

PATIENT

Captain Cino

SPECIES

Canine

BREED

Chesapeake Bay
Retriever

SEX

Neutered Male

AGE

12 Years

WEIGHT

68.8 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

AH of Sussex County

REFERRING VET

Dr. Scott

INVOICE

44803

DATE

2/7/23

PRESENTING CLINICAL SIGNS

Staging of MCT dz. Mass surgically removed from left caudal thigh 3 months ago. Grade 2/high grade/narrowly excised with complicated healing. Recently developed swelling in sx area. Current meds: Trazodone, Allegra (couldn't tolerate benadryl), Amoxi/Clav, Galliprant being discontinued prednisone can be started.

Abnormal PE/Chem/CBC/UA Results: All normal. USG 1.024

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Prostate is normal in size, echotexture and echogenicity for a neutered male.

The right kidney is normal in size (6.61 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

The left kidney is normal in size (7.25 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

The right adrenal gland is normal in size (2.74 cm long x 1.29 cm at the cranial pole and 0.76 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (2.83 cm long x 0.88 cm at the cranial pole and 0.86 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

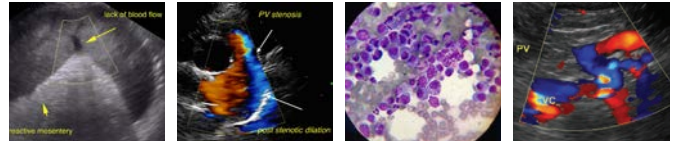
Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). A 0.8 cm x 0.9 cm hypoechoic, non-capsule disrupting nodule was noted in the mid body. Splenic vasculature appears normal.

Liver

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.



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Gastrointestinal

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no evidence of free peritoneal effusion noted in these images.

The left medial iliac lymph node is enlarged with swollen irregular capsular contour and loss of normal length to width ratio (rounded in shape). The node is hypoechoic with loss of normal parenchymal detail.

No evidence of pericardial or heart base pathology noted in these images.

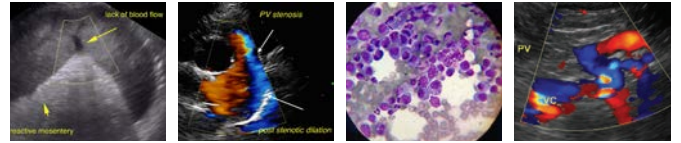
ULTRASONOGRAPHIC FINDINGS

- **Aggressive left medial iliac lymph node** – most consistent with infiltrative round cell or metastatic neoplasia. A benign aggressive inflammatory response cannot be ruled out without tissue sampling +/- culture. **Given the reported location of the previous mast cell tumor removal, this lymphadenopathy is most concerning for metastatic disease.
- **Hypoechoic splenic nodule** – Trends in appearance towards benign, likely a cyst, hematoma, nodular hyperplasia, extramedullary hematopoiesis, etc. However, given the concern for metastatic mast cell tumor in this patient, metastatic disease cannot be ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If not recently evaluated, three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.

Fine needle aspirates of the medial iliac lymph node and spleen are recommended if patient's coagulation status is appropriate, followed by consultation with a veterinary oncologist to direct therapy if indicated based on cytology results.



