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Clinical Sonography & Telecytology
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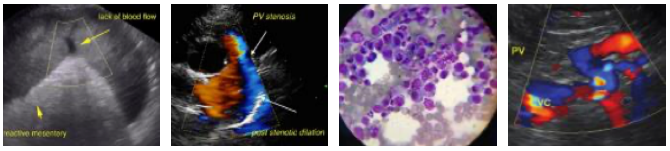


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Lahdeedah Olson

SPECIES
Canine

BREED
Shih Tzu

SEX
Female, spayed

AGE
13 Yrs.

WEIGHT
3.9 kg.

INTERPRETED BY
Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

IMAGING PERFORMED BY
Dr. Patti Mayfield

HOSPITAL NAME
Bend Animal Emergency Specialty Center

REFERRING VET
Dr. Sean Cummings

INVOICE
12301

DATE
10/6/2021

PRESENTING CLINICAL SIGNS

History: Presented at RDVM for epidermal mass in the dorsal cervical region. FNA was consistent with mast cell tumor. Hx of atopic dermatitis and stable bilateral medial patellar luxation. Bilateral enucleation performed due to lens luxation in 2018. Pt was E/D/U/D normally at the time of mast cell tumor diagnosis. Current Medication: 1. Denamarin 0.25 tablets PO SID 2. Apoquel 2.7mg PO SID 3. Trazadone 50 mg PRN- O will be giving a dose before AUS appt 10/6/21 @ 8:30 am Previous surgical and/or other procedure(s) and date(s): Bilateral enucleation - 6/15/2018 COHAT - 1/20/2020 Abnormal PE/Chem/CBC/UA Results: CBC/Chem - ALKP 905 ACTH STIM - pre 2.5 post 17.8 FNA - numerous mononuclear cells containing deeply basophilic granular material. Mononuclear cells show anisocytosis and anisokaryosis. No mitotic figures observed. Background of stained slides show free basophilic granular material, severe hemodilution and sterile suppurative inflammation.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal size (3.87 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (3.47 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.35 cm at cranial pole) (0.54 cm at caudal pole); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

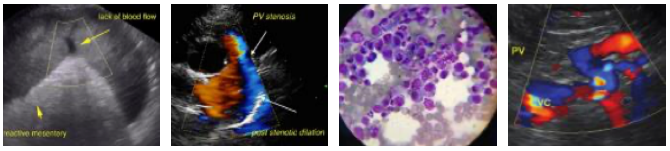
The right adrenal gland is normal size (1.39 cm at cranial pole) (0.49 cm at caudal pole) (1.78 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.27 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. 1-2 small ill-defined myelolipomas are visualized. Splenic vasculature is normal.

Liver

The liver is subjectively prominent in size with swollen curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. No distinct focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion.



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The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is minimally distended with ingesta. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

Pancreas

The left and right limbs of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. A 0.97 cm lymph node is observed at the aortic trifurcation. The parenchyma and shape are normal.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

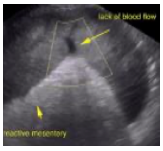
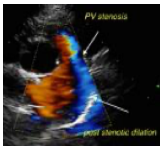
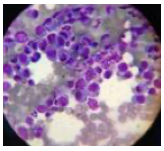
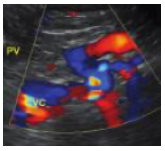
- The splenic parenchyma changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis or splenitis with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely.

Secondary Findings:

- Borderline left adrenomegaly.
- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.
- The lymph node at the aortic trifurcation is likely normal or mildly reactive.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given that the splenic and hepatic changes are subtle and are common in older patients, aspiration of these organs to assess for systemic mast cell disease are likely to be of low yield. However, if an aggressive approach is desired, aspiration of these organs can be considered. If pursued, pre-treatment with Diphenhydramine at 2.2 mg/kg subcutaneously 15 min prior to aspiration is recommended. Typically, the pathologist, with splenic and hepatic mast cell disease, the pathologist is looking for clumps/aggregates (vs. random, single cells) of mast cells on cytology.

