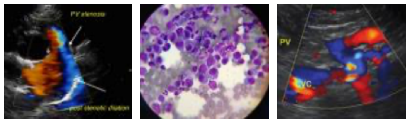
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE
5/9/23

PATIENT
Izzy Sumrall

SPECIES
Canine

BREED
Pitbull mix

SEX
Female, spayed

AGE
4/20/2018

WEIGHT
65 lbs.

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

HOSPITAL NAME
Perry Hall AH

REFERRING VET
Dr. Breidenbaugh

INVOICE
14919

PRESENTING CLINICAL SIGNS

P presented on 4/26/23 for evaluation of a mass on her cranioventral abdomen, just off mildline measuring 1in diameter and in the subcutaneous skin. P overweight but no other clinically significant abnormalities on exam. Mass was aspirated and came back as a mast cell tumor.

Current Medications: None.
Lab Results: Interpretation FNA: Dermal/subdermal mass R ventral mid abdomen: Mast cell tumor
Comments: Thank you for the submission, concise clinical history, and good quality samples. The mast cells do not exhibit enough atypia to warrant cytologic characterization of this mass as high-grade (according to the article referenced below). Excision with good margins and histopathology for grading are recommended. Cytologic criteria suggestive of high grade tumors include poor granulation (real vs. aqueous stain artifact) in combination with the presence of 2 or more of the following criteria: mitotic figures, binucleation/multinucleation, nuclear pleomorphism, and >50% anisokaryosis.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Stephanie Warga RDCS, RVT.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is mildly distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (6.06 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 (6.44 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 normal size (0.47 cm at cranial pole) (0.49 cm at caudal pole) (2.73 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 right adrenal gland is normal size (0.81 cm at cranial pole) (0.72 cm at caudal pole) (2.79 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 (2.08 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.82 cm ill-defined hyperechoic nodule is observed near the medial aspect. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen. A 1.45 cm ill-defined hypoechoic nodule is observed on the left side. The remaining parenchyma is homogeneous. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The dorsal wall is thickened (up to 0.59 cm)

and hypoechoic with a "double-walled" effect. The remaining gallbladder wall is normal in thickness. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is gas 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 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

There is no evidence of free fluid. A few prominent mesenteric lymph nodes are visualized, the largest measuring 3.53 cm in length. The nodes are normal in shape and echogenicity.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The prominent mesenteric lymph nodes may represent reactive lymphadenitis, lymphoid hyperplasia or less likely, infiltrative neoplasia.

Secondary Findings:

- The gallbladder wall changes (AKA "double-walled" gallbladder) could be consistent with cholecystitis, low oncotic pressure, increased hydrostatic pressure (i.e., secondary to congestive heart failure), autoimmune disease, anaphylaxis, other. Correlation with the patient's labwork and clinical history is recommended.

- The hypoechoic hepatic nodule trends toward the benign (i.e., focus of lymphoid hyperplasia, inflammation or similar). However, a metastatic lesion cannot be completely excluded.

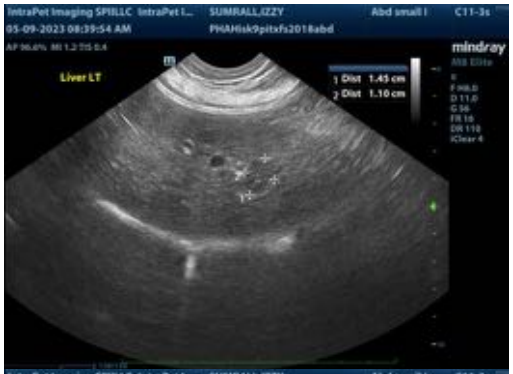
- The hyperechoic splenic nodule trends toward the benign (i.e., myelolipoma) with a lower possibility of an emerging tumor.

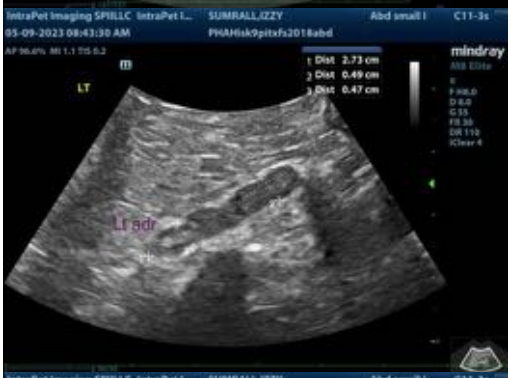
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

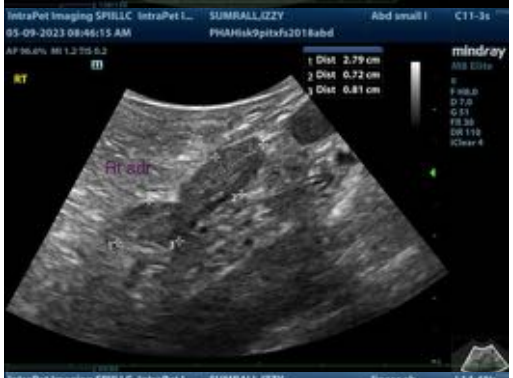
- Fine needle aspirates of the mesenteric lymph nodes and hepatic nodule can be considered if accessible and if clotting status is appropriate. 25 gauge needles should be used. If aspiration is pursued, the patient should be pre-treated with Diphenhydramine to reduce the risk of mast cell degranulation with the procedure. If aspiration is not pursued, consider a repeat ultrasound in 4-8 weeks to assess for progression of the lesions.

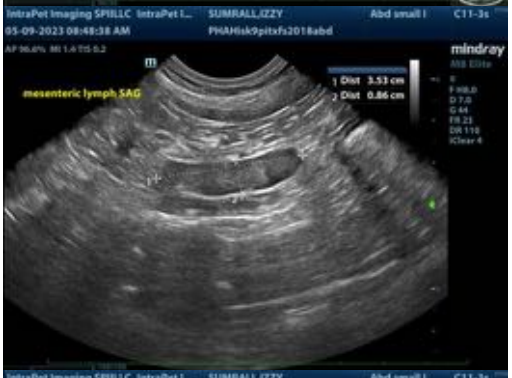
- Three-view thoracic radiographs and baseline labwork including a CBC chemistry panel, urinalysis and T4 are recommended to complete the metastatic check.

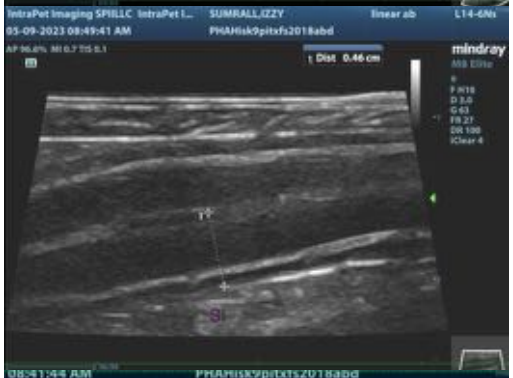

Liver RT


Liver LT
1 Dist 1.45 cm
2 Dist 1.10 cm

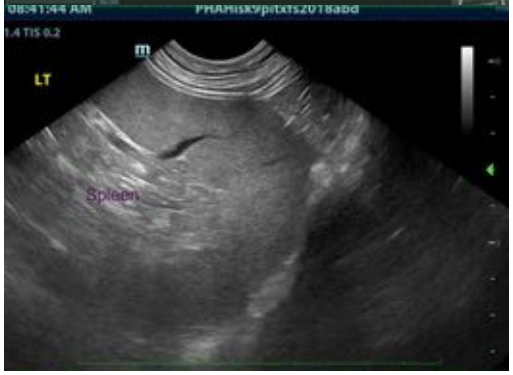

LT
1 Dist 2.73 cm
2 Dist 0.49 cm
3 Dist 0.47 cm
Lt adr

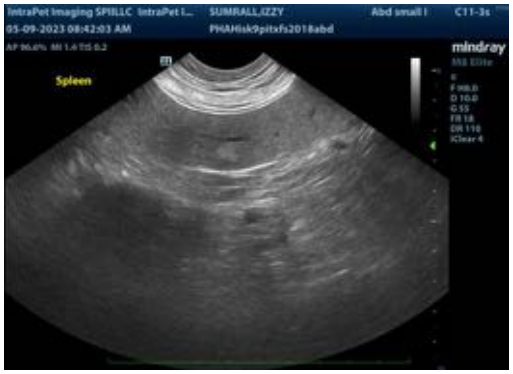

RT
1 Dist 2.79 cm
2 Dist 0.72 cm
3 Dist 0.81 cm
Rt adr


mesenteric lymph SAG
1 Dist 3.53 cm
2 Dist 0.86 cm


1 Dist 0.46 cm
SI


Stomach


LT
Spleen



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