



PATIENT	PRESENTING CLINICAL SIGNS
Contessa Atkinson	Patient presents for abdominal ultrasound looking for any signs of neoplasia/disease; patient has a mast cell tumor on front left leg. Abnormal PE/Chem/CBC/UA Results: Sodium 155, rest WNL.
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Canine	Urinary System
BREED	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.
Mixed	
SEX	The right kidney is normal in size (7.04 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.
Spayed Female	
AGE	The left kidney is normal in size (6.21 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.
8 Years	Adrenal Glands
WEIGHT	The right adrenal gland is normal in size (2.45 cm long x 1.35 cm at the cranial pole and 0.66 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
8 Pounds	
INTERPRETED BY	The left adrenal gland is normal in size (2.28 cm long x 0.69 cm at the cranial pole and 0.66 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
Beth Johnson, DVM DACVIM	Spleen
IMAGING PERFORMED BY	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.
Kelly Vazquez	Liver
HOSPITAL NAME	Liver is subjectively enlarged with mildly irregular margins. Parenchyma is mottled by multifocal discrete hypoechoic nodules of varying sizes "moth-eaten". Visible vasculature and biliary tree appear normal without distension or congestion.
The Venturing Vet	
REFERRING VET	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.
Dr. Marisa Herzog	Gastrointestinal
INVOICE	The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is moderately distended with echogenic fluid. No evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.
40082	
DATE	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.
8/2/22	



PATIENT

Contessa Atkinson

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

SPECIES

Pancreas

Canine

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.

BREED

Mixed

Free Abdomen

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

SEX

There is no apparent lymphadenopathy noted in these images.

Spayed Female

ULTRASONOGRAPHIC FINDINGS

AGE

8 Years

- **Nodular Liver** - This finding is concerning for infiltrative disease such as round cell neoplasia or metastatic neoplasia. Benign disease (nodular hyperplasia) cannot be ruled out but is considered less likely.
- Fluid distended stomach without visible obstruction noted. However, partial gastric outflow obstruction cannot be ruled out.

WEIGHT

8 Pounds

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given this patient's history of mast cell tumor, a fine needle aspirate of the hypoechoic liver nodules is recommended if patient's coagulation status is appropriate, and premedication with diphenhydramine is recommended.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

In the meantime, if clinical signs are present, supportive/symptomatic medical management of possible gastritis/gastric ileus, potentially secondary to mast cell tumor, degranulation, etc. is recommended with antiemetics and antacids if gastrointestinal signs are present.

IMAGING PERFORMED BY

Kelly Vazquez

If vomiting is present and doesn't improve and/or persists and/or isn't present and develops, monitoring of the gastric distention is recommended to definitively rule out an obstruction not visible at this time.

