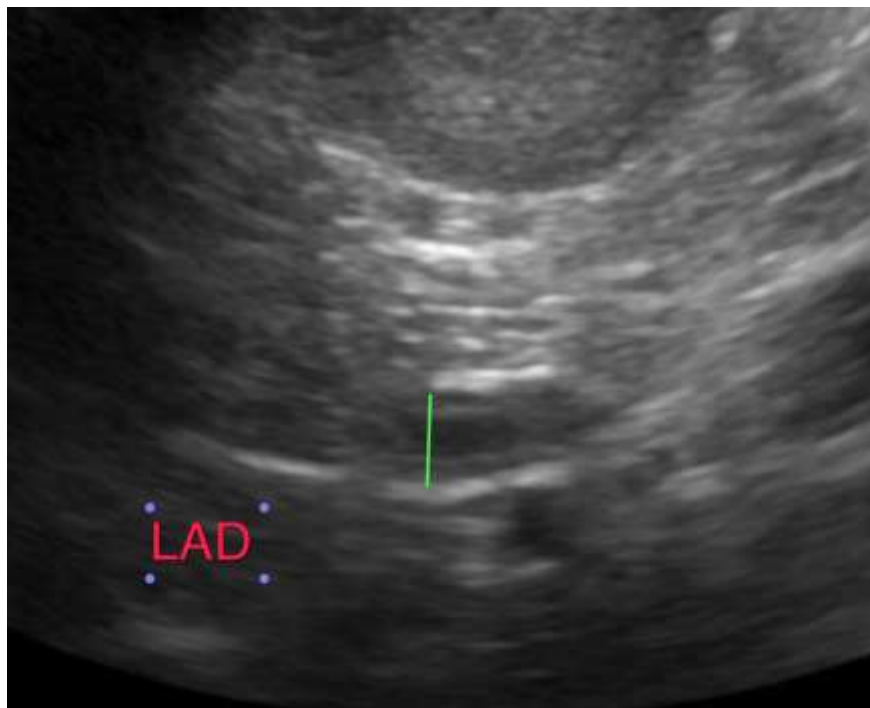
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Clinical relevance of the detected hyperechoic liver lesion remains questionable. There are several possible differentials including benign lesions and degenerative changes such as regenerates and hemangioma. Residual inflammatory changes or initial malignant neoplasia cannot be fully excluded, but are currently very unlikely, since there is no peripheral reaction, deviation of the vasculature, or protrusion of the liver surface recognized.

