

**PATIENT**

**PRESENTING CLINICAL SIGNS**

Daisy Mollinary

History: recent surgery for MCT removal - biopsy showed high grade. Met check today. On phenobarbital for seizures and palladia

**SPECIES**

Abnormal PE/Chem/CBC/UA Results: platelets were 116/a65 on surgery day

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

**Urinary System**

Pug

The urinary bladder mucosa, trigone, and visible urethra are normal in thickness and there is no evidence of mucosal irregularities. The bladder lumen is mildly distended with anechoic urine and bladder thickness is considered normal for volume of urine.

**SEX**

The left kidney is a bit smaller in size (3.47 cm), though otherwise is normal in shape and architecture with smooth peripheral margins. There is normal corticomedullary distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Spayed Female

**AGE**

The right kidney is a bit smaller in size (4.00 cm), though otherwise is normal in shape and architecture with smooth peripheral margins. There is normal corticomedullary distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

4 years

**Adrenal Glands**

**WEIGHT**

The left adrenal gland is normal in size (cranial pole 0.34 cm / caudal pole 0.45 cm) with a normal shape and is normal in appearance and echogenicity.

NP

The right adrenal gland is normal in size (cranial pole 0.84 cm / caudal pole 0.41 cm) with a normal shape and is normal in appearance and echogenicity.

**INTERPRETED BY**

**Spleen**

Jessica Midence, DVM,  
DACVIM (SAIM)

The spleen is subjectively normal in size (1.00 cm thick) with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (isoechoic to liver and hyperechoic to the renal cortical parenchyma). No focal nodules or masses are observed. Splenic vasculature appears normal.

**IMAGING PERFORMED BY**

**Liver**

Diane McFadden

The liver is subjectively normal to slightly large in size with rounded contours, normal structure, and smooth peripheral margins. The echogenicity is hyperechoic (isoechoic to the spleen) with decreased portal markings. No overt evidence of inflammatory, infiltrative or regenerative pathology is evident. The visible portions of the vasculature and biliary tract appear normal. No pathological hepatic lymphadenopathy observed.

**HOSPITAL NAME**

Chester AH

**REFERRING VET**

The gallbladder lumen is moderately distended. The wall is a normal thickness and smooth. There is a moderate amount of dependent, hyperechoic, echogenic debris. The cystic and common bile ducts are normal/not visible.

Dr Migliaccio

**Gastrointestinal Tract**

**INVOICE**

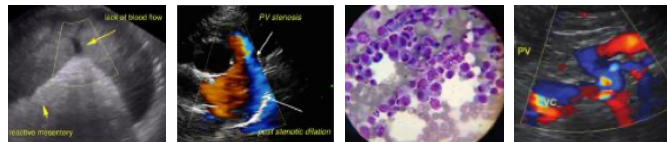
The gastric lumen is empty. The stomach wall is of normal wall thickness with some variability due to rugal folds. There is normal gastric wall layering. There are no masses or focal lesions observed and the pyloric outflow tract appears patent.

12830

**DATE**

The visualized areas of duodenum, jejunum and ileum appear normal in thickness. The duodenum is normal with distinct wall layering. The duodenum did contain a large volume of fluid and ingesta. The

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**PATIENT**

Daisy Mollinary

remainder of the small intestines are normal with normal wall layering. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. No focal lesions observed.

The sections of colon are visualized with formed fecal material and gas shadowing distally.

**SPECIES**

Canine

**Pancreas**

The area of the pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid. The visible pancreatic duct was normal.

**BREED**

Pug

**Peritoneum**

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The omentum is of normal uniform echogenicity.

**SEX**

Spayed Female

**ULTRASONOGRAPHIC FINDINGS**

**Findings**

- Hyperechoic liver, likely secondary to pheobarbitol administration
- Gall bladder sludge

**AGE**

4 years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

NP

There is no obvious suggestion on this sonographic exam of mast cell tumor or other significant pathology. If the coagulation status of the patient is adequate, then fine-needle aspirates of the liver and spleen could be considered to increase confidence that there is no infiltration of these organs with mast cell disease (though that is not suspected from this exam). Consider pre-treatment with Benadryl, should you decide to perform fine-needle aspirates.

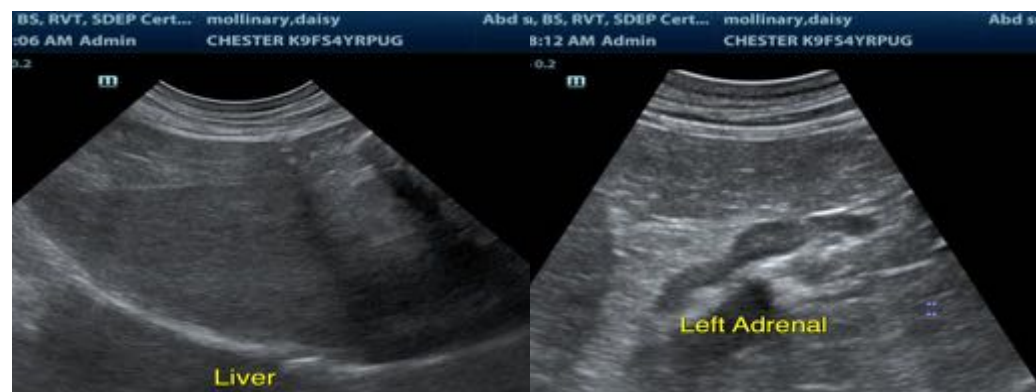
**INTERPRETED BY**

Jessica Midence, DVM,  
DACVIM (SAIM)

The kidneys look normal overall, although they do measure a bit small. Continue to measure renal values and urinalysis routinely. Lastly, consider Ursodiol therapy (if not contraindicated in this patient).

