

**DATE PRESENTING CLINICAL SIGNS**

12/10/21

PATIENT

Sasha Frasier

SPECIES

Canine

BREED

Jack Russell Terrier

SEX

Spayed Female

AGE

12/9/07

WEIGHT

18.3 Lbs.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**IMAGING PERFORMED BY**

Rachel Brillhart RDMS

HOSPITAL NAME

Animal Emergency H

REFERRING VET

Dr. Kalwa

INVOICE

13000

History: Presenting Complaint: Referral for Continued Care. Date: 12-09-2021 Notes: Sasha Referral: Referral phone call- talked to rDVM Dr. High grade Mast cell tumor prescap LN -palladia + carprofen 2-3 weeks PC: vomiting- came in for recheck of palladia - all normal. Has been vomiting, not doing well, weight loss, cerenia and fluids- yesterday- had hoped palladia rxn, carprofen or mast cell degranulating got worse today; mild rear limb weakness- seemed ok yesterday- brief AUS - not unusual- unsure if Mast cell worse or medicine. Lab work pretty much normal- high grade in LNs not operable; palladia strong- kept on 2 meds. CBC/CHEM/Lytes WNL yesterday - cbc normal, no infection, bun/crea wnl Tuesday- got back Wednesday- yesterday trying not to load up on too much meds +- steroids??? O aware that she has systemic mast cell- in palliative x rays- not yesterday. Date: 12-09-2021 Notes: ATO sx a few mos. ago to remove tumor; shoulder mass protruding a few weeks; ater; went to rdvm and said it most likely spread to LN. US at rdvm. Started on pred- stopped due to PU/PD, palladia (last dose mon), carprofen (last dose mon or tues). Decreased app, vomiting began on Tues and continued. Retching after vomiting, abdomen seems distended at home, ADR, lethargic Went back to rdvm on weds for fluids. Dietary indiscretion- People Food- O gave chicken nuggets, does like people food, pill pocket, KFC chicken. Assessment: Problems: systemic Mast cell tumor - started right scapula Hypoglycemia, Increased RR/RE; Vomiting; not eating. DDX: Mast cell tumor degranulating vs metastasis to GIT vs other vs pancreatitis vs sepsis/ SIRS vs other.

Current Medications: Famotidine, Ampicillin, Benadryl, Buprenex, Ondansetron, Dextrose 50%, Cerenia. Lab Results: Attached separately within request.

Radiographs: AFAST/ TFAST: scant FF in abdomen, possible mass in abdomen? No FF around heart or lungs. Xray Abdomen 2 View: Decreased serosal detail in abdomen possible mass in cranial abdomen no obvious metastatic lesions in thorax.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Mineralization was present in the kidneys. The largest calculus measured 0.43 cm. The left kidney measured 5.06 cm. The right kidney measured 5.37 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 1.86 cm x 0.68 cm at the caudal pole and 0.73 cm at the cranial pole. The right adrenal gland measured 2.14 cm x 0.73 cm at the caudal pole and 0.75 cm at the cranial pole.

Spleen

The **spleen** was enlarged with mild scalloping contour with enhanced surrounding mesentery and regional free fluid.

Liver

The **liver** was swollen. The gallbladder wall was double layered and edematous. The gallbladder wall measured 0.47 cm. A minor amount of debris was noted. Pleural effusion was noted.

Gastrointestinal

The upper **gastrointestinal tract** in this patient revealed minor, edematous wall. There was no evidence of foreign bodies. Minor areas of fluctuant fluid accumulation were noted within the lumen with hyperperistalsis. This pattern continued to the ileocecal valve. The colon revealed a fluid filled lumen. This presentation is most consistent with gastrointestinal irritation/inflammation without obstruction. Reactive mesentery was noted associated with the gastrointestinal tract.