HOSPITAL NAME

The Venturing Vet

REFERRING VET

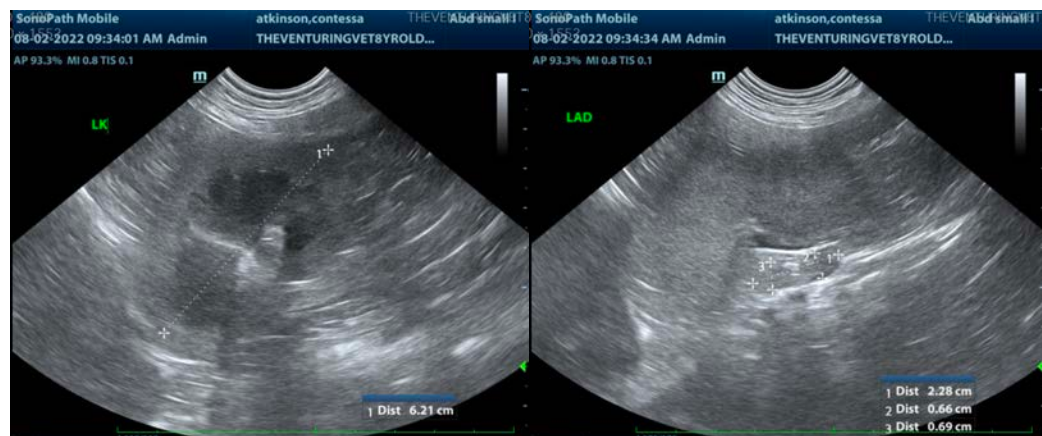
Dr. Marisa Herzog

INVOICE

40082

DATE

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PATIENT

Contessa Atkinson

SPECIES

Canine

BREED

Mixed

SEX

Spayed Female

AGE

8 Years

WEIGHT

8 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

The Venturing Vet

REFERRING VET

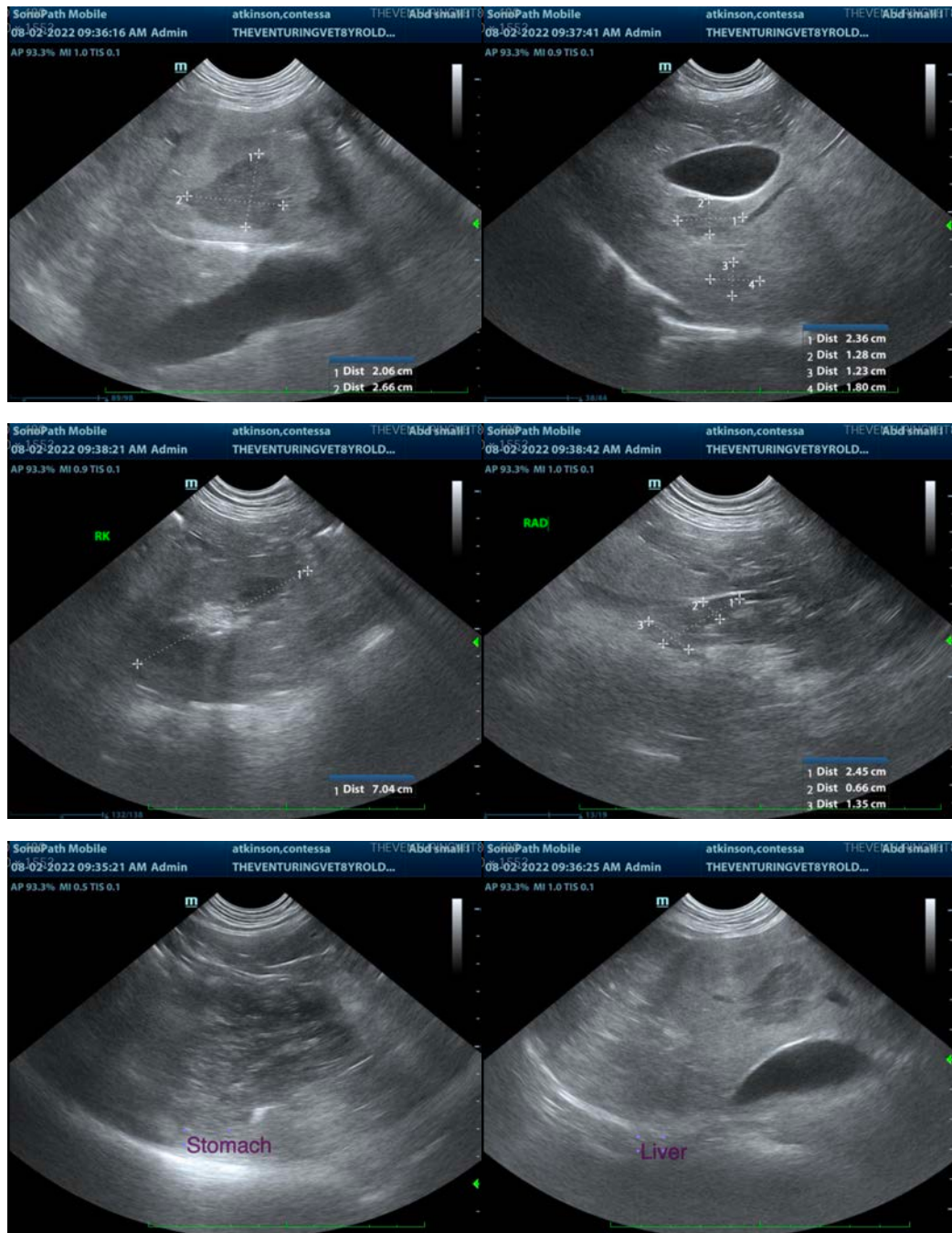
Dr. Marisa Herzog

INVOICE

40082

DATE

8/2/22



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