**IMAGING PERFORMED BY**

Diane McFadden



**HOSPITAL NAME**

Chester AH

**REFERRING VET**

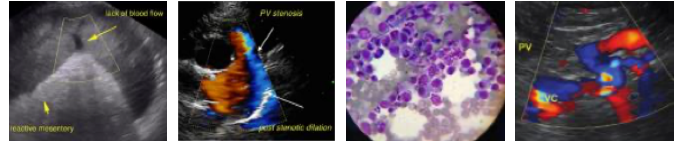
Dr Migliaccio

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**SPECIES**

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Pug

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**AGE**

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**WEIGHT**

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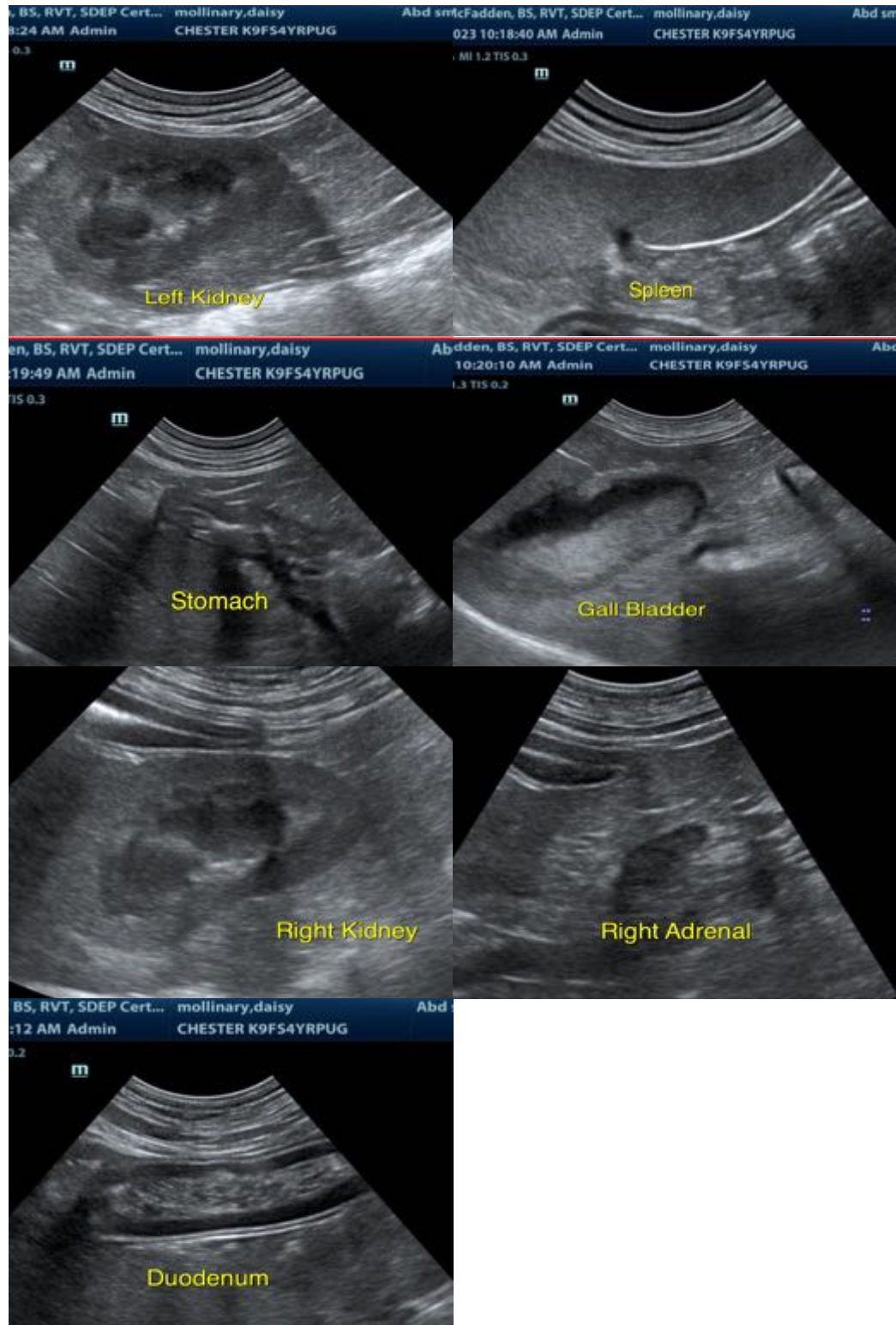
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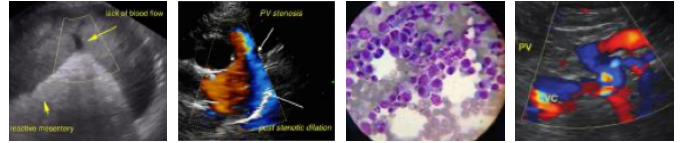
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not



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visible in the image/video clips provided.

Daisy Mollinary

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.

**SPECIES**

Canine

Jessica Midence, DVM, DACVIM (SAIM)  
info@SonoPath.com

**BREED**

Pug

**SEX**

Spayed Female

**AGE**

4 years

**WEIGHT**

NP

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