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Clinical Sonography & Telecytology
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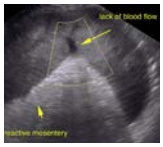
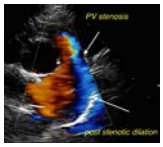
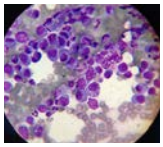
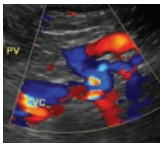

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1-800-838-4268 info@sonopath.com

PATIENT

Umi Meinhofer

SPECIES

Canine

BREED

Spanish Water Dog

SEX

Spayed Female

AGE

10 Years

WEIGHT

28 Pounds

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Dr. Ferrer

HOSPITAL NAME

Paseos Vet Center

REFERRING VET

Dr. Franco Ortiz

INVOICE

44322

DATE

1/18/23

PRESENTING CLINICAL SIGNS

Presented for an abdominal u/s to evaluate the abdomen and rule out metastasis disease. Pt has a small mass on the right subcutaneous thorax mass was diagnosed as a mast cell with FNA and will perform an excisional biopsy Recommended an immune panel to rule out IMTP since platelets keep on the low end of the range Also recommended an abdominal ultrasound more for screening than for any particular concern

Abnormal PE/Chem/CBC/UA Results: CBC: RBC 9.42 M/µL 5.65 - 8.87, HCT * 64.6 % 37.3 - 61.7, HGB 21.2 g/dL 13.1 - 20.5, LYM 0.94 K/µL 1.05 - 5.10, PLT 126 K/µL 148 - 484 , MPV 14.7 fL 8.7 - 13.2 CHEM: WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (5.43 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.96 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.52 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

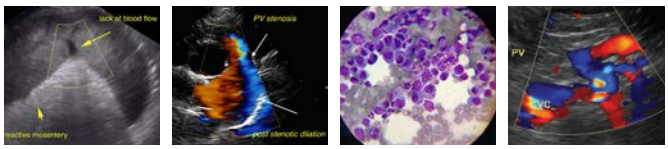
The right adrenal gland is normal in size measuring 0.46 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. On one image, there is a small hypoechoic focus most consistent with a small hypoechoic nodule visualized within the parenchyma of the spleen.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.



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The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Gallbladder wall measures 0.16 cm. Luminal contents are mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of 0.25 cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Jejunum wall measures 0.41 cm. Duodenum wall measures 0.49 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

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.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is no evidence of a mesenteric lymphadenopathy. The iliac lymph nodes appear normal, the right measuring 0.36 cm and the left measuring 0.41 cm. The omentum is generally of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Small hypoechoic splenic nodule – There is a non-cavitated, hypoechoic splenic nodule visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no overt evidence of any metastatic lesions on today's exam. There is a very small hypoechoic nodule visualized in the spleen. If possible, this should be aspirated, but I suspect it may be difficult to reach.

- If possible, consider a fine needle aspirate of the splenic nodule. If not possible, recommend continued monitoring with ultrasound.
- Confirm platelet count with a blood smear and pathologist review of a blood smear.
- If the thrombocytopenia is real, consider screening for tickborne disease.
- Recommend 3-view thoracic radiographs (if not already done).
- Recommend surgical removal of the mast cell tumor for histopathologic grading (and to acquire adequate margins, etc.).

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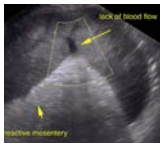
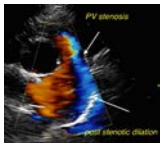
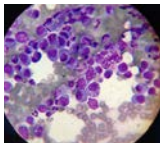
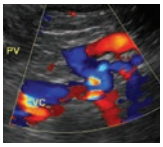

