



PATIENT PRESENTING CLINICAL SIGNS

Radar Siegle

History: Mast cell tumor removed from left medial thigh 8/20/21, histopathology report Grade 2 (High-grade) canine cutaneous mast cell tumor, with ulceration. P went to internist to pursue chemotherapy, left inguinal lymph node was aspirated- consistent with metastatic mast cell tumor disease in regional lymph node. Abdominal ultrasound recommended to look for further metastasis. Pre-operative bloodwork done 8/19/21: Neutrophils 80, eosinophils 1, trace protein in urine, SG 1.056

SPECIES

Canine

BREED

Terrier Mix

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Neutered male

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.

AGE

5 years

The iliac lymph node was enlarged, hypoechoic and rounded measuring 2.0 x 1.44 cm. Other lymph nodes were enlarged, hypoechoic and irregular in the iliac and sublumbar region.

WEIGHT

20.8 lbs

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 dilatation was present. The capsules were acceptably uniform without significant irregularities. The kidneys each measured 4.0 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 right adrenal gland measured 0.44 cm at the caudal pole and 0.26 cm at the cranial pole. The left adrenal gland measured 0.46 cm at the caudal pole and 0.38 cm at the cranial pole.

IMAGING PERFORMED BY

Carly Pate

HOSPITAL NAME

VCA McKenzie AH

Spleen

The **spleen** was slightly enlarged with a uniform parenchyma and was folded upon itself cranially.

REFERRING VET

Dr. Arpaia

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.

INVOICE

91902

DATE

9/17/21



PATIENT

Gastrointestinal

Radar Siegle

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.

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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.

SEX

Neutered male

ULTRASONOGRAPHIC FINDINGS

Iliac/sublumbar lymphadenopathy.

AGE

5 years

Otherwise, unremarkable abdomen with slight splenic enlargement.

WEIGHT

20.8 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided FNA of the lymph nodes and spleen are indicated. Mast cell disease or other round cell neoplasia is suspected. The major organ systems do not appear overtly affected at this time.

INTERPRETED BY

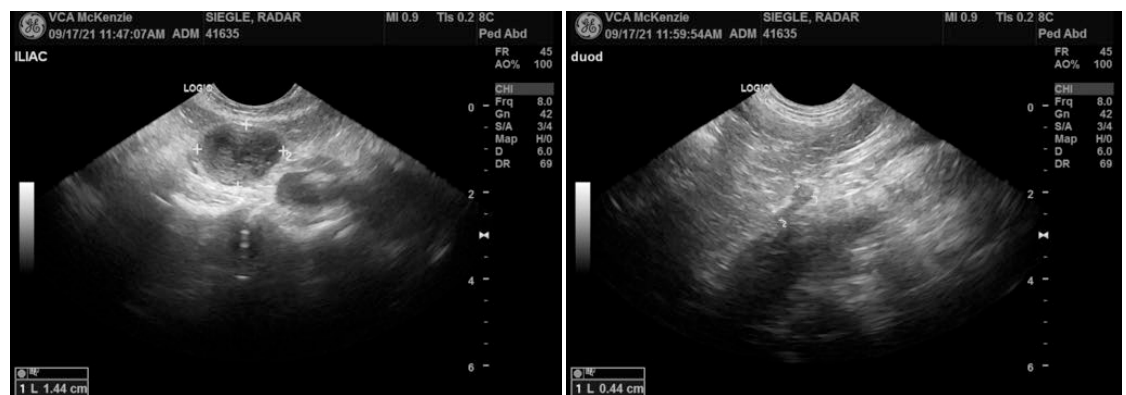
Eric Lindquist, DMV
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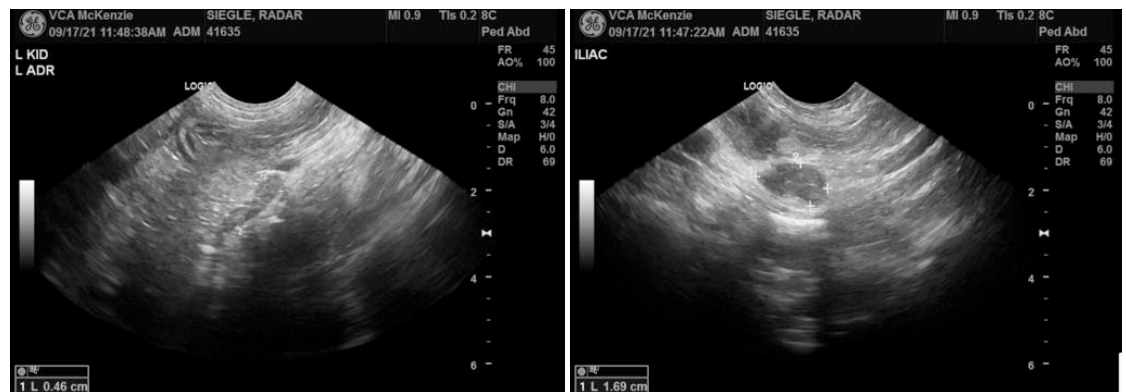
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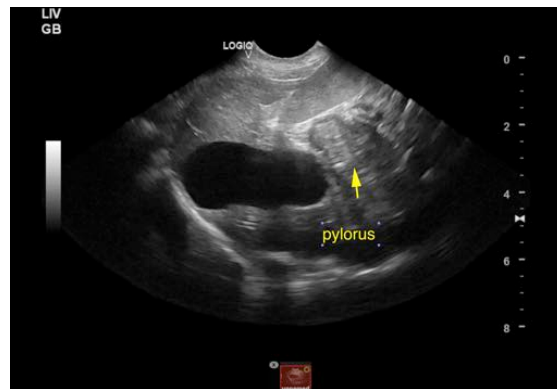
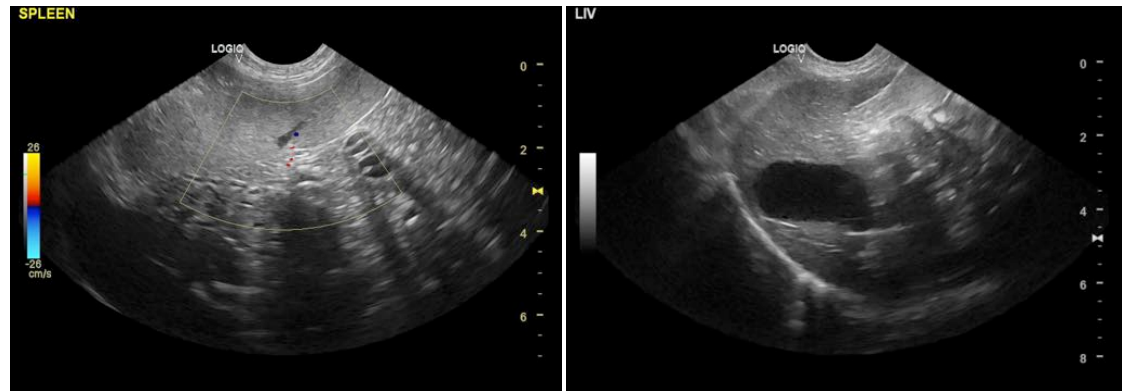
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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