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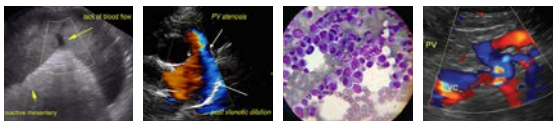


ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT
Bianca Maker

SPECIES
Canine

BREED
Pit Bull X

SEX
Spayed Female

AGE
12 Years

WEIGHT
59 Pounds

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Jenna Walsh, CVT

HOSPITAL NAME
VCA Westmoreland

REFERRING VET
Dr. Sullivan

INVOICE
46120

DATE
3/22/23

PRESENTING CLINICAL SIGNS

Pet has history of mast cell tumors -seen 3/8/23 for check new lumps and senior exam -abd palpation non-diagnostic, tense pet, poss organomegaly -bilateral muscle atrophy bilateral pelvic limbs -crepitus and medial buttress bilateral stifles -slightly overweight BCS 6/9 -numerous dermal wart-like masses -Mass - right inguinal, 2 cm x 1 cm semi-firm mass, SQ, and deep in inguinal region and near inguinal lymph nodes. Non-painful, non-mobile, and deeply attached to deeper structures on caudal aspect -Mass- Cranial to inguinal region, on second mammary gland cranial to inguinal region, there is a small, raised, erythematous, Mast Cell-appearing, 5-7 mm in diameter mass lateral to nipple; -Mass - Cranial to inguinal region, on third mammary gland cranial to inguinal region, there is a small, raised, erythematous, Mast Cell-appearing, 5-7 mm in diameter mass lateral to nipple Current Medications famotidine, zyrtec Primary Question/Differential to Be Answered in This Exam radiology report showed possible mass effect involving the spleen and the medial iliac lymph nodes, plan is to take pet to surgery for splenectomy, we need ultrasound to determine whether there is extensive masses/mets within the abdomen that would show need to cancel surgery.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended with primarily anechoic contents and occasional echogenic non-shadowing debris. Apical urinary bladder wall is diffusely thick (0.50 cm). Mucosa is hyperechoic and irregular. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface.

The right kidney is normal in size (6.31 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 (6.35 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 (2.65 cm long x 2.3 cm at the cranial pole and 0.78 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

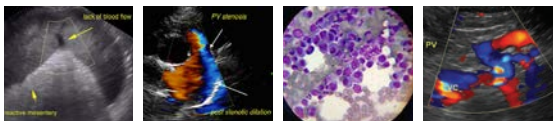
The left adrenal gland is normal in size (2.87 cm long x 0.41 cm at the cranial pole and 0.88 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

Spleen is subjectively large in size with a mildly swollen but smooth capsule. Parenchyma is normal and homogenous in echogenicity and echotexture. No focal nodules or masses are observed. 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



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homogenous in echotexture. A discrete round, 2.1 cm x 2.2 cm hyperechoic nodule is noted in the deep mid liver. 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.

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 (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with 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.

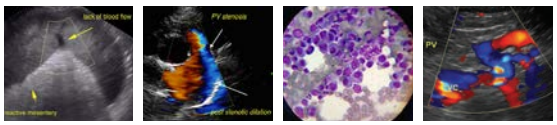
Medial iliac lymph nodes are enlarged (measuring between 1.5-2.1 cm thick) with swollen irregular capsular contour and loss of normal length to width ratio (rounded in shape). Nodes are hypoechoic with loss of normal parenchymal detail.

PRIMARY FINDINGS

- **Hypersplenism –** 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, as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.

- **Liver nodule –** Differentials for a discrete liver nodule include primarily benign changes such as nodular hyperplasia, fibrosis of an old hematoma, granuloma, myelolipoma, etc.; however, given this patient's history, metastatic or infiltrative round cell neoplasia (i.e., mast cell tumor) or even primary hepatic neoplasia can mimic benign lesions and cannot be definitively ruled out.

