



**PATIENT PRESENTING CLINICAL SIGNS**

Sebastian Brownie  
Blondie Foundation

History: Pt presented for chronic diarrhea and vomiting. Pt improved with metronidazole 15mg/kg and famotidine and probiotics. Also, changed diet Hydrolyzed diet. Pt seems to be improving with this medications, but wanted evaluate the abdomen.

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: CBC: Mild anemia and mild thrombocytopenia CHEM: ALT mildly increased, Amylase/Lipase mildly increased, NA and Chloride mildly decreased. 4DX HW, Ehrlichia, Anaplasma, Lyme: neg for all

**BREED**

Lab Mix

**Ultrasonographic examination of the abdomen**

**SEX**

Neutered Male

**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.

**AGE**

3 Years

The prostate appears small but reveals multiple partially wedge-shaped hyperechoic areas. The largest area measures approximately 0.54 x 0.48 cm and is located in the dorsal part of the prostate.

Left kidney measures 6.71 cm length, right kidney 6.45 cm. There is a clear corticomedullary definition. Renal pelvis and exit to the ureters are unremarkable.

**INTERPRETED BY**

Sebastian Jawinski,  
German Board  
Certified Vet Specialist  
in Diagnostic Imaging

**Adrenal glands**

Both present normal size, shape and echogenic texture.

**Spleen**

Splenic margins are moderately rounded. Splenic echogenic texture is inhomogeneous but without signs of nodular/focal changes are noted. Splenic vasculature presents normal course of vessels and unremarkable perfusion of the splenic veins.

**HOSPITAL NAME**

Paseos VC

**Liver/Gallbladder**

Liver images are inconspicuous. Echotexture, size and vasculature appear regular. Evidence of nodular or focal changes are not visible. Gallbladder is inconspicuous without signs of relevant sludge, a florid process or cholestasis. Mild hepatic lymph node enlargement is recognized.

**REFERRING VET**

Dr. Carrasquillo, DVM

**Gastrointestinal**

**INVOICE**

13224

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. No overt evidence of ileus and again, no signs of a florid or neoplastic process. Mesenteric lymph nodes are mildly enlarged but are inconspicuous in shape, echogenicity and -texture. Peripheral fat tissue and mesentery are normal.

**DATE**

9/22/21

**Pancreas**



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

Sebastian Brownie  
Blondie Foundation

**Free Abdomen**

No peritoneal or retroperitoneal effusion. Abdominal fat and great vessels show no pathological findings. The medial iliac and sub-lumbar lymph nodes are mildly enlarged as well but again have a regular shape and homogeneous echotexture.

**SPECIES**

Canine

**Ultrasonographic findings**

**BREED**

Lab Mix

- Mild abdominal lymphadenopathy
- Moderate unspecific splenomegaly
- Normal findings of the gastrointestinal tract
- Inhomogeneous, small prostate with wedge-shaped hyperechoic areas

**SEX**

Neutered Male

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**AGE**

3 Years

The lymphadenomegaly of all abdominal lymph nodes and the splenomegaly are unspecific findings. I suspect a general or systemic inflammatory/infectious disease. Sonographic features likely represent reactive-inflammatory lymph nodes/splenitis without peripheral changes or concomitant overt signs of bowel disease. Lymphoma cannot be fully excluded but is currently very unlikely. Especially stomach and small intestine including pancreas and gallbladder represent normal findings. Normal sonographic appearance does not exclude functional problems such as indigestibility going along with IBD. Consider FNA of the lymph nodes to confirm the assumed diagnosis and/or endoscopy with biopsies of the stomach, duodenum und colon.

**INTERPRETED BY**

Sebastian Jawinski,  
German Board  
Certified Vet Specialist  
in Diagnostic Imaging

The prostate should be monitored (6 months). The hyperechoic areas may show residual prostatitis and/or cysts but look similar to initial neoplasia (urine testing? /FNA?).