Stomach and small intestine, including pancreas, and gallbladder, generally represent normal findings. The indicated hyperechoic infiltrates of the mucosa are indirect signs for a more chronic enteropathy as seen for example with IBD. This again is a sonographic finding and not compellingly of clinical relevance. (Endoscopic) biopsy would be needed for further evaluation.

Subjected to the performed FNA, I would recommend a sonographic follow up of the liver in 8 weeks to monitor constancy in number, size, and echogenicity.





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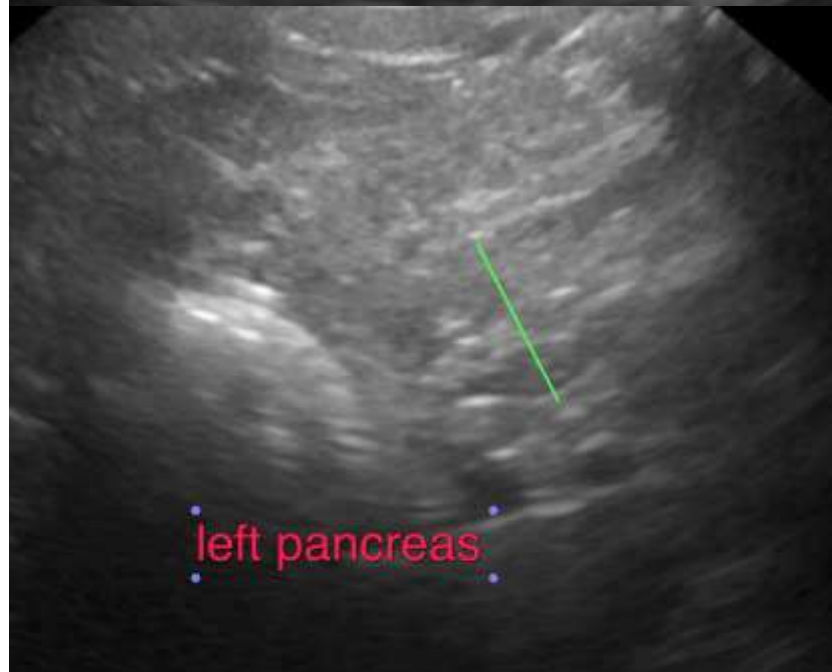
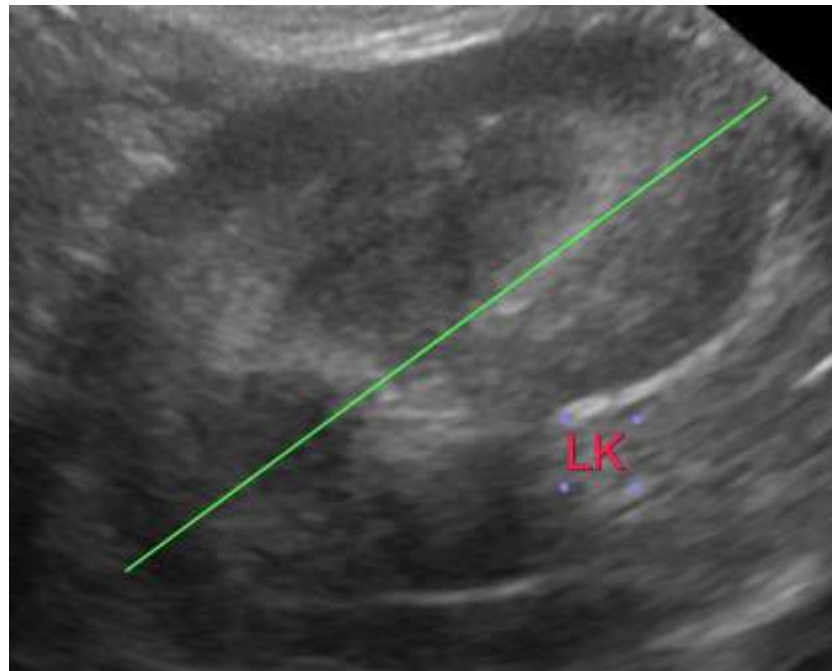
