


**PATIENT**

Sammy Miller

**SPECIES**

Canine

**BREED**

Boston Terrier

**SEX**

Male, neutered

**AGE**

11 yrs.

**WEIGHT**

25.3 lbs.

**INTERPRETED BY**

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

**IMAGING  
 PERFORMED BY**

Dr. Reyes

**HOSPITAL NAME**

Dr. Reyes

**REFERRING VET**

Dr. Reyes

**INVOICE**

13168

**DATE**

3/23/22

**PRESENTING CLINICAL SIGNS**

History: Sammy had a MCT grade 3 removed from left caudal rear leg on 02/01/22. Margins were clean but risks for metastatic lesions are high. Pet presented 03/09 for new swelling on left caudal abdomen (inguinal region). FNA showed MCT. Pet has a consult with Oncologist at the end of the month and oncologist and she requested staging prior to consult. Planning on getting a liver and spleen aspirate later today.

**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 prostate is not definitively visualized due to its pelvic location.

The left kidney is normal size (4.66 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 hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (4.67 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 hydronephrosis. Renal vasculature is normal.

**Adrenal Glands**

The left adrenal gland is normal size (0.42 cm at cranial pole) (0.34 cm at caudal pole) (2.27 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.

The caudal pole of the right adrenal gland is well visualized and is normal size (0.49 cm in width) with a normal shape, glandular echogenicity and detail. The phrenicoabdominal vein and surrounding vasculature are normal.

**Spleen**

The spleen is subjectively normal in size with slight rounding of the peripheral contours. The parenchyma is mottled in appearance, particularly at the caudal aspect. A few ill-defined myelolipomas are observed in the region of the hilus. Splenic vasculature is normal with no evidence of thrombosis.

**Liver**

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and mottled in appearance with a few ill-defined hyperechoic areas. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

**Gastrointestinal**



**PATIENT**

Sammy Miller

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly distended with ingesta and gas. 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.

**SPECIES**

Canine

**Pancreas**

**BREED**

Boston Terrier

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.

**Free Abdomen**

**SEX**

Male, neutered

Trace free fluid is observed.

**AGE**

11 yrs.

At least 2 enlarged, irregular hypoechoic to slightly heterogeneous lymph nodes are observed in the inguinal region, one measuring 3.36 cm in length, the other measuring 2.22 cm in length. In addition, a 2.83 cm enlarged irregular hypoechoic to slightly heterogeneous lymph node is observed at the aortic trifurcation. The mesentery surrounding the lymph nodes is hyperechoic.

**WEIGHT**

25.3 lbs.

**ULTRASONOGRAPHIC FINDINGS**

- Caudal abdominal and suspected inguinal lymphadenopathy. Metastatic disease (mast cell tumor) is strongly suspected. Peritonitis is present adjacent to the caudal abdominal lymph nodes.
- The splenic parenchymal changes could be consistent with infiltrative neoplasia (i.e., mast cell disease). Alternatively, a benign process such as lymphoid hyperplasia or extramedullary hematopoiesis may be present.
- The hepatic parenchymal changes also could be consistent with mast cell disease. However, benign age-related change (i.e., regenerative nodular hyperplasia) may be present.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Reyes

**HOSPITAL NAME**

Dr. Reyes

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Three-view thoracic radiographs are recommended to assess for metastatic disease in the chest.
- Follow up recommendations should be based on the splenic and hepatic cytology and the oncologist's recommendations.

**REFERRING VET**

Dr. Reyes

**INVOICE**

13168

**DATE**

3/23/22



**PATIENT**

Sammy Miller

**SPECIES**

Canine

**BREED**

Boston Terrier

**SEX**

Male, neutered

**AGE**

11 yrs.

