



PATIENT

Nana Roskovensky

SPECIES

Canine

BREED

Lab x

SEX

Spayed Female

AGE

7 Years

WEIGHT

63 lbs

INTERPRETED BY

Karen Ebersole, DVM,
DABVP (Canine and
Feline)

IMAGING PERFORMED BY

Kevin Moon, DVM

HOSPITAL NAME

Shiloh Veterinary
Hospital

REFERRING VET

Kevin Moon, DVM

INVOICE

72963

DATE

2/13/26

PRESENTING CLINICAL SIGNS

P seen 1/31 for 4 new masses. Aspirated 2 which showed abundant mast cells with degranulation

P had previous mast cell tumor removed in 2022. U/S performed to check for metastasis to liver/spleen

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder was normal in size and shape. The bladder wall was normal in thickness for the volume of urine present. The trigone and visible urethra were normal in appearance. The urine was anechoic with no visible sediment or uroliths. The pelvic urethra was visualized to a depth of X cm past the cystourethral junction.

The iliac trifurcation was normal in structure and volume. Normal appearing medial iliac lymph nodes. No evidence of thrombus formation on doppler exam.

Both kidneys were normal in size with a mildly irregular capsule contour. There was a mild to moderate increase in cortical echogenicity. The corticomedullary junction was mildly indistinct. There was no pelvic dilation. The left kidney measured 6.4 cm in length. The right kidney measured 6.6 cm in length.

Adrenal Glands

The left adrenal gland is normal in size and shape, with a smooth capsule contour. The parenchyma displayed normal echogenicity. There was no evidence of capsular expansion or pericapsular inflammation. There were no nodules or masses visible. Left measured 0.49 cm at the caudal pole and 0.48 cm at the cranial pole.

The right adrenal gland was not clearly visualized. The region of the adrenal appeared free of overt pathology.

Spleen

The spleen was subjectively normal in size with a smooth capsule contour. The parenchyma was mildly diffusely heterogeneous with no distinct nodules or masses. The echogenicity of the spleen appeared normal overall.

Liver

The liver was subjectively normal in size with a smooth capsule contour. The parenchyma was homogeneous with no visible nodules or masses. The portal markings appeared normal. The hepatic vasculature was normal in volume and structure.

The gallbladder contained echogenic to mineralized sludge with possible small gallbladder stones that were non-obstructive. The visible cystic and common bile duct were normal in appearance.

Gastrointestinal

The stomach was normal in size and shape, with a smooth serosal contour. The stomach wall was normal in thickness and layering. The small intestine displayed normal curvilinear patterns throughout. Subjectively normal wall thickness and layering was maintained. The visible colon wall was normal in thickness and layering.



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Pancreas

The left limb, body and right limb of the pancreas were visualized and found to be normal in size and shape. The pancreatic capsule was smooth, without deviation or expansion. The parenchyma was isoechoic to the surrounding mesentery. The pancreatic duct was normal in size and appearance. There was no evidence of discrete masses or inflammation.

Free Abdomen

There was no visible free peritoneal fluid or mesenteric lymphadenopathy.

