

**PATIENT**

Honor LaRusso

SPECIES

Canine

BREED

Mixed

SEX

Spayed Female

AGE

5 Years

WEIGHT

70 lbs

INTERPRETED BYBeth Johnson, DVM
DACVIM**IMAGING
PERFORMED BY**

Jill Rumachik

HOSPITAL NAME

Clarity Imaging LLC

REFERRING VET

Dr. Jenna Buley

INVOICE

75714

DATE

6/5/26

PRESENTING CLINICAL SIGNS

MCT removed approx 1 month ago - histopath came back with clean margins and low grade; however, P did remove the drain a few days post op and developed a seroma. Has been on clavamox post seroma - culture showed normal flora. Presented to ER a few days ago for lethargy and not wanting to eat/move - seroma was drained and cytology of fluid showed 2 mast cells.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The 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 right kidney is normal is size (6.6 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 left kidney is normal is size (6.6 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.

Adrenal Glands

The adrenal glands are unable to be well visualized in these images.

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). 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 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.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with a small to moderate amount of echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is 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 is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta/chyme. There is no evidence of obstruction, foreign material or infiltrative disease.



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

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Pancreas

The pancreas that is observed 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.

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Free Abdomen

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

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Medial iliac lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

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In several images (unlabeled, so I don't know where exactly it is), there is an approximately 6.0 cm x 6.8 cm, largely fluid-filled tissue density surrounded by trace free fluid and enhanced hyperechoic tissue that I suspect represents the reported seroma and matches the appearance of a fluid-filled structure/seroma. Based on initial imaging following imaging of the urinary bladder, I suspect the images are of the caudal abdomen, potentially the inguinal area subcutaneous space.

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ULTRASONOGRAPHIC FINDINGS

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DACVIM

- The fluid-filled structure described above likely represents the reported seroma following recent mast cell tumor removal. Having said that, cyst, hematoma, abscess, or even infiltrative neoplastic mass cannot be ruled out visually.
- Mild reactive medial iliac lymph nodes – infiltrative neoplastic disease cannot be ruled out but is considered less likely.
- Otherwise, there is no definitive ultrasonographically visible intraabdominal evidence of pathology or metastatic disease, although microscopic disease of course cannot be ruled out.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further sampling and/or surgical intervention of the seroma may be indicated if it is not healing and/or mast cell tumor recurrence is suspected. Further consultation with patient's surgeon and/or veterinary oncologist may be helpful.

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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
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