



## PATIENT PRESENTING CLINICAL SIGNS

**Obi-Juan Teachout** History: Recently diagnosed MCT on Right Hind limb in the subcutaneous space. Purpose of sonogram is a met check of the abdomen for any neoplastic criteria prior to surgery for excision.  
**SPECIES** Current medications: Trazodone 100mg PRN, Benadryl 50mg BID, Pepcid AC 20mg PO BID

**Canine** Abnormal PE/Chem/CBC/UA Results: CBC/Chem10/lytes within normal limits. Cytology in house revealed mast cells with granules. No Murmur. Thoracic radiographs do not reveal any mets or neoplastic criteria, or lymphadenopathy.

## BREED

Boxer Mix breed

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### SEX *Urinary System*

**Neutered Male** The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 3-4 cm, are normal.

### AGE

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The prostate is normal in size (0.97 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

### WEIGHT

57 lbs

The left kidney is normal in size (6.08 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

## INTERPRETED BY

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

The right kidney is normal in size (6.11 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

## IMAGING PERFORMED BY

Dr. Wasserman

### *Adrenal Glands*

The left adrenal gland is normal in size (0.56 cm at cranial pole) (0.62 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

## HOSPITAL NAME

Highlands AH

The right adrenal gland is normal in size (0.78 cm at cranial pole) (0.64 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

## REFERRING VET

Dr. Frankenberger

### *Spleen*

The spleen is normal in size (2.14 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

## INVOICE

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### *Liver*

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion.

## DATE

2-21-26

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



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**Gastrointestinal**

The gastric lumen is not distended. 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 is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileoceocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

**Pancreas**

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

**Lymph Nodes**

A 2.79 x 0.48 cm mesenteric lymph node is visualized.

**Free Abdomen**

There is no obvious evidence of free fluid.

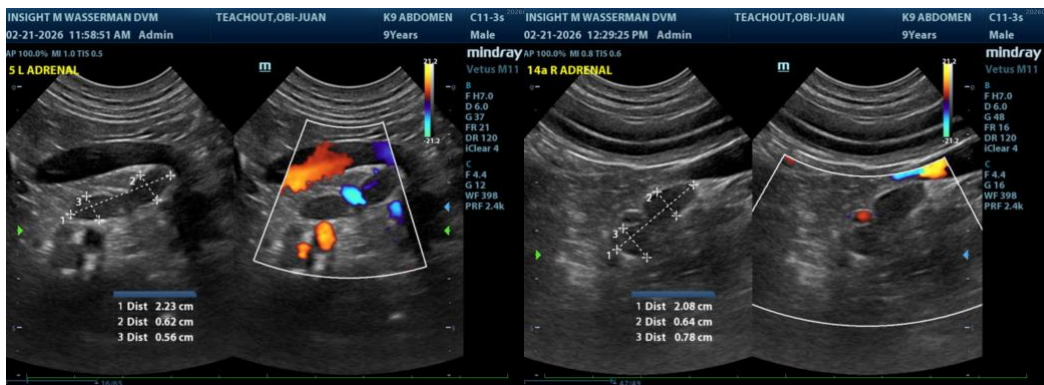
**ULTRASONOGRAPHIC FINDINGS**

- The prominent mesenteric lymph node is likely reactive, with a lower possibility of emerging neoplasia.
- Bilateral nonspecific age-related renal changes

\*There is no obvious evidence of metastatic disease in the abdomen.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Depending on histopathology results from the subcutaneous mast cell tumor, consultation with a board-certified oncologist may be warranted.





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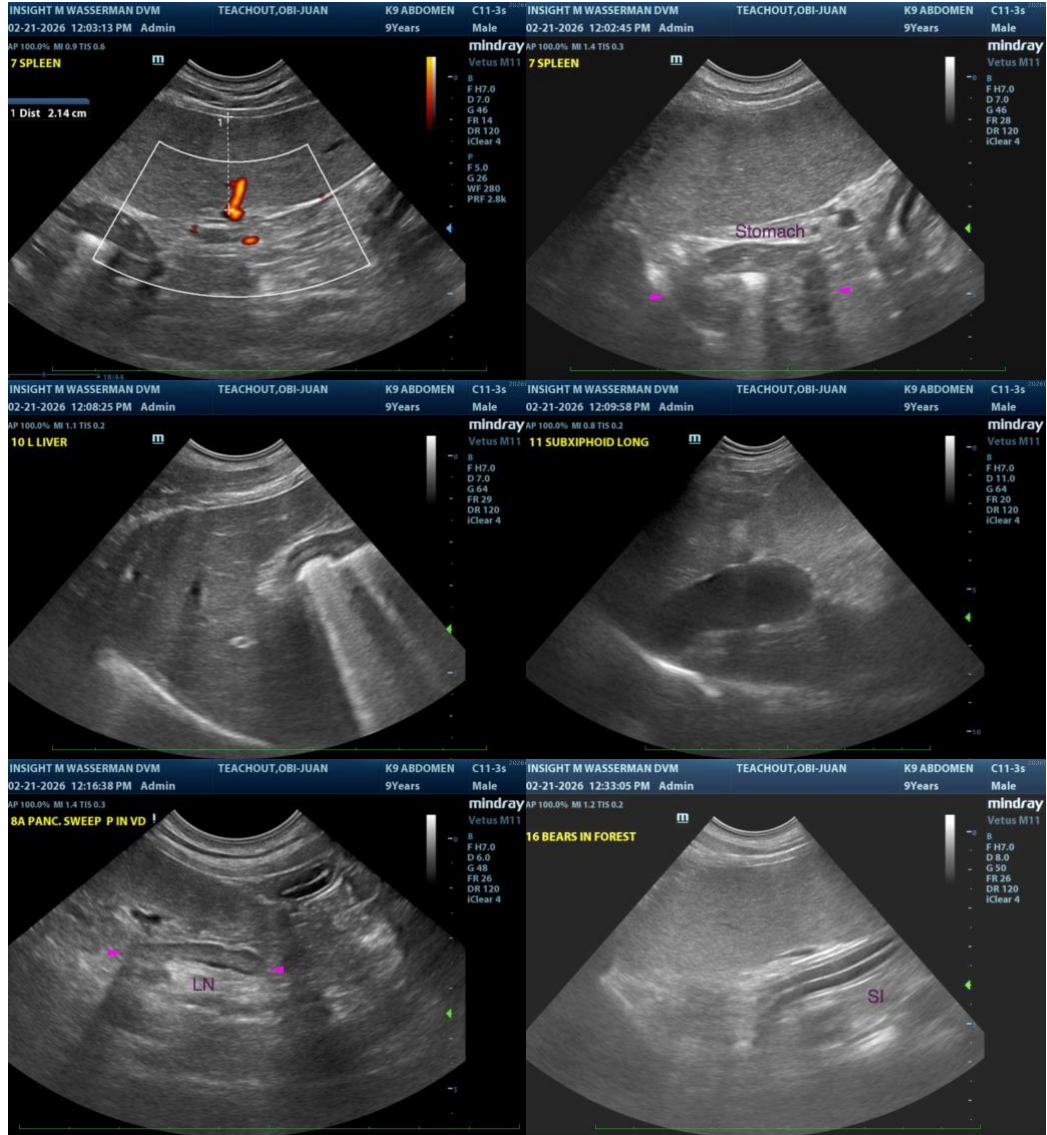
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)**  
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