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Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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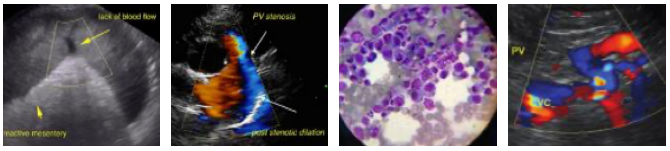

PATIENT
Sammy Miller

SPECIES
Canine

BREED
Boston Terrier

SEX
Male, neutered

AGE
11 Yrs.

WEIGHT
23.4 lbs.

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

IMAGING PERFORMED BY
Dr. Reyes

HOSPITAL NAME
Mobile Vet Ultrasound

REFERRING VET
Dr. D'Ambrose

INVOICE
13237

DATE
4/19/22

PRESENTING CLINICAL SIGNS

History: Recheck ultrasound after starting Prednisone, Benadryl and Palladia due to high grade MCT that has already metastasis into inguinal LN. Sammy had an ultrasound on March 23 done at Chain of Lakes that we could use to compare. Sammy became lethargic and has been hospitalized for 2 nights at local ER. Palladia was discontinued recently due to concern with liver enzymes. Full bloodwork was done at beginning of March as a baseline prior to chemo, liver enzymes were WNL. Inguinal LN was previously aspirated and showed high grade MCT.
Abnormal PE/Chem/CBC/UA Results: 04/18 ALT: 558 ALP: > 2,000 GGT: 51 T4: 0.7 PT and PTT: WNL

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 normal in size (0.93 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is subjectively normal in size with a 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.

The right kidney is normal size (5.23 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.

Adrenal Glands

The region of the left adrenal gland is evaluated. No obvious pathology is observed.

The right adrenal gland is normal size (1.12 cm at cranial pole) (0.50 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.

Spleen

The spleen is normal in size (0.84 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 1.13 cm hypoechoic nodule is observed at the mid to caudal aspect. In addition, a few ill-defined hyperechoic nodules are observed throughout the organ. Splenic vasculature is normal.

Liver

The liver is subjectively enlarged with swollen/rounded peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely heterogeneous and mottled in appearance. No distinct focal lesions are observed. 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.

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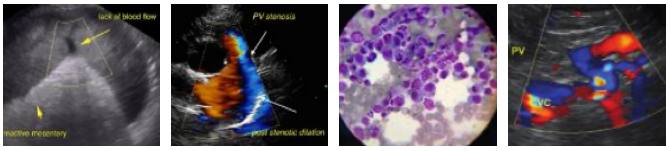

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Gastrointestinal

The gastric lumen is mildly distended with ingesta. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme. 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 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

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. At the aortic trifurcation, a 2.42 x 1.41 cm rounded heterogeneous lymph node is visualized. Surrounding mesentery is hyperechoic. In addition, in the caudal abdomen/inguinal area, a 2.89 cm hypoechoic to heterogeneous lymph node/mass is observed. a >2 cm similar appearing lesion is also seen in this area.

ULTRASONOGRAPHIC FINDINGS

- Suspected caudal abdominal/inguinal lymphadenopathy. Metastatic mast cell disease is suspected. Changes are similar to the previous sonogram.
- The hepatic parenchymal changes are non-specific and could be secondary to infiltrative mast cell disease, hepatotoxicity (i.e., drug induced), inflammatory disease (i.e., bacterial cholangiohepatitis, chronic active hepatitis), other hepatopathy +/- concurrent age-related change (i.e., vacuolar hepatopathy, regenerative nodular hyperplasia).
- The splenic nodule could be consistent with mast cell disease or a benign process (i.e., a focus of lymphoid hyperplasia, extramedullary hematopoiesis or splenitis). This lesion was not definitively seen on the previous sonogram.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Repeat thoracic radiographs are recommended to assess for metastatic disease in the chest.
- Further treatment recommendations should be based on the hepatic and splenic cytology results.
- Continued consultation with a board-certified oncologist is recommended.

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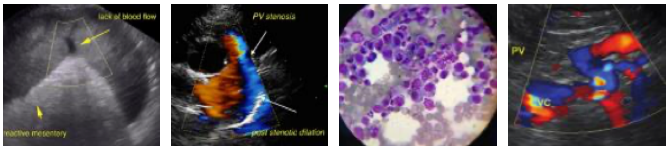

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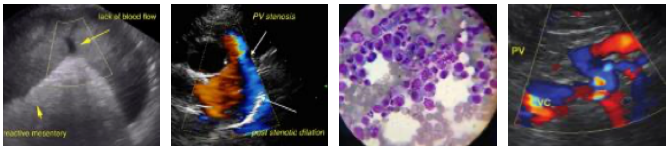
The information and recommendations provided are based on the images presented by the referring



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

Andrea.nicastro@sonopath.com