

**DATE**

10/27/21

PRESENTING CLINICAL SIGNS

History: Diagnosed with Mast Cell Tumor 10/25/21. Has been present for ~6 months. Scheduled for surgery, owner would like to assess for possible metastasis prior to surgery.

Current Medications: Trazodone (150 mg) prior to appointments, Gabapentin (300 mg) prior to appointments, Lorazepam (1.5 mg) prior to appointments, Simplicef (100 mg) Started 10/21/21 - 14 day course.

PATIENT

Luna Ringer

Lab Results: Pending.

Radiographs: Pending.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Trazadone, Gabapentin, and Lorazepam administered prior to scan.

Stat Report: not requested by the veterinarian.

SPECIES

Canine

BREED

Bull Terrier Mix

ULTRASONOGRAPHIC EXAMINATION**SEX**

Spayed Female

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.

AGE

12/24/12

The left kidney has a normal shape and size (5.98 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

39.1 lbs

The right kidney has a normal shape and size (6.36 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal in size measuring 0.69 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.

HOSPITAL NAME

Paradise AH

The right adrenal gland is normal in size measuring 0.93 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.

REFERRING VET

Dr. Pound

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. No focal parenchymal abnormalities are visualized.

INVOICE

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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. The gallbladder lumen is moderately distended. The wall of the gallbladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm 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 uniform diameter with minimal fluid distension. Wall appears subjectively, mildly increased. The duodenum measured 0.45 cm. The jejunum measured 0.25 cm, 0.26 cm. Bowel loops follow a typical curvilinear path with distinct wall layering. Visualized peristalsis appears appropriate. While there were no focal lesions observed there are sections of small intestine where the wall layering appears subjectively less distinct.

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 a mild lymphadenomegaly present. The mesenteric lymph nodes are visualized and measured 0.36 cm and 0.45 cm. Additionally the sublumbar lymph node measures 0.8 cm. The omentum is increased in echogenicity around these prominent lymph nodes.

Heart

A brief view of the heart was submitted. No pericardial effusion was seen.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

- Subjectively thickened small intestine with mildly reduced distinction of wall layering. The significance of this is unclear without any clinical signs (diarrhea, vomiting, weight loss, etc.). Possible differentials include inflammation, edema, less likely infiltrative neoplasia or this may be a normal variant.
- Mild mesenteric lymphadenopathy. The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

