



PATIENT

Scout Nakata

SPECIES

Canine

BREED

Coton De Tulear

SEX

Spayed Female

AGE

12 Years

WEIGHT

9.3 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Saum Hadi

HOSPITAL NAME

Bethany Family PC

REFERRING VET

Dr. Saum Hadi

INVOICE

33730

DATE

12/27/21

PRESENTING CLINICAL SIGNS

P presented with a 5x3x3 cm firm, freely moveable, irregular, mildly painful mass in the L ventral inguinal area in late November. FNA'ed as MCT. AUS was performed for staging prior to surgery on 11/28/21 and sent to SonoPath for interpretation. AUS revealed no evidence of abdominal metastasis. P had mass removed by a board certified surgeon. Histopath revealed grade 3/3, high grade MCT with lymphatic invasion and metastasis to local SQ lymph node. P seeing oncologist next week. Oncologist recommended repeat AUS + FNA of liver/spleen. FNA taken after AUS today.
Abnormal PE/Chem/CBC/UA Results: 11/28 CBC/Chem10: Mild to Moderate BUN increase (44 mg/dL) Creatinine WNL (1.0 mg/dL) Mild monocytosis Rest WNL

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 pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 4.0 cm. The right kidney measured 4.0 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 0.5 cm. The right adrenal gland measured 0.5 cm.

Spleen

The **spleen** presented subtle heterogeneous changes without distorted architecture. Splenic size was normal.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal

The **stomach** revealed minor shadowing material in the pyloric outflow, may represent medications, measured approximately 1.3 cm. The small intestine and colon were unremarkable.



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Pancreas

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The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

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ULTRASONOGRAPHIC FINDINGS

- Unremarkable abdomen with minor age related changes

BREED

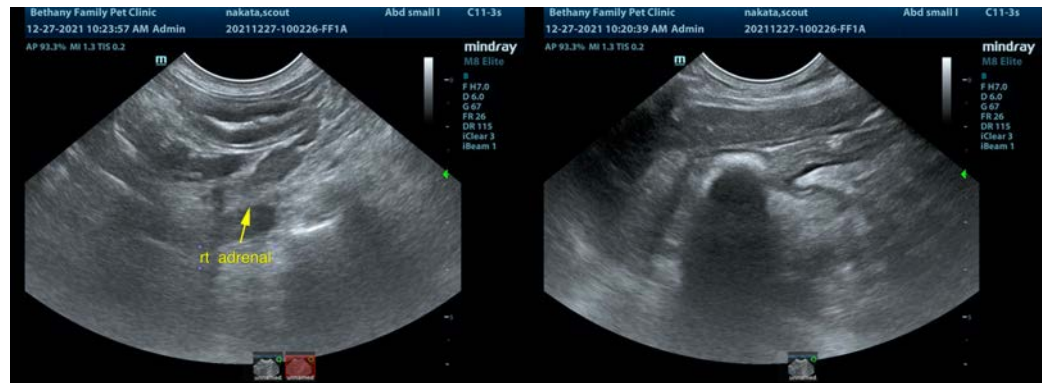
Coton De Tulear

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of mast cell or other significant disease.

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Spayed Female



AGE

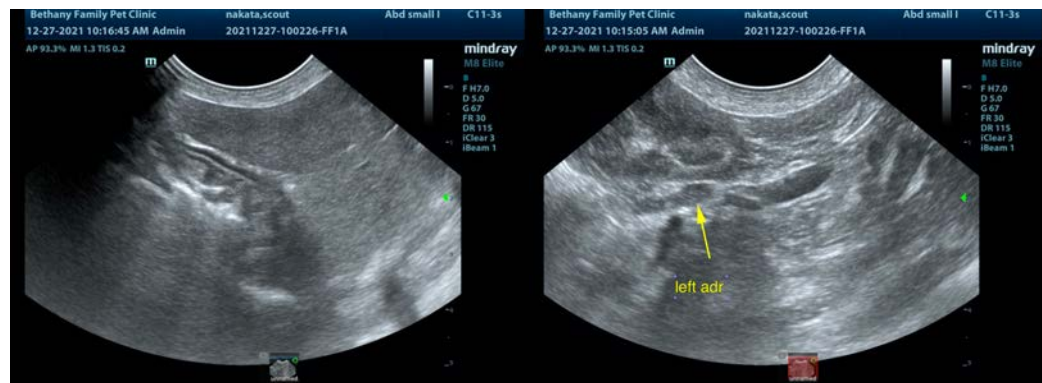
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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