



PATIENT

Shotsie Jones

SPECIES

Canine

BREED

Shetland Sheepdog

SEX

Spayed female

AGE

12 years

WEIGHT

30.2 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUS

IMAGING PERFORMED BY

Dr. Schanche

HOSPITAL NAME

TotalBond VH

REFERRING VET

Dr. Shook

INVOICE

46468

DATE

8/7/23

PRESENTING CLINICAL SIGNS

History: History of 3 sq low grade mast cells tumors removed since 2021. Presented on 8/5/23 for a new mass - inguinal sq mass that is ~2.5 cm x 2cm and firm. In house FNA showed TNTC degranulating mast cells. Over the weekend, patient has been on benadryl and famotidine. Returned today 8/7 for staging and mass is now very inflamed, bruised, and swollen.

Abnormal PE/Chem/CBC/UA Results: CBC mild neutrophilia, Chem pending

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 was noted. Ureteral papillae were normal.

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 6.35 cm. The right kidney measured 5.5 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 0.63 cm at the caudal pole and 0.5 cm at the cranial pole. The right adrenal gland measured 2.26 x 0.68 cm.

Spleen

The **spleen** revealed focal, irregular, mildly hypoechoic nodule noted in the cranial pole measuring 1.3 cm.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.



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Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

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.

Free Abdomen

A mixed, hypoechoic, undifferentiated peripherally inflamed 2.74 cm mass was noted adjacent to the urinary bladder. This is likely of lymph node origin. The mass appears to be associated with the iliac lymph nodes. There was a significant amount of inflammation. Steatitis was noted associated with the lesion and extended for at least 5-7 cm into the sublumbar/pelvic space.

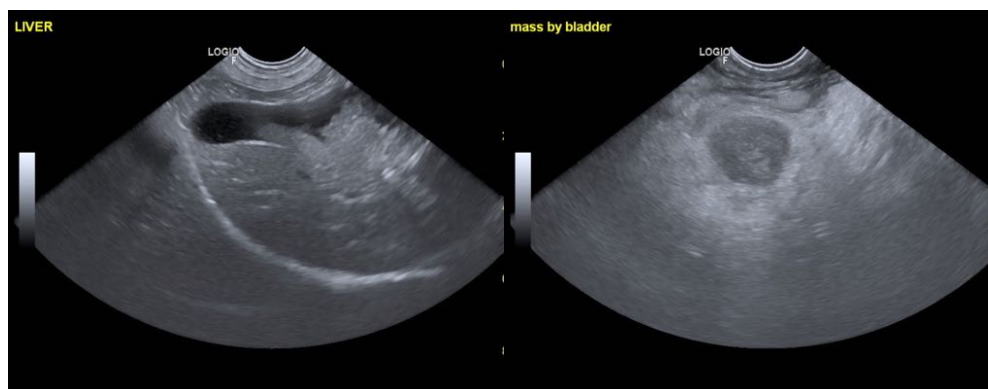
ULTRASONOGRAPHIC FINDINGS

Iliac lymph node mass with significant steatitis pattern.

Splenic nodules, strong concern for metastatic disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Benadryl injection followed by 25-gauge FNA of the splenic and lymph nodes lesions are indicated. There is a strong concern for mast cell spread. The remainder of the abdomen appeared unremarkable. Chest radiographs are warranted if not already performed.





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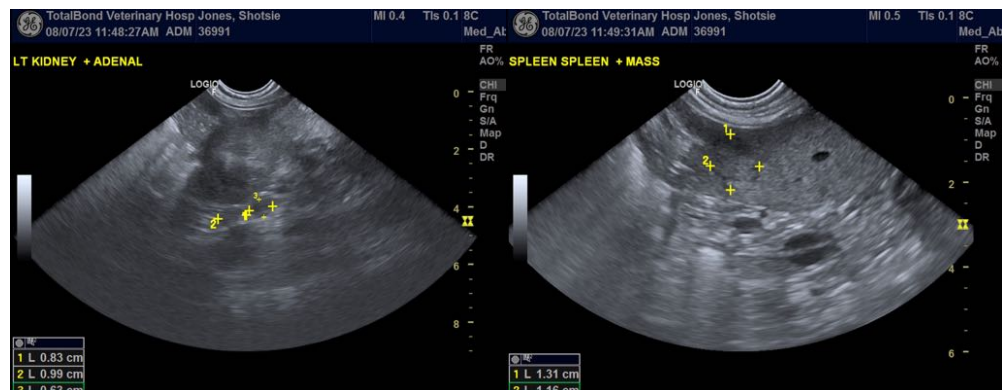
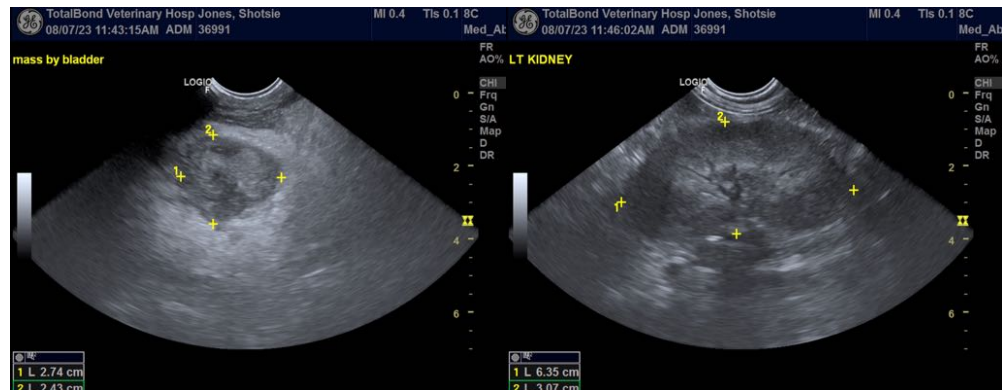
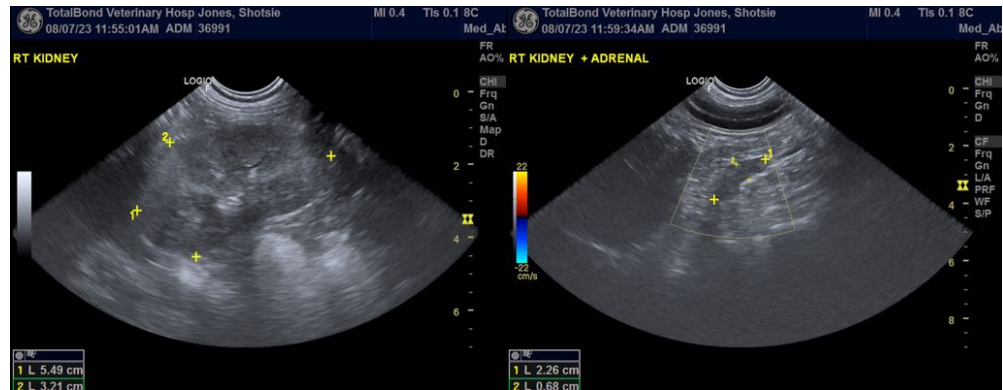
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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