- **Aggressive medial iliac lymph nodes –** most consistent with infiltrative round cell or metastatic neoplasia. A benign aggressive inflammatory response cannot be ruled out without tissue sampling +/- culture.



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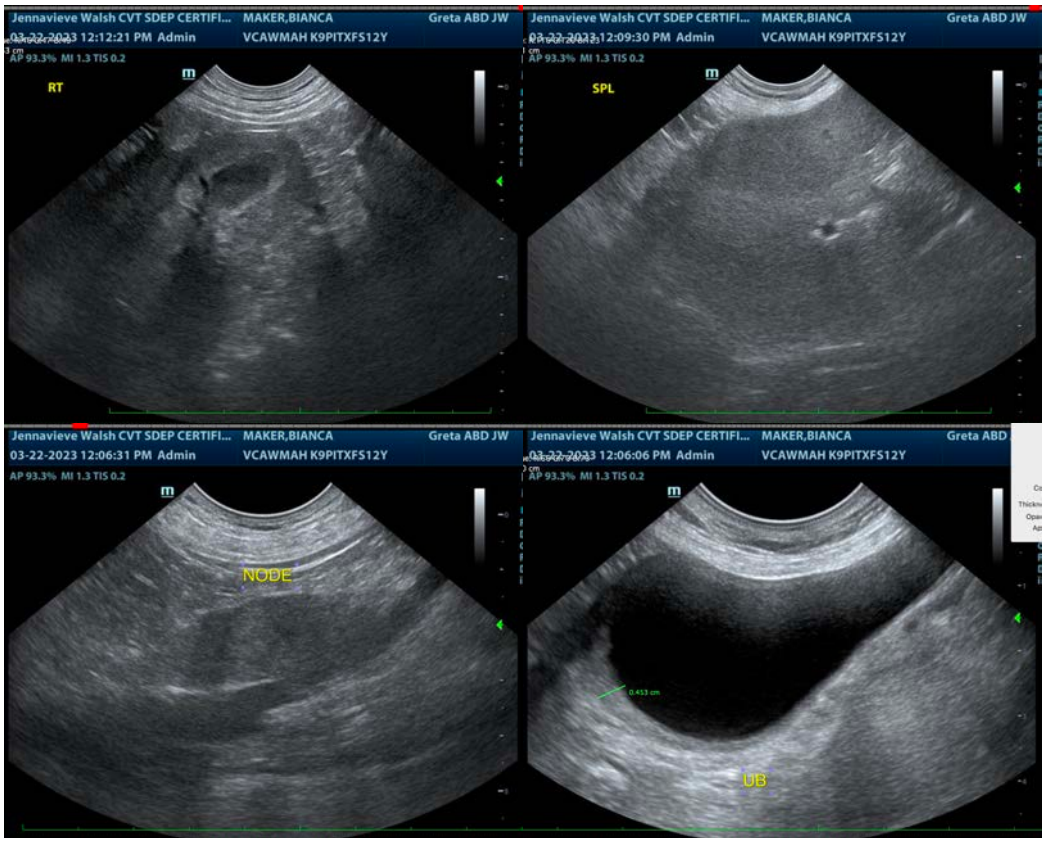
SECONDARY FINDINGS

- **Chronic Cystitis -** Urinary bladder wall changes are most consistent with chronic cystitis. Infiltrative neoplasia cannot be ruled out but is considered less likely give the location and diffuse nature of the changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, the changes described above are concerning for infiltrative or metastatic mast cell tumor. Therefore, recommendations include fine needle aspirates of the enlarged lymph nodes, the spleen, as well as the liver nodule if patient's coagulation status is appropriate. Pre-medication with diphenhydramine is recommended.

Additionally, if not recently evaluated, a urinalysis and, if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.



