



PATIENT

Jamal Parks-Larsen

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

7 Years 8 Months

WEIGHT

11.94 Pounds

INTERPRETED BY

Beth Johnson, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Lucas Budden

HOSPITAL NAME

Frontier VH

REFERRING VET

Dr. Lucas Budden

INVOICE

36491

DATE

4/6/26

PRESENTING CLINICAL SIGNS

Clinical signs: MCT diagnosis

History: Ultrasound to assess for metastasis. Patient has had a dermal mass present for about 2 years just left lateral to the prepuce. It has been growing per owner. Patient has been licking around the perineal area but unsure if he is licking the mass specifically. FNA diagnosed as MCT. Doing well at home otherwise.

Current medications: Gabapentin to facilitate imaging, Butorphanol and Dexdomitor to facilitate imaging.

Abnormal PE/Chem/CBC/UA Results: Physical exam: Normal exam outside of moderate dental tartar. Normal peripheral lymph nodes and no obvious organomegaly on abdominal palpation. 3.8 x 6.1 mm round, hairless, pink, movable dermal mass just ventral and lateral to the prepuce (MCT). Lab work: Senior panel and chest rads pending FNA of 3.8 x 6.1 mm round, hairless, pink, movable dermal mass just ventral and lateral to the prepuce: MICROSCOPIC FINDINGS: Mast cell tumor 25ga needle FNA of spleen pending Chest rads and senior panel pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately 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.

Left kidney is normal in size (4.33 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.

Right kidney is normal in size (4.0 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

Left adrenal gland is normal in size (0.35 cm at cranial pole and 0.34 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (0.3 cm at cranial pole and 0.34 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

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). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver



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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.

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 visible stomach wall is normal in thickness 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 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

Pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and has a mildly irregular undulating contour. Parenchyma is coarse with mixed echogenic remodeling noted. No pancreatic duct dilation is noted.

Free Abdomen

There is no visible free peritoneal effusion noted in these images.

There is no apparent pathologic lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- Chronic low grade smoldering pancreatitis can't be ruled out and should be suspected in the face of appropriate clinical signs, but otherwise, this is a largely unremarkable/normal structural abdomen without definitive ultrasonographically visible intraabdominal evidence of metastatic disease. Microscopic disease, of course, can't be ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

As is reportedly already pending, three view thoracic radiographs and a full general metabolic health screen are recommended. Also reportedly pending are fine needle aspirates of the spleen. Further recommendations are largely dependent on results of above, but ultimately, likely include consultation with a veterinary surgeon and/or oncologist.



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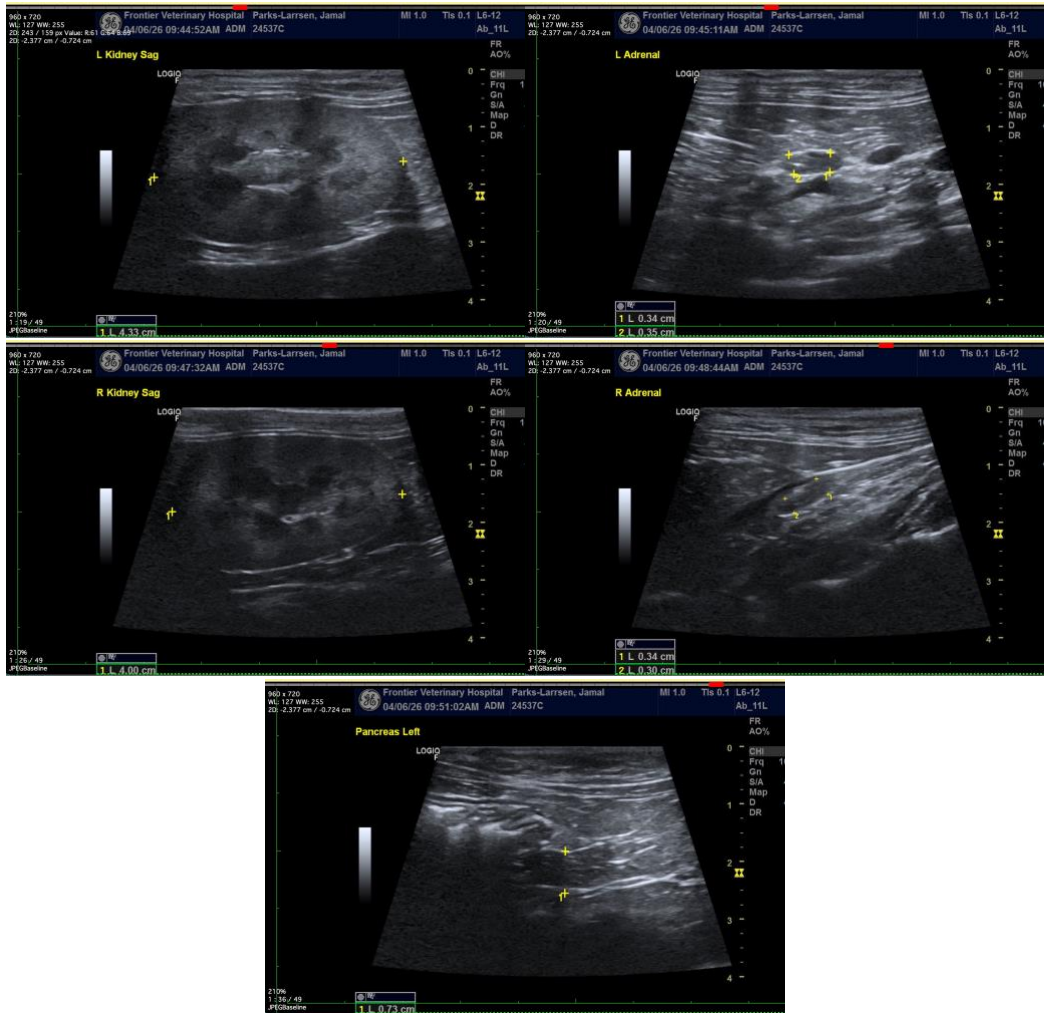
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@sonopath.com