



PATIENT PRESENTING CLINICAL SIGNS

Cody McBride Mass on Scrotum removed earlier today. Rads, ultrasound were senior screening. Rads showed a possible splenic lesion. Mass on scrotum in house cytology showed possible mast cell.

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.

Pit Bull

SEX

Prostate is normal in size, echotexture and echogenicity for a neutered male.

Neutered Male

AGE

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. The left kidney measures 7.03 cm. The right kidney measures 7.12 cm.

12 Years

WEIGHT

Adrenal Glands

59.3 Pounds

The right adrenal gland is normal in size (3.13 cm long x 1.3 cm at the cranial pole and 0.76 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

The left adrenal gland is normal in size (3.56 cm long x 0.89 cm at the cranial pole and 0.82 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

IMAGING PERFORMED BY

The spleen contains a small 1.0 cm anechoic nodule near the tail that trends towards the benign and does not result in capsule disruption. A more expansive, more aggressive appearing nodule/mass is noted near the head of the spleen, measuring 4.0 cm x 5.0 cm, causing a mild capsular bulge with a hypoechoic, partially mixed appearance.

Jenna Walsh, CVT

HOSPITAL NAME

Liver

West Hills AH

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.

REFERRING VET

Dr. Yuko Eguchi-Coe

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

INVOICE

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Gastrointestinal

DATE

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.

9/22/22



PATIENT

Cody McBride

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.

SPECIES

Canine

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

BREED

Pit Bull

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.

SEX

Neutered Male

Free Abdomen

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

AGE

12 Years

No evidence of pericardial effusion or heart base tumors in these images.

There is no apparent lymphadenopathy noted in these images.

WEIGHT

59.3 Pounds

PRIMARY FINDINGS

- **Hypoechoic splenic mass** – Differentials include both benign disease such as nodular hyperplasia, extramedullary hematopoiesis, as well as infiltrative neoplasia/malignant disease such as round cell neoplasia and cannot be differentiated without tissue sampling. However, given this patient's history of suspected mast cell tumors elsewhere and the homogeneous solid appearance of the mass, round cell neoplasia and possibly mast cell tumor is more likely than sarcoma versus other malignant neoplasia.

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SECONDARY FINDINGS

- **Gallbladder debris** - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.
- Age related kidney changes

IMAGING PERFORMED BY

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

REFERRING VET

Dr. Yuko Eguchi-Coe

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.

INVOICE

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Given the suspicion for mast cell tumor based on this patient's history, which is most often managed medically versus surgically, a fine needle aspirate of the splenic mass is recommended if patient's coagulation status is appropriate. Pre-medication with diphenhydramine prior to the aspirate is recommended. Splenic aspirates can always result in hemorrhage, but given the lack of cavitation to this mass, a fine needle aspirate with a small 25-gauge needle is warranted over a more aggressive splenectomy, given the suspicion of mast cell tumor.

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SPECIES

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Alternatively, if a more aggressive approach is desired to prevent any complications associated with an aspirate, and/or a diagnosis is not obtained cytologically, surgical splenectomy would be warranted.

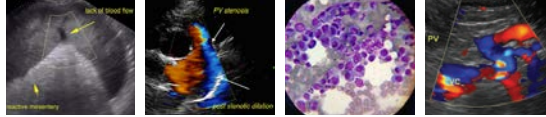


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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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