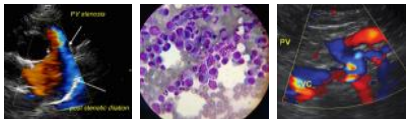
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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DATE
6/24/22

PATIENT
Jax Zellweger

SPECIES
Canine

BREED
Boxer

SEX
Neutered Male

AGE
9/23/17

WEIGHT
50 Pounds

INTERPRETED BY
Beth Johnson, DVM DACVIM

HOSPITAL NAME
Timonium AH

REFERRING VET
Dr. Stephens

INVOICE
16339

PRESENTING CLINICAL SIGNS

History: History of mast cell tumor, high grade, R outer thigh. Firm swelling R inguinal region with poor response to antibiotic and pred, firm swelling palpable on rectal exam.

Current Medications: Tapering off pred (10mg SID currently)
Started famotidine 20mg and hydroxyzine 50mg BID on 6/23
Date of Previous IntraPet Ultrasound: 4/11/22. See attached.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Andi Parkinson, BS, RDMS.

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.

The prostate is unable to be well visualized due to the marked lymphadenopathy in the area described below.

Left kidney is normal is size (6.85 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 is size (7.6 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 proximal ureter is dilated at 1.2 cm dilated.

Adrenal Glands

Left adrenal gland is normal in size (2.34 cm long X 0.69 cm at cranial pole and 0.53 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (2.2 cm long X 0.64 cm at cranial pole and 0.53 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

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 mildly distended with very echogenic reverbation artifact from intraluminal gas. There is no evidence of obstruction, foreign material or infiltrative disease; however, complete visualization of far wall is partially inhibited by gas. 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 and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The observed pancreas appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

In the caudal abdomen there is a cluster of large heterogeneous partially cavitated irregular masses most consistent with sublumbar/medial iliac lymph nodes, measuring 6.0 cm x 8.0 cm and another node measured 8.0 cm x 14.0 cm.

ULTRASONOGRAPHIC FINDINGS

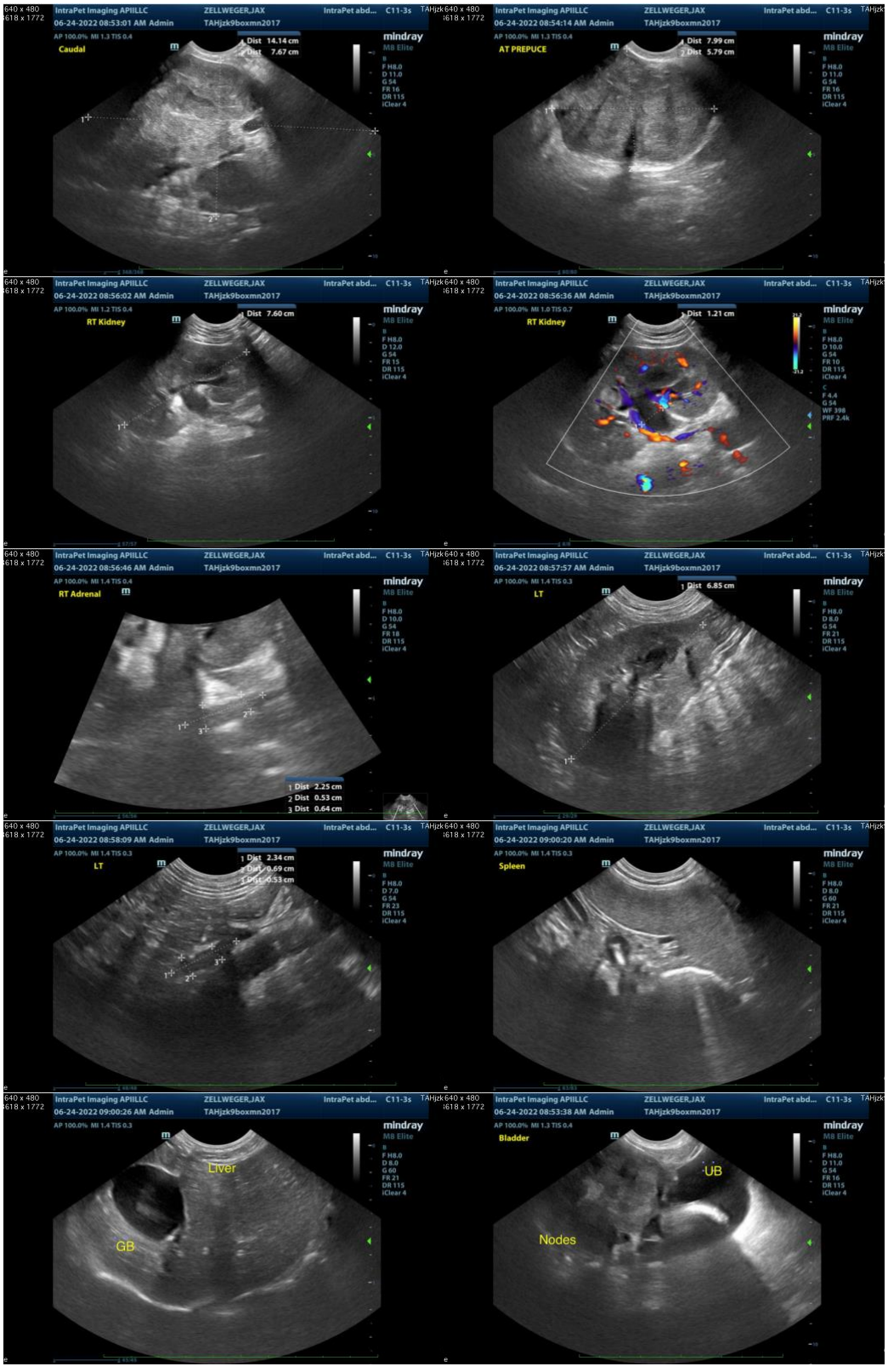
- Aggressive sublumbar/medial iliac lymphadenopathy– most concerning for metastatic mast cell tumor given this patients history. A benign aggressive inflammatory response cannot be ruled out without tissue sampling +/- culture.

- A right hydroureter- concerning for partial lower urinary outflow obstruction secondary to the enlarged nodes in the caudal abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. 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.

2. A fine needle aspirate of the lymph nodes could be considered for cytology to definitively diagnose metastatic mast cell tumor followed by consultation with a board-certified oncologist for further treatment recommendations.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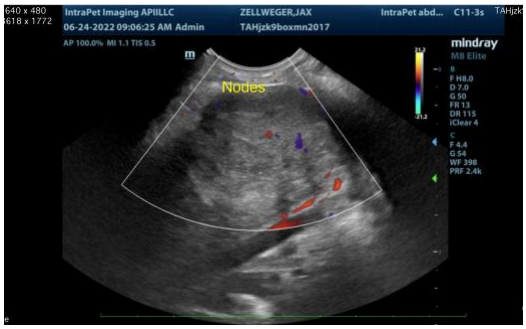
Nodes



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.

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