**HOSPITAL NAME**

Paseos VC

**REFERRING VET**

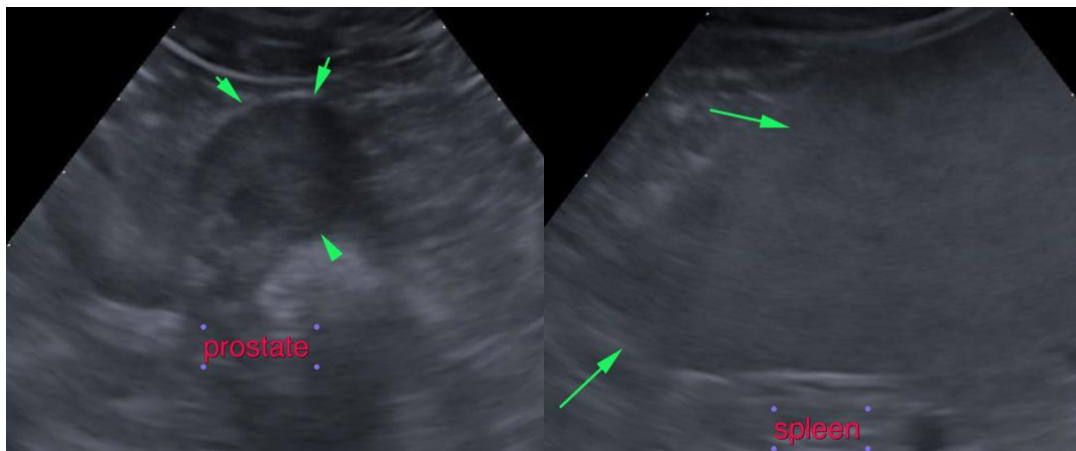
Dr. Carrasquillo, DVM

**INVOICE**

13224

**DATE**

9/22/21





**PATIENT**

Sebastian Brownie  
Blondie Foundation

**SPECIES**

Canine

**BREED**

Lab Mix

**SEX**

Neutered Male

**AGE**

3 Years

**INTERPRETED BY**

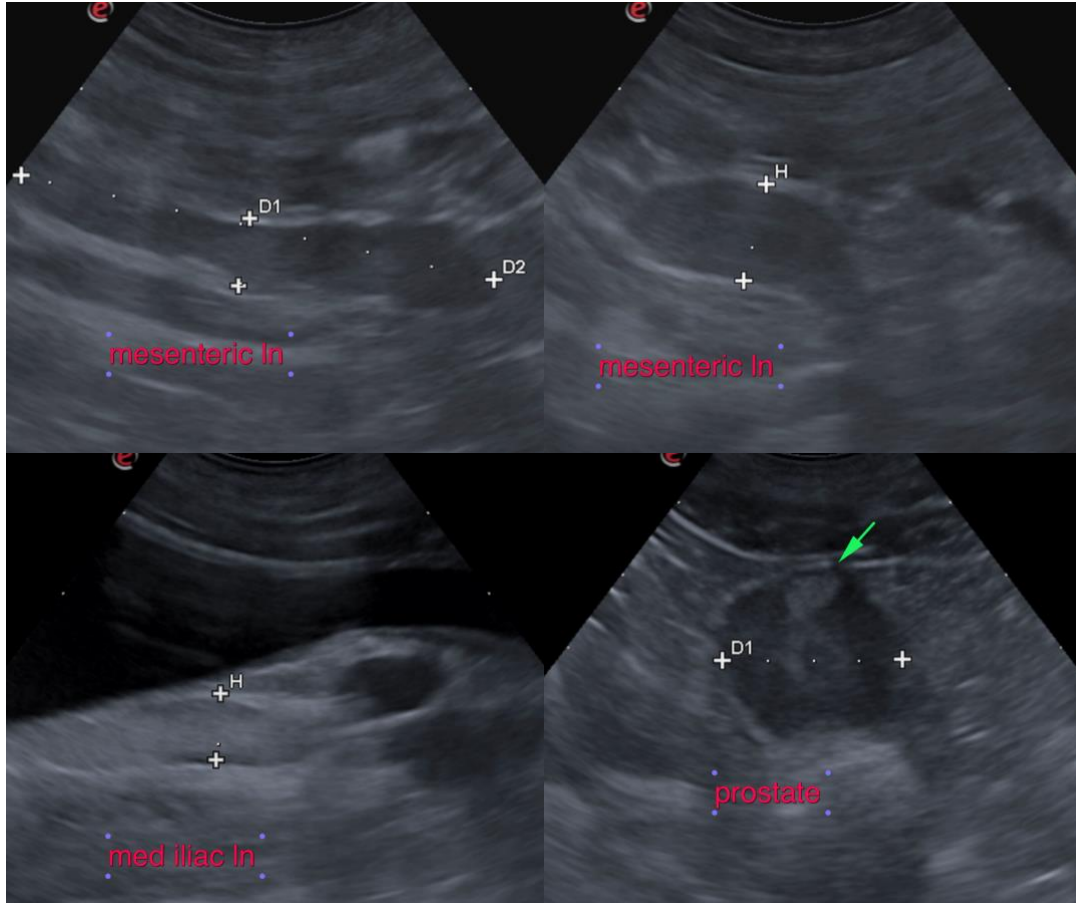
Sebastian Jawinski,  
German Board  
Certified Vet Specialist  
in Diagnostic Imaging

**HOSPITAL NAME**

Paseos VC

**REFERRING VET**

Dr. Carrasquillo, DVM



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  
info@sonopath.com

**INVOICE**

13224

**DATE**

9/22/21