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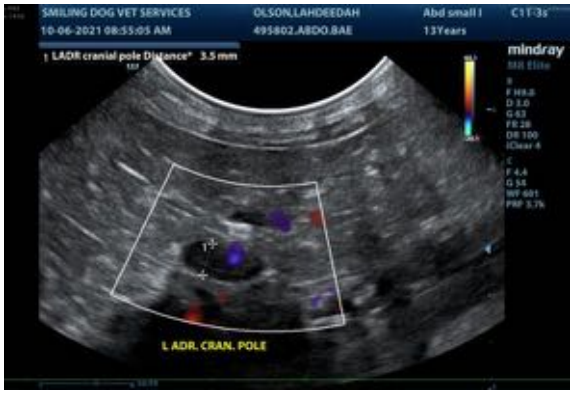
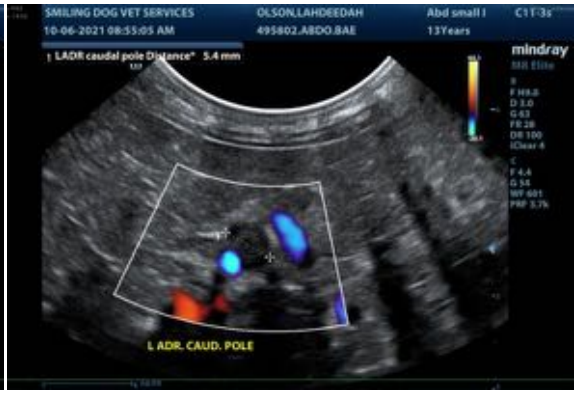
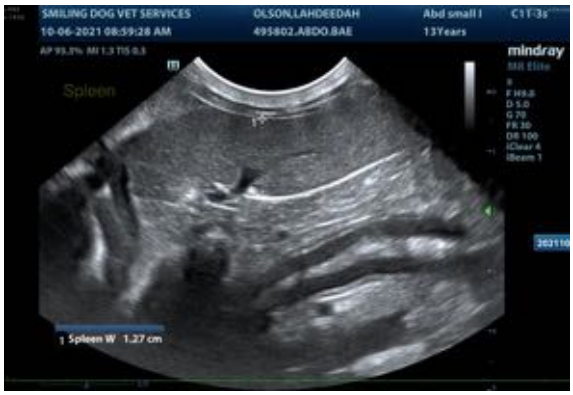
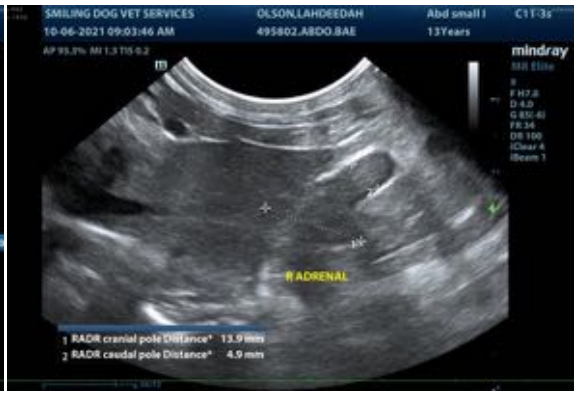
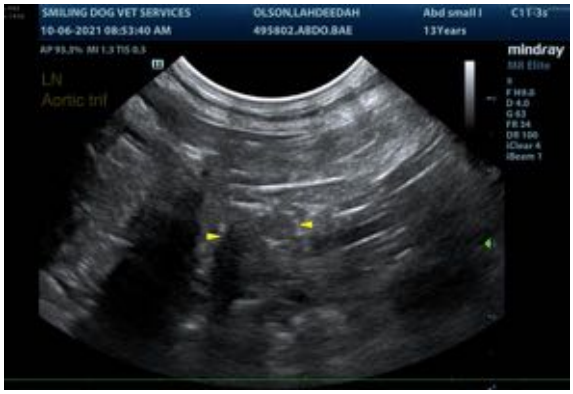
- Three-view thoracic radiographs are recommended to complete the metastatic check, if not already performed.

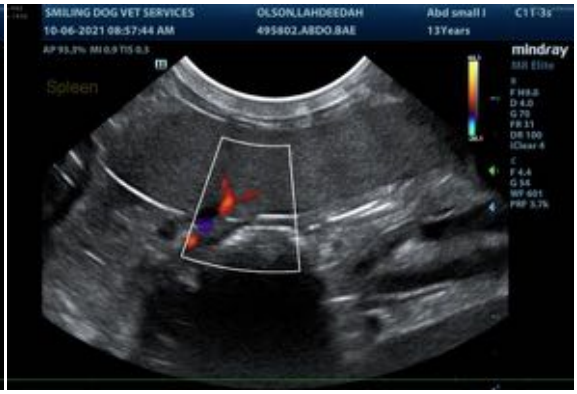












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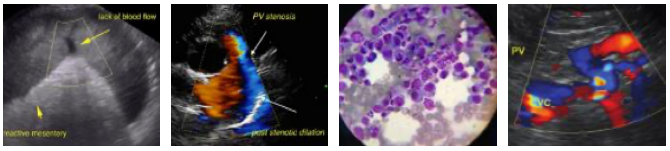