**WEIGHT**

25.3 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Reyes

**HOSPITAL NAME**

Dr. Reyes

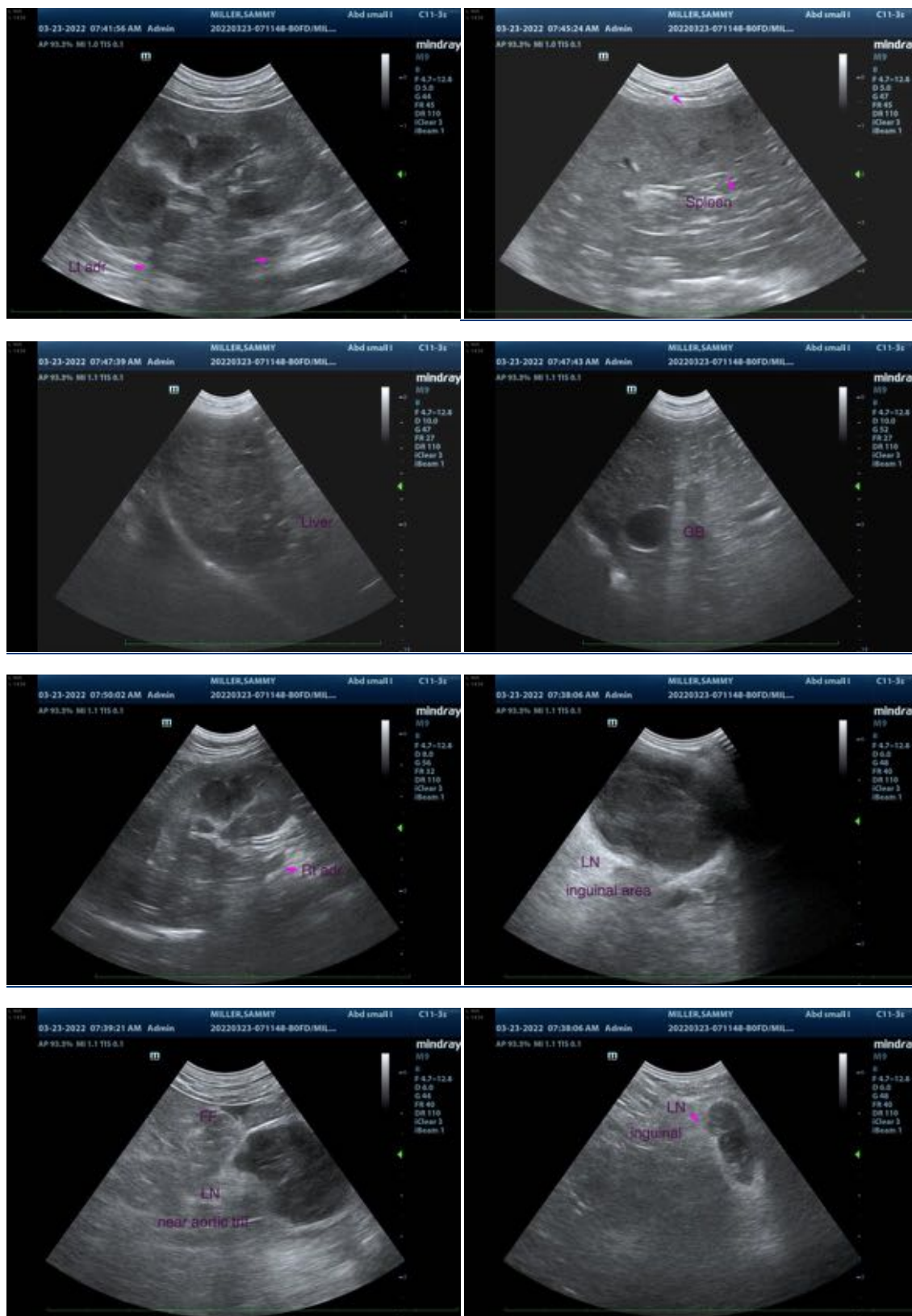
**REFERRING VET**

Dr. Reyes

**INVOICE**

13168

**DATE**  
3/23/22



The information and recommendations provided are based on the images presented by the referring



**PATIENT**

Sammy Miller

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.

**SPECIES**

Canine

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

Andrea.nicastro@sonopath.com

**BREED**

Boston Terrier

**SEX**

Male, neutered

**AGE**

11 yrs.

**WEIGHT**

25.3 lbs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Reyes

**HOSPITAL NAME**

Dr. Reyes

**REFERRING VET**

Dr. Reyes

**INVOICE**

13168

**DATE**

3/23/22