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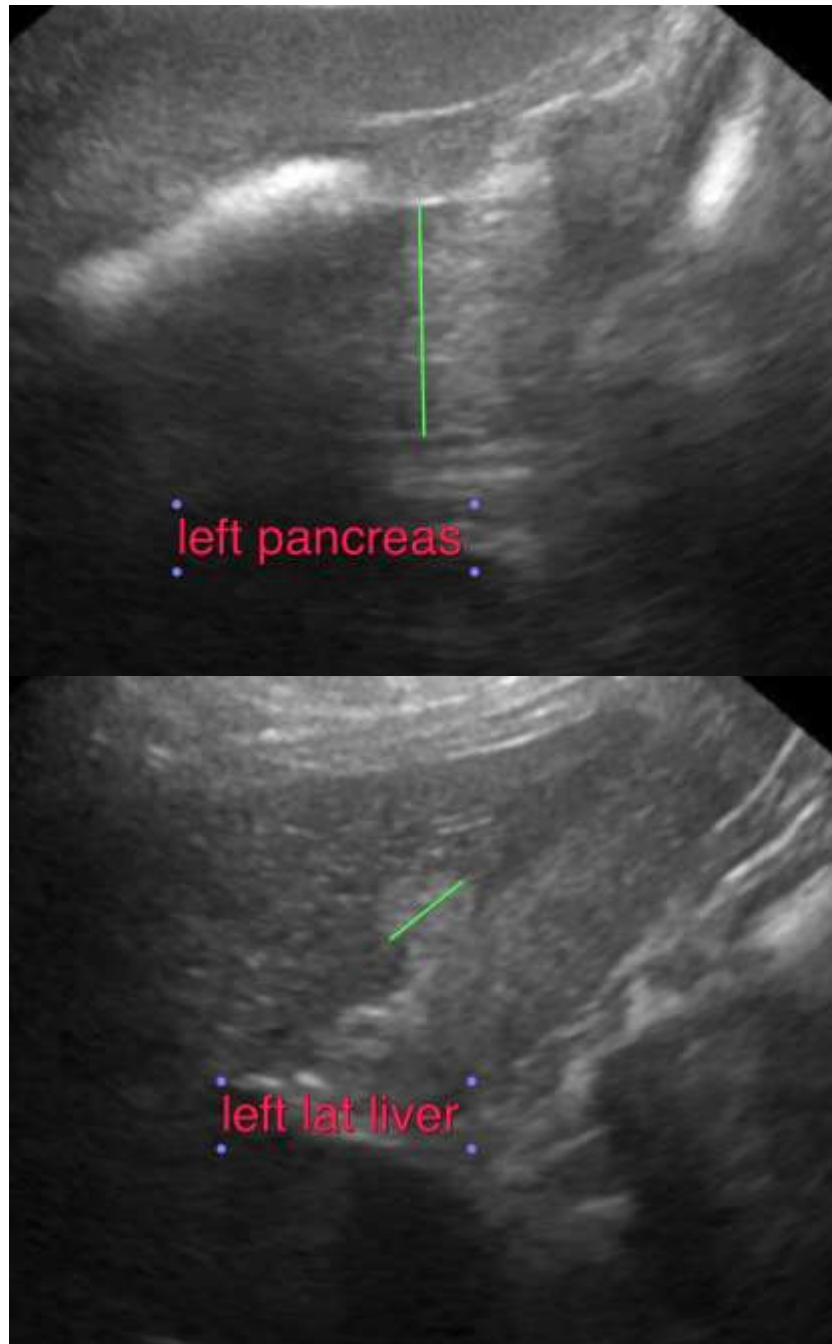
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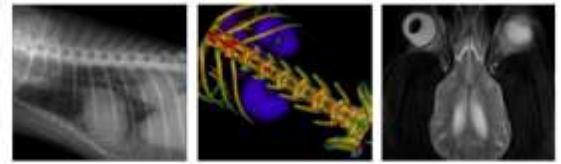
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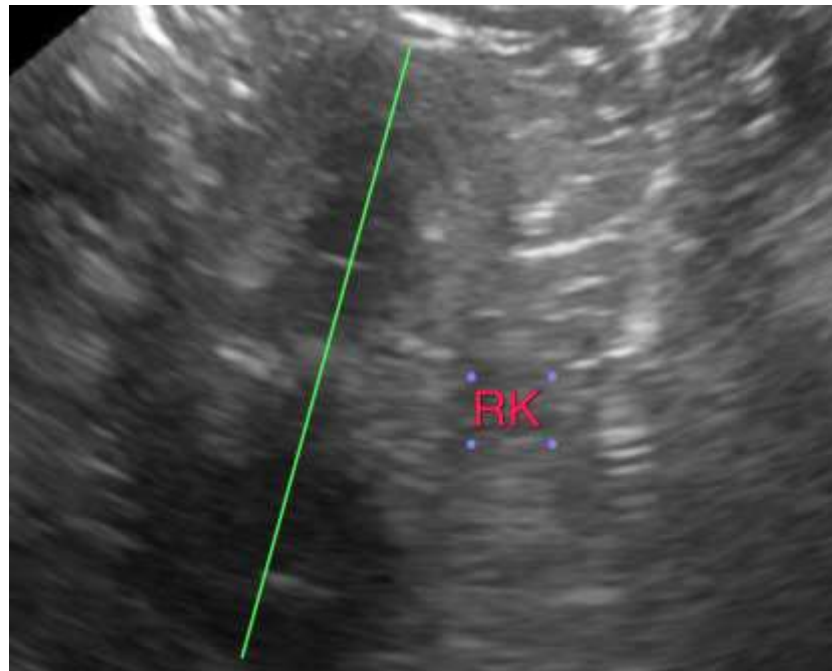
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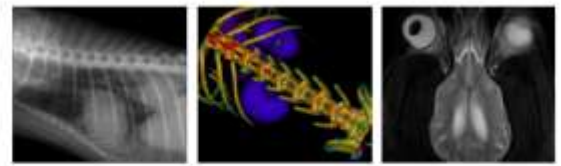
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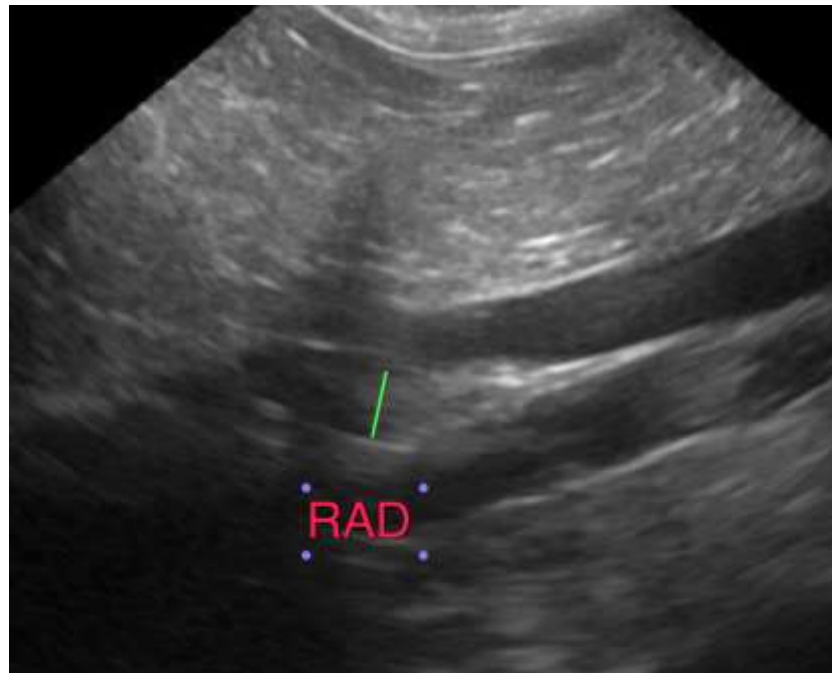
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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