Pancreas

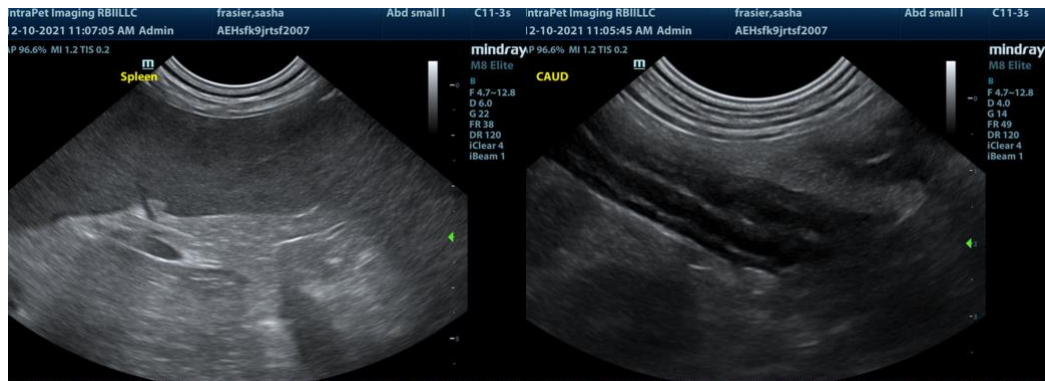
Extensive mixed hypoechoic parenchymal changes were noted throughout the **pancreas** with enhanced surrounding mesentery.

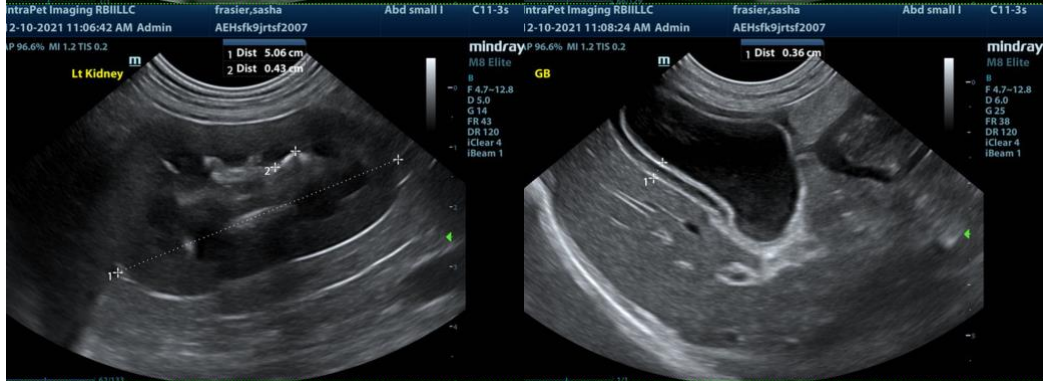
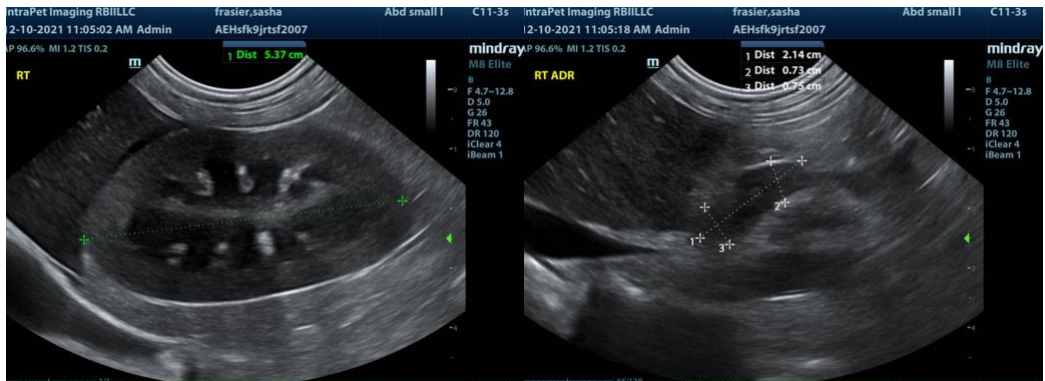
ULTRASONOGRAPHIC FINDINGS

- Enlarged spleen
- Swollen liver with pleural effusion and edematous gallbladder
- Gastroenteritis
- Concurrent pancreatitis
- Age-related renal changes with mineralization

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I'm concerned for mast cell disease to be an underlying issue in all of the pathology noted in this patient. Pleurocentesis and cytospin warranted. Coagulation panel and Benadryl injection, followed by FNA of the spleen and liver recommended. Supportive care for pancreatitis/gastroenteritis warranted in the meantime. Prognosis is guarded.







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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
Eric.Lindquist@SonoPath.com