



PATIENT PRESENTING CLINICAL SIGNS

Onyxia Goode Removed grade 2 mast cell tumor 1 month ago. 1 week history of vomiting, PU/PD and anorexia. Bloodwork WNL

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine

Urinary System

BREED Urinary bladder is moderately distended with anechoic contents. It has normal uniform wall thickness (< 0.2 cm). No masses or cystoliths are observed.

Boxer

SEX

Left kidney is normal in size (7.8 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

Spayed Female

Right kidney is normal in size (6.0 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

AGE

4 years

Adrenal Glands

WEIGHT

Left adrenal gland is normal in size (2.2 cm long x 0.8 cm at the cranial pole and 0.84 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

67 lbs

Right adrenal gland is normal in size (2.0 cm long cm x 0.8 cm at cranial pole and 0.6 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

Spleen

Spleen is subjectively enlarged in size with rounded margins but intact capsule. Parenchyma is homogenously coarse/mottled in echotexture and normal to hypoechoic in echogenicity. No focal nodules or masses are observed. Splenic vasculature appears normal.

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Dr. Parker

HOSPITAL NAME

Liver

Lone Mountain AH

Liver is subjectively normal in size. Margins are sharp and smooth. It has normal homogenous echotexture and normal echogenicity. No focal lesions are observed. Visible vasculature appears normal. Gallbladder is moderately distended and contains a moderate amount of non-dependent, mildly aggregated, inspissated sludge. Hypoechoic to anechoic cystic areas are noted between the gallbladder sludge and luminal wall. The wall is visibly thick and measured 1.0 cm thick with a multi-layered pattern and a hypoechoic appearance. This is consistent with edema/inflammation/necrosis of the gallbladder wall. There is no evidence of cystic or common bile duct dilation. Free fluid is noted around the gallbladder. However, it is noted throughout the remainder of the abdomen as well.

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Gastrointestinal

1/6/22

The visible gastric wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm). The stomach is empty.



PATIENT	The small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). There are no luminal contents noted within small intestines.
Onyxia Goode	Colon is normal in wall thickness (< 0.2 cm) and layering.
SPECIES	
Canine	Pancreas
BREED	Pancreas has normal homogenous echotexture and is normal in echogenicity and smooth margination. There is no evidence of peripancreatic inflammation.
Boxer	
SEX	Free Abdomen
Spayed Female	There is a moderate amount of free fluid primarily noted in the cranial abdomen around the gallbladder between the liver lobes and around the spleen. it appears cellular in nature with echogenic debris within the fluid. Multi-focal, round, heterogenous to cavitated masses were noted throughout the abdomen. The masses appeared to be lymph node in origin in the area of the medial iliac lymph nodes as well as medial to the spleen and medial to the kidneys. These masses measure as large as 5.0 cm medial to the left kidney, 6 x 8 cm in the midabdomen and 3.0 cm in the area of the medial iliac lymph nodes.
AGE	
4 years	
WEIGHT	ULTRASONOGRAPHIC FINDINGS
67 lbs	<ul style="list-style-type: none"> Coarse splenomegaly – can be associated with congestion caused by sedation (if sedated) but can also be associated with diffuse infiltrative disease. Both benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia, amyloidosis (leave amyloidosis out if canine) as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered. Early mucocele. The Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting of illness. Cholecystic debris is not necessary related to hepatobiliary disease especially given no changes in the chemistry values. However, the non-dependent nature of this sludge combined with the cystic areas are suggestive of possible emerging, cystic mucosal hyperplasia or early gallbladder mucocele. The thick edematous wall further supports cholecystitis. However, wall edema caused by other non-hepatobiliary related causes such as hypoalbuminemia is also possible. Moderate amount of free fluid with a cellular appearance, concerning for a cellular fluid such as hemorrhage, septic fluid or neoplastic fluid. Benign transudate cannot be ruled out, but considered slightly less likely. Diffuse heterogenous cystic lymphadenopathy. Most concerning for neoplastic infiltration such as metastatic mast cell tumor. In the midabdomen the heterogenous masses cannot be completely definitively ruled out as the left adrenal gland; however, a more normal appearing left adrenal gland does appear visible and is measured elsewhere so lymph nodes is a top differential especially given the patient’s history of mast cell tumor.
INTERPRETED BY	
Beth Johnson, DVM DACVIM	
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DATE	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
1/6/22	Recommendations for this patient include sampling the fluid for cytology as well as culture to rule out a hemoabdomen or a septic abdomen primarily as well as look for neoplastic cells. Other recommendations include a FNA of the masses/lymph nodes and spleen if the patient’s coagulation



PATIENT

Onyxia Goode

SPECIES

Canine

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Boxer

SEX

Spayed Female

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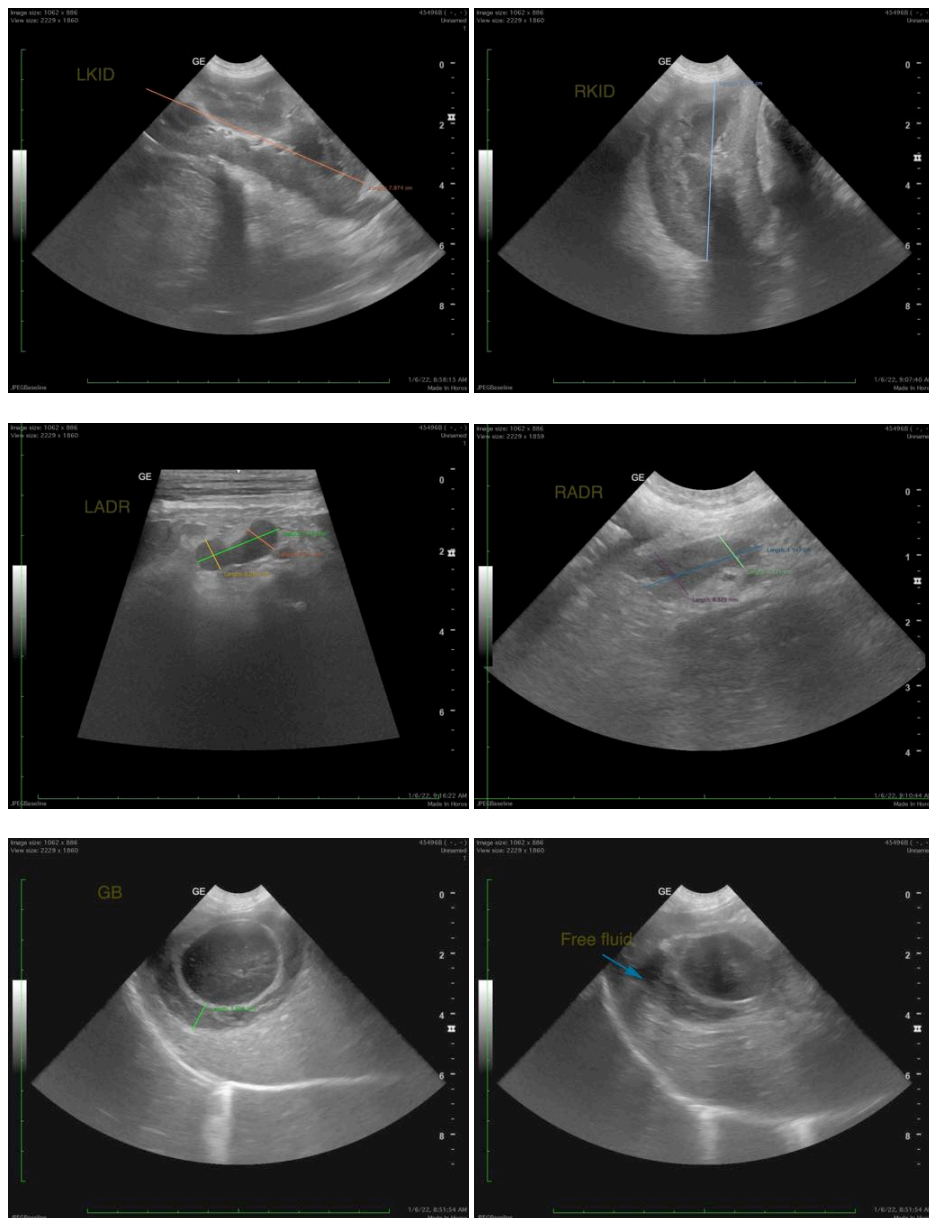
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status is appropriate. Thoracic radiographs for further metastatic disease check are also recommended. If the immediate analysis of the fluid is not consistent with hemorrhage or sepsis and the patient is stable, then I recommend to medically manage while waiting on suspected lymph nodes cytology results is appropriate. However, given the concerning appearance of the gallbladder wall If the patient decompensates in any way and develops a fever of abdominal pain, etc. then an exploratory surgery for biopsies of the enlarged lymph nodes/masses, fluid analysis and cholecystectomy may be necessary sooner. The chance that the enlarged what I am calling lymph nodes are adrenal glands is very slim. However, abdominal CT scan could be helpful in further identifying the masses of unidentified tissue origin.





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Onyxia Goode

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Boxer

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Spayed Female

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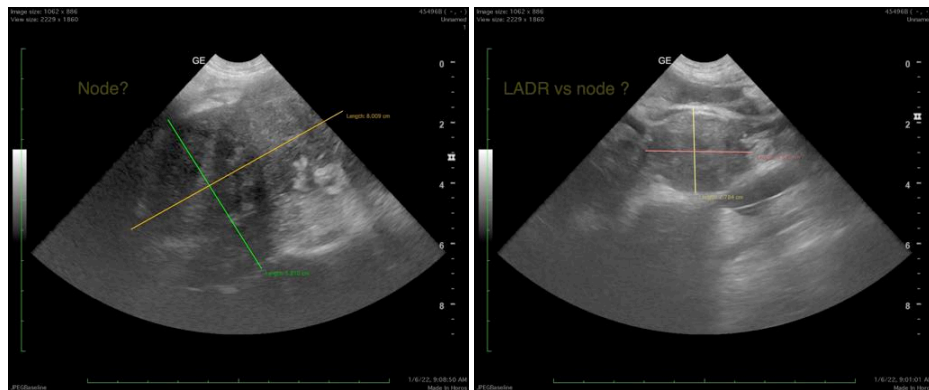
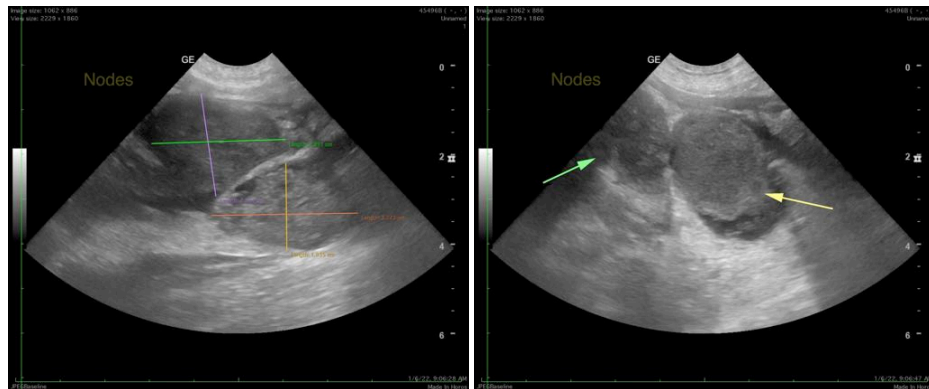
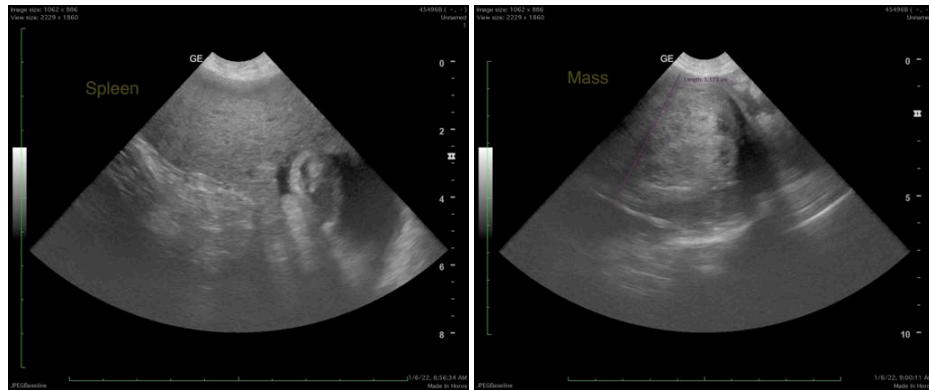
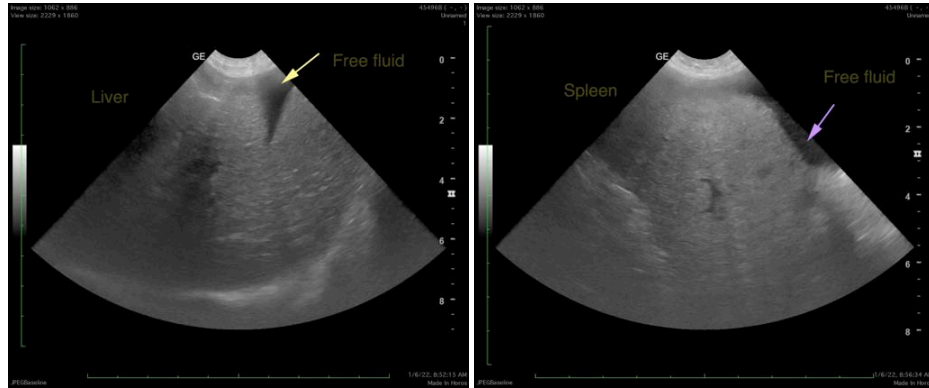
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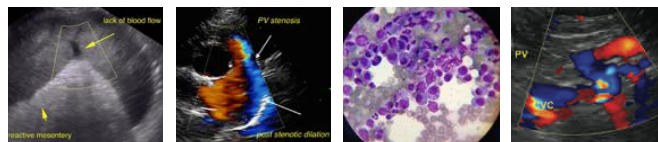
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PATIENT

Onyxia Goode

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.

SPECIES

Canine

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.

Beth Johnson, DVM DACVIM

BREED

Boxer

Beth.Johnson@SonoPath.com

SEX

Spayed Female

AGE

4 years

WEIGHT

67 lbs

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