

PATIENT PRESENTING CLINICAL SIGNS

PATIENT Hetty Boyd
SPECIES Canine
BREED Boxer/Mastiff
SEX Spayed female
AGE 6 years
WEIGHT 36 kg

History: Presented for examination of 2 lumps that seemed to be growing on ventral abdomen. Low grade mast cell tumor removed from perivulvar area 4 months prior. Spayed late in life. PE (7/15/22) - Large firm 5cm oval SQ mass R inguinal/mammary area, firm 3-4cm SQ mass L inguinal/mammary area. Growing rapidly. FNA/cytology from both sites came back as low grade mast cell tumor. Abnormal PE/Chem/CBC/UA Results:

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 6.55 cm. The right kidney measured 6.84 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 right adrenal gland measured 2.08 x 1.7 cm at the cranial pole and 0.83 cm at the caudal pole. The left adrenal gland measured 2.28 x 0.59 cm at the caudal pole and 0.51 cm at the cranial pole.

Spleen

The **spleen** revealed subtle micronodular changes.

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.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kelly Reshny, RVT

HOSPITAL NAME

BPH Stoney Creek

REFERRING VET

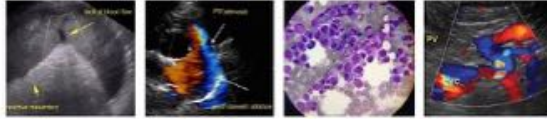
Dr. Mellish

INVOICE

31944

DATE

7/25/22



PATIENT

Gastrointestinal

Hetty Boyd

Gastric stasis was noted. Otherwise, the gastrointestinal tract was normal with 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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BREED

Boxer/Mastiff

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

Spayed female

Free Abdomen

Iliac lymph node is enlarged and irregular measuring 3.0 x 2.0 cm and are rounded. The lymph nodes are peripherally inflamed. This is strongly suggestive for round cell neoplasia.

AGE

6 years

ULTRASONOGRAPHIC FINDINGS

WEIGHT

36 kg

Iliac lymphadenopathy.

Subtle micronodular spleen.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the spleen and lymph node is recommended. There is a strong concern for metastatic disease.

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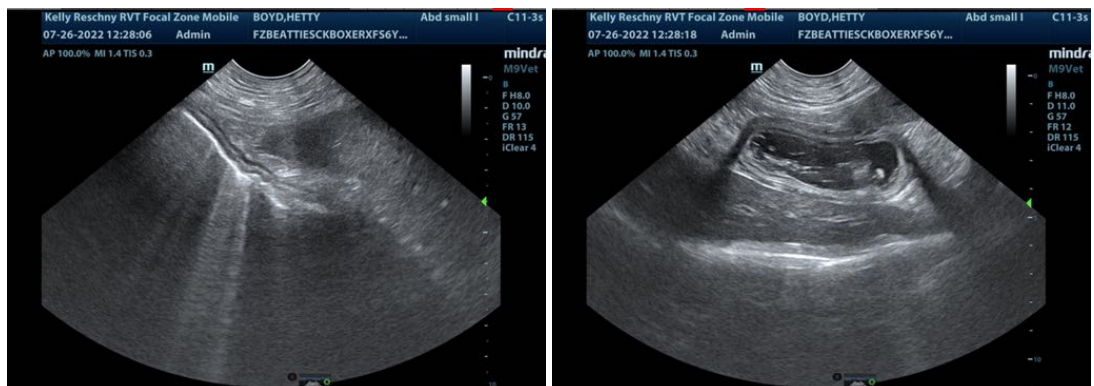
Dr. Mellish

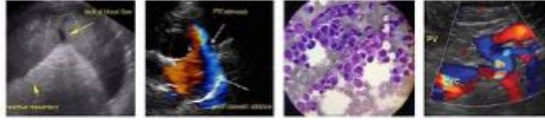
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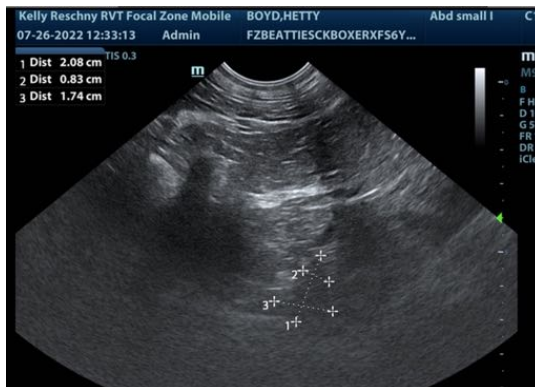
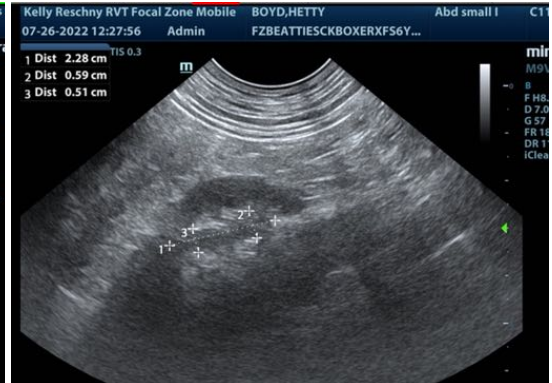
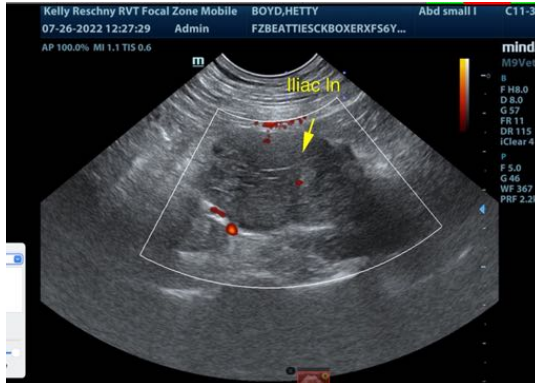
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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