



PATIENT

Chenet Mendez

PRESENTING CLINICAL SIGNS

Pt presented as a referral for an abdominal ultrasound. Pt was going to be spayed in May of 2021, but blood work showed that pt had liver enzyme elevation ALT 202 and BUN 28. PT was then sent home with Denamarin and hepatic diet. In 8-12-21 a recheck evaluation showed that pt has a ALT of 930. PT is still eating and drinking normally and no vomiting or diarrhea. Sometimes pt do not defecate daily. PT has not been spay yet due to liver enzyme elevation. Referring doctor was concern of congenital liver disease or PSS

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: PE: W: 5.6 P:150 bpm, R: 30 CRT < 2secs MM PK Heart a grade 2/6 systolic HM was auscultated prior to study. MPL grade 2 on left HL and fracture 204 tooth. Rest of PE was wnl Do not have complete bloodwork available for evaluation

BREED

Pomeranian

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

F

Urinary system

The urinary bladder, trigone und 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.

AGE

2 Years

Left kidney measures 2.97 cm length, right kidney 2.82 cm. Both show a corticomedullary, hyperechoic medullary rim.

INTERPRETED BY

Sebastian Jawinski,
German Board
Certified Vet
Specialist in
Diagnostic Imaging

Adrenal glands

Both adrenal glands are considered as normal.

HOSPITAL NAME

Paseos Veterinary
Center

Liver/Gallbladder

The renal recess of the right caudate lobe reaches the right kidney regularly. The intrahepatic portal veins and liver veins taper appropriately. Tortuous vessels are not recognized. The echogenic texture appears normal. Deviation of vasculature is not noticed. Evidence of nodular or focal changes are not visible. Gallbladder is highly filled presenting a small amount of hyperechoic sludge.

REFERRING VET

Dr. A. Simeonidis,
DVM

Gastrointestinal

Stomach, small and large intestine present intact wall layers being normal in width and echogenicity. Adjacent mesentery and fat tissue are of normal appearance. No overt evidence of ileus and again, no signs of a florid or neoplastic process. Mesenteric lymph nodes are considered to normal.

INVOICE

47272

DATE

9-2-21

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**SPECIES**

Canine

There is small fluid pocket recognized cranial to the urinary bladder. The abdominal fat shows no pathological findings.

The uterine body is well visualized without signs of an abnormal filling.

BREED

Pomeranian

ULTRASONOGRAPHIC FINDINGS**Primary**

- Highly filled gallbladder
- No overt evidence of an intra- or extrahepatic PSS

Secondary

- Bilateral medullary rim sign kidneys
- Subtle ascites, most probably not relevant

SEX

F

AGE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Liver size is difficult to assess with ultrasound. The renal recess of the caudate lobe still encompasses the right kidney which would speak for a normal size. Displayed intrahepatic vessels are not suspicious for a shunt. In small breeds more likely extrahepatic shunts such as left-gastric-, splenic- or azygos shunts should show a tortuous vessel with hepatofugal flow. I did not recognize such a vessel but would not fully exclude it.

The highly filled gallbladder and -sludge may represent a pre-prandial finding since I do not expect cholestasis.

The medullary rim sign of both kidneys is also seen with shunts, but there are multiple differentials existing (normal variant, calcinosis, hypercalcemic nephrosis, poisoning with ethylene glycol, chronic interstitial nephritis, lymphoma, acute tubular nephrosis, portosystemic shunt, leptospirosis). Cystic calculi are not noted.

CT commonly is diagnostic. Elevation of the bile acids can occur with several non-hepatic causes and needs to be interpreted within a complete blood work.