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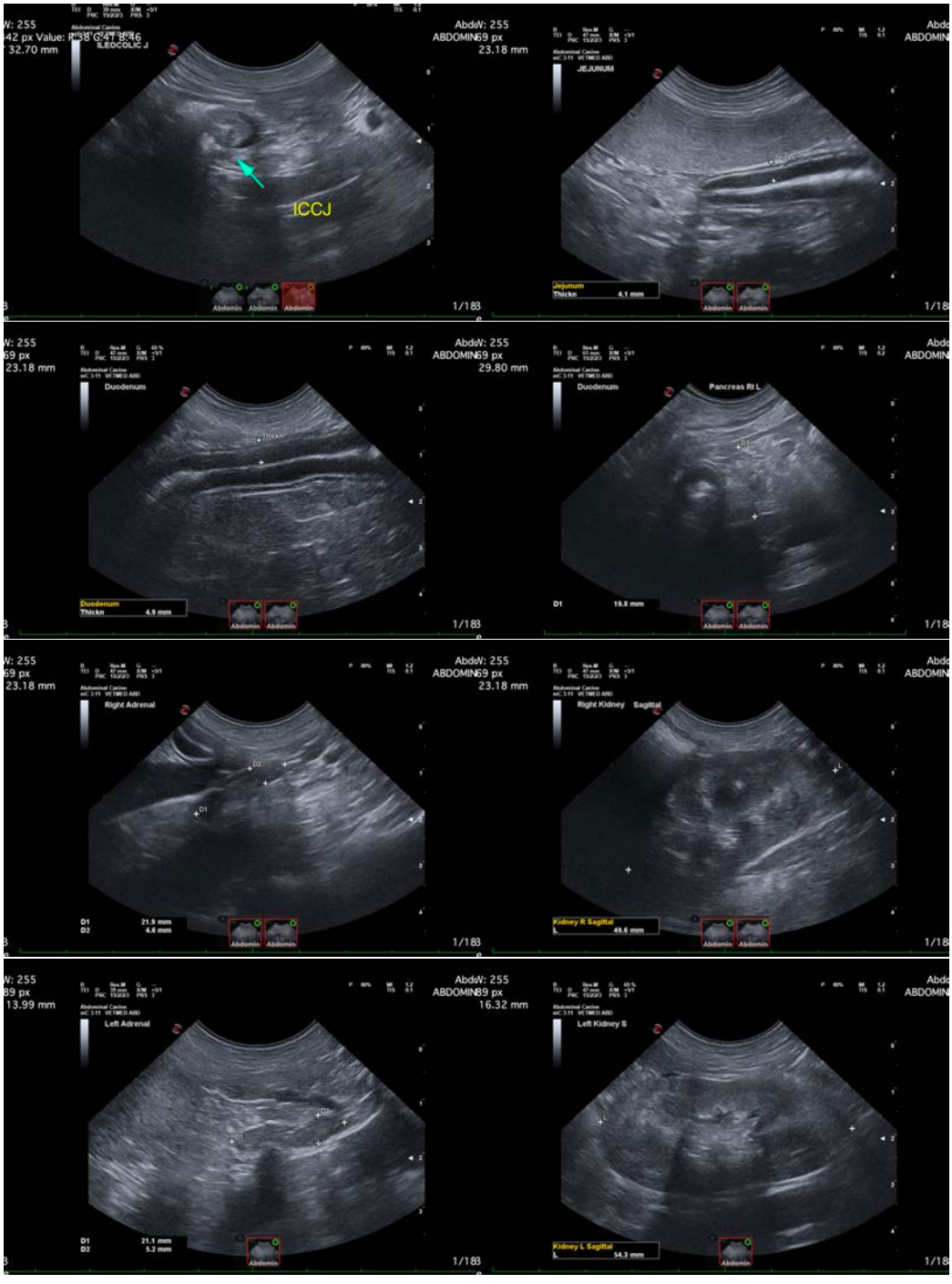
If the mast cell tumor described is removed and is determined to be grade 2 or higher, recommend consultation with a veterinary oncologist regarding recommendations for treatment, monitoring, etc.



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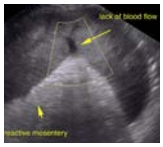
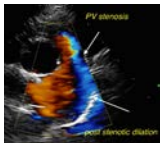
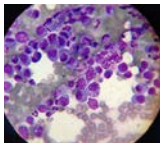
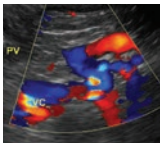

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)

kathleen.sennello@sonopath.com