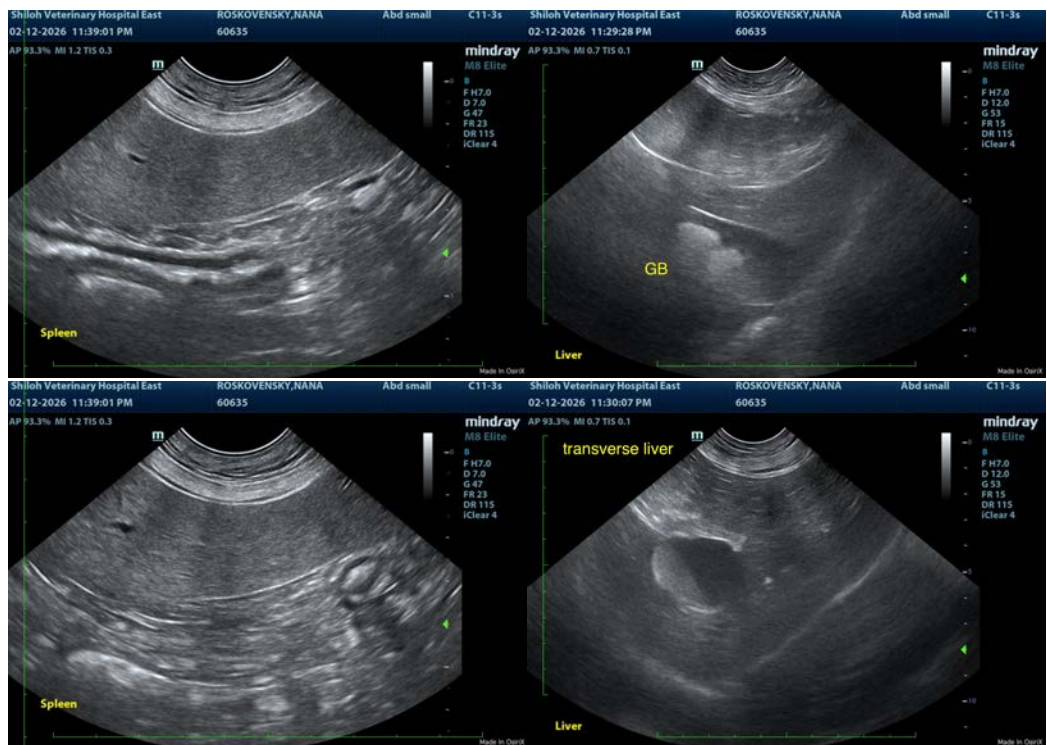
ULTRASONOGRAPHIC FINDINGS

- Structurally normal abdomen, mild aging changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence or suspicion of intra-abdominal neoplasia or metastasis. The abdomen was largely as expected for the age of the patient.

Mast cell tumor can be present without visible sonographic changes. A screening FNA of the spleen and liver with a 25G needle could be done for further assessment. Other screening options include FNA of the draining lymph nodes and/or a buffy coat smear.





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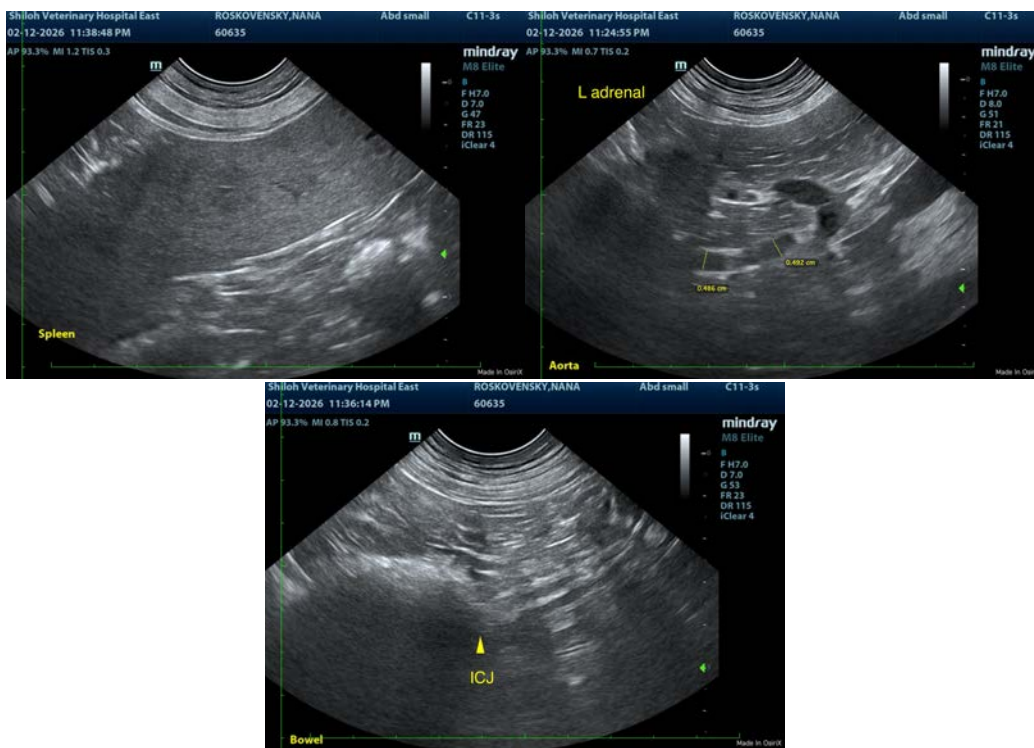
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Karen Ebersole, DVM, DABVP (Canine and Feline practice)
info@SonoPath.com