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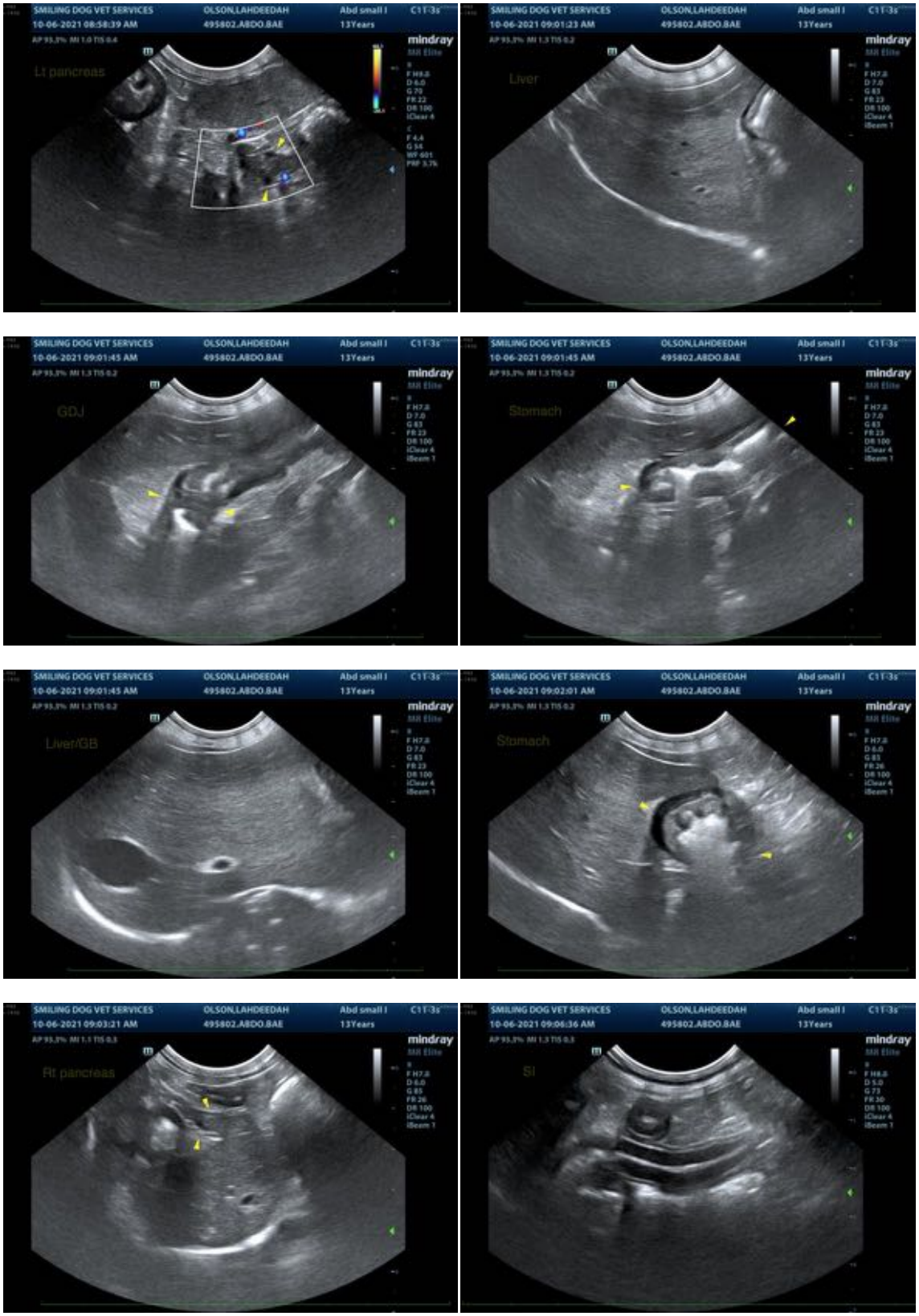

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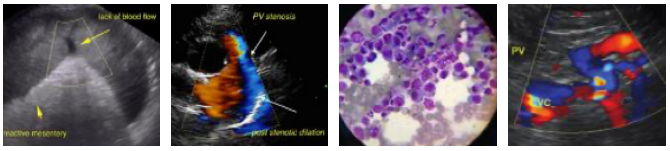

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

Andrea.nicastro@sonopath.com