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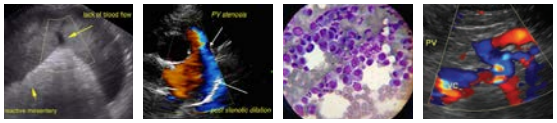

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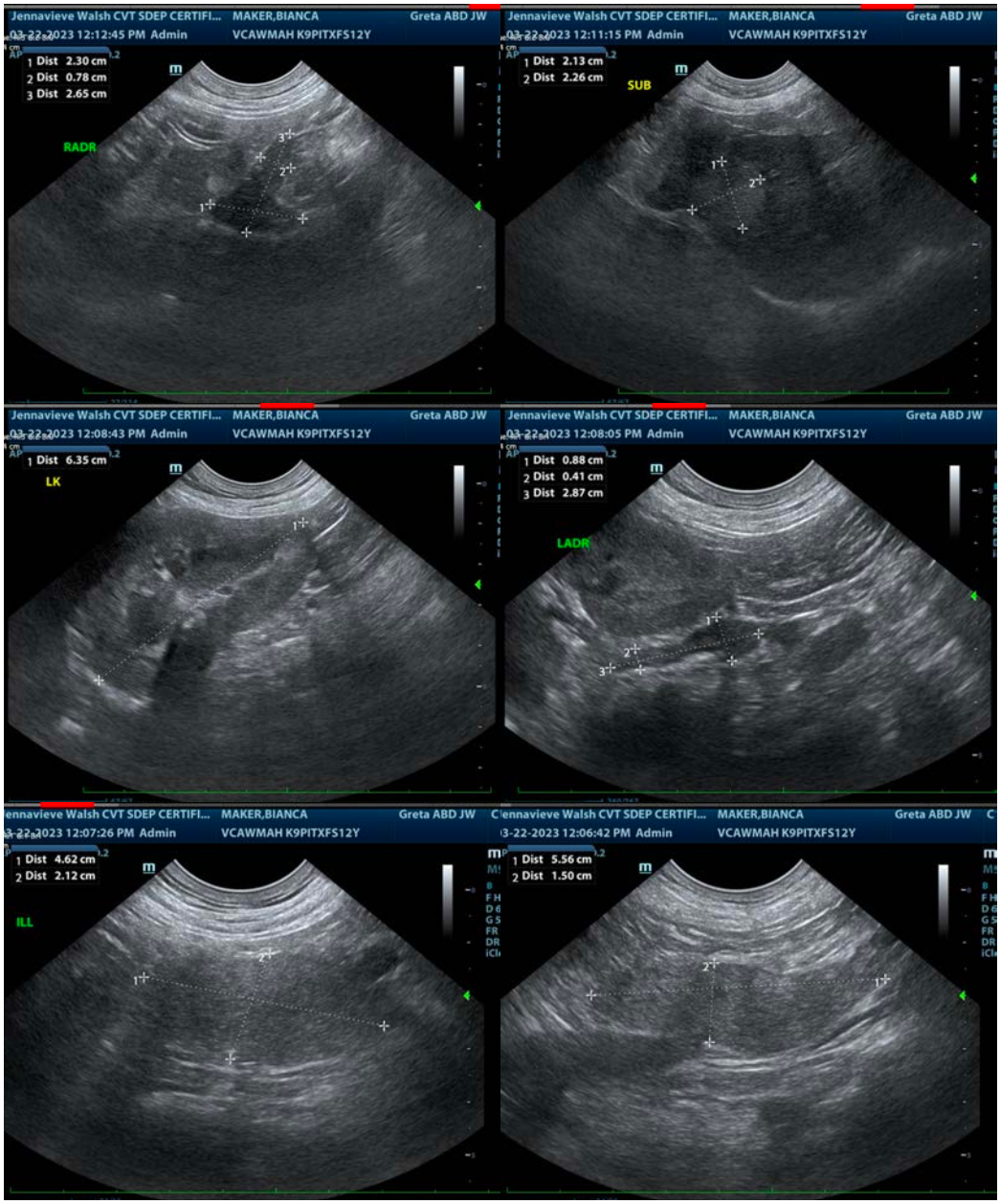

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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