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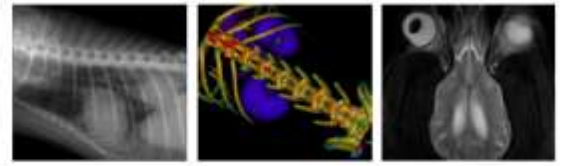
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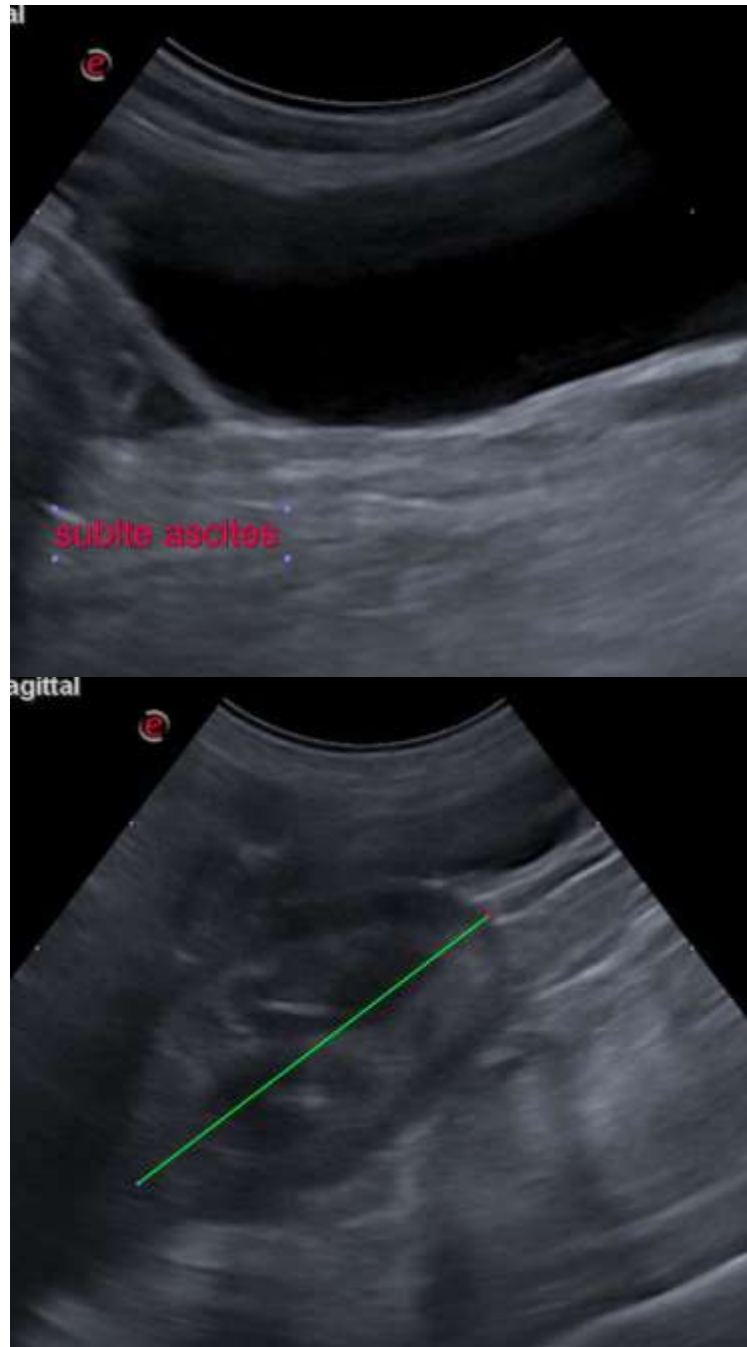
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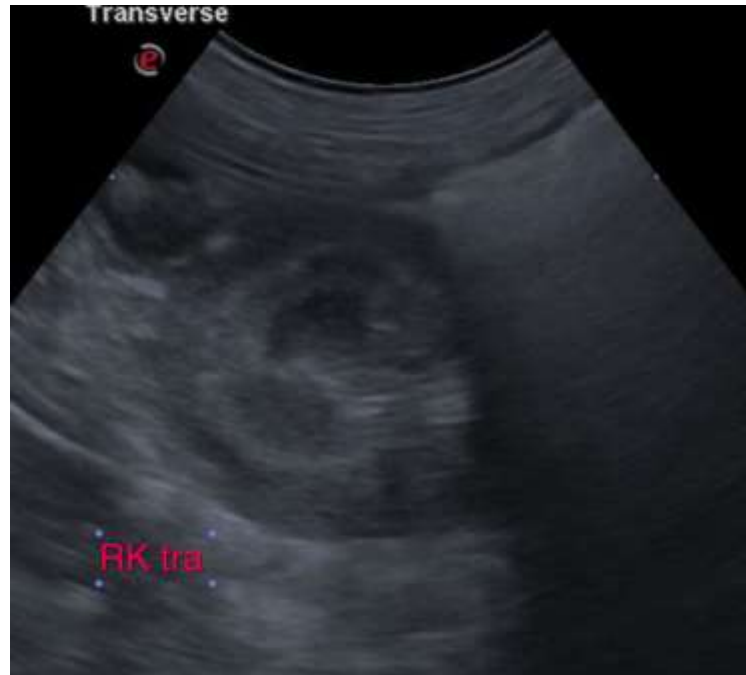
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

HOSPITAL NAME

Paseos Veterinary
Center

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Sebastian.Jawinski@sonopath.com

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