

**DATE PRESENTING CLINICAL SIGNS**

5/25/2022

Suspect subcutaneous mast cell tumor on right pinna based on FNA. Abdominal ultrasound is being used for staging prior to surgery or chemotherapy. Has a history of mast cell tumor removed. Also has ventricular arrhythmia and VPCs, managed with medications through CVCA. Also has had a soft tissue sarcoma removed previously as well.

PATIENT

Lady Palmateer

Current Medications: Sotalol; mexiletine, carprofen, gabapentin, DES
 Lab Results: March 2022 CBC, chem 27, T4, urinalysis and 4dx are all normal/negative.

SPECIES

Canine

Date of Previous IntraPet Ultrasound: No previous.
 Sedation: Not required to complete full diagnostic ultrasound.
 Stat Report: Not requested.
 Imaging Performed By: Rachel Brillhart, RDMS.

BREED

Labrador

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Spayed Female

Urinary System**AGE**

7/8/2011

The bladder lumen is mildly distended with anechoic urine. The wall in the region of the apex is thickened (1.05 cm) and irregular. The wall tapers to a normal thickness as it extends toward the urinary bladder neck. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

WEIGHT

71lbs

The left kidney is normal size (7.01 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

Andrea Nicastro, DMV,
 Diplomate DACVIM
 (Small Animal
 Internal Medicine)

The right kidney is normal size (6.86 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

HOSPITAL NAME

Airpark Animal
 Hospital

Adrenal Glands

The left adrenal gland is normal size (0.55 cm at cranial pole) (0.55 cm at caudal pole) (2.63 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.

REFERRING VET

Dr. Kennedy

The right adrenal gland is normal size (0.89 cm at cranial pole) (0.72 cm at caudal pole) (2.50 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.

INVOICE

10954

Spleen

The spleen is subjectively normal in size (2.24 cm in width at the level of the hilus) with normal peripheral margins. The parenchyma is subtly mottled in appearance, with a few, small ill-defined hypoechoic nodules/areas. Splenic vasculature appears normal with no evidence of thrombosis.

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. No pathological hepatic lymphadenopathy observed.

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

The gastric lumen is not distended. The gastric is normal in thickness with a normal layering pattern. 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 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. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

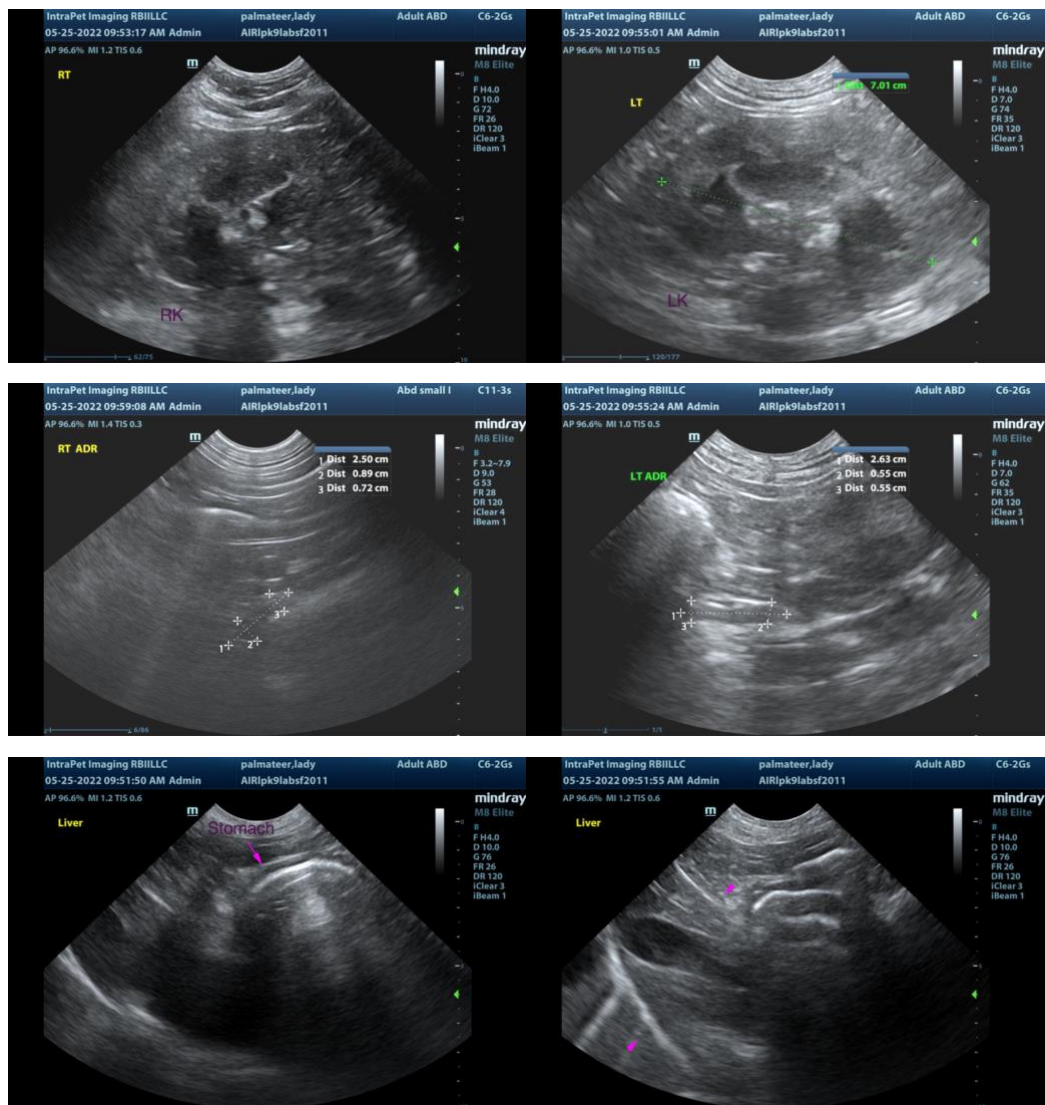
- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis, antigenic stimulation or infiltrative neoplasia (i.e., mast cell neoplasia).

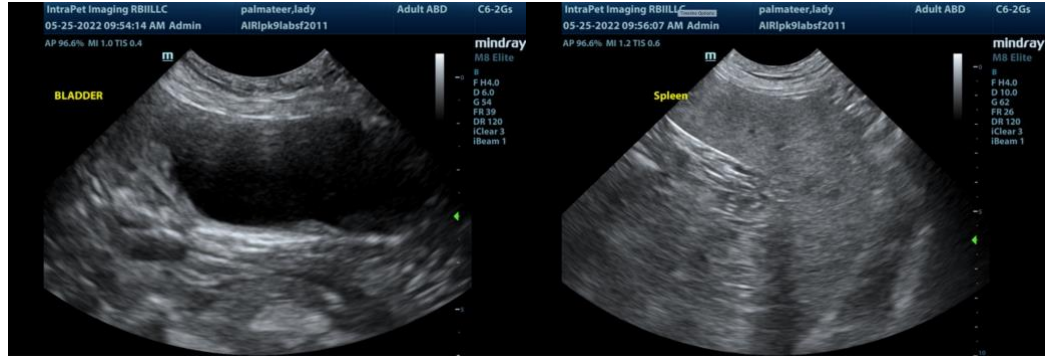
Secondary Findings

- Bilateral, chronic renal changes
- The urinary bladder wall thickening in the region of the apex may be secondary to cystitis or may be artifactual due to lack of luminal distention. Correlation with clinical history and urinalysis findings is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Thoracic radiographs (three-view) are recommended to assess for neoplastic disease in the chest.
- To assess for mast cell disease in the spleen, consider a fine needle aspirate if the patient's clotting status is normal. Diphenhydramine should be administered at 2.2 mg/kg subcutaneously 15 minutes prior to aspiration to reduce the risk of mast cell degranulation.





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.

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