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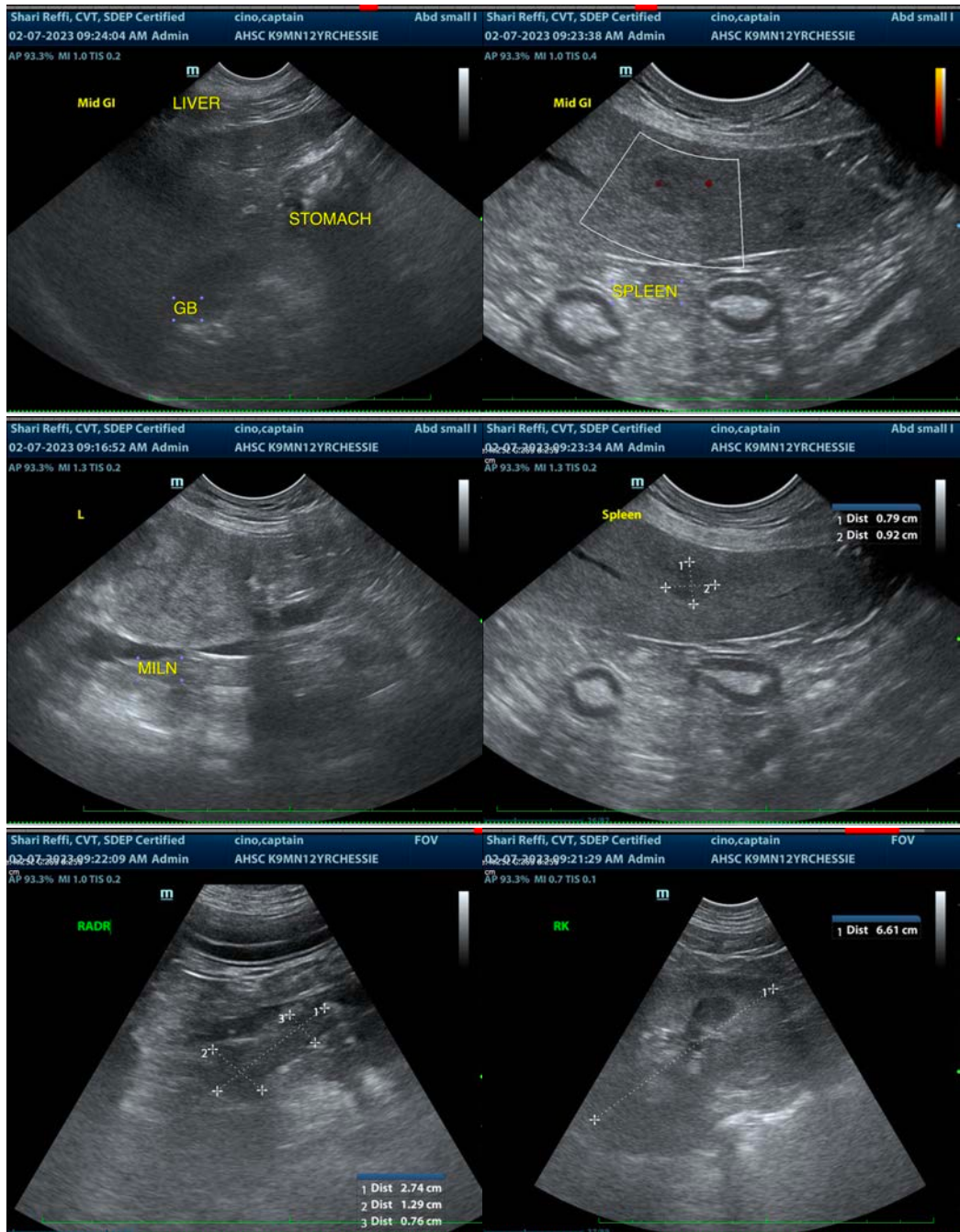
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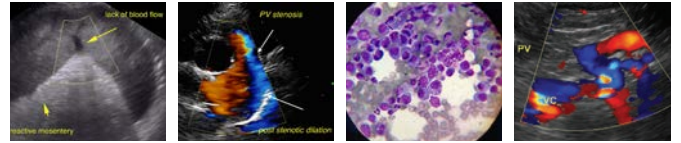
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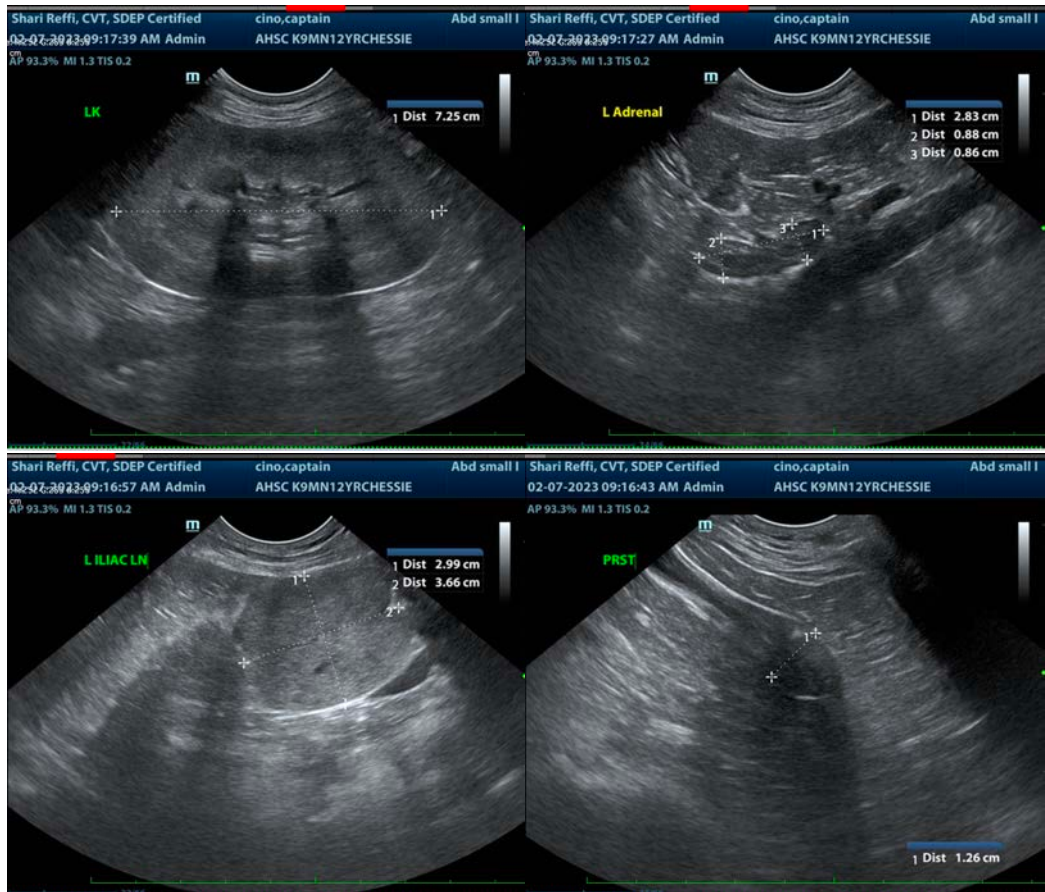
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM, DACVIM
Beth.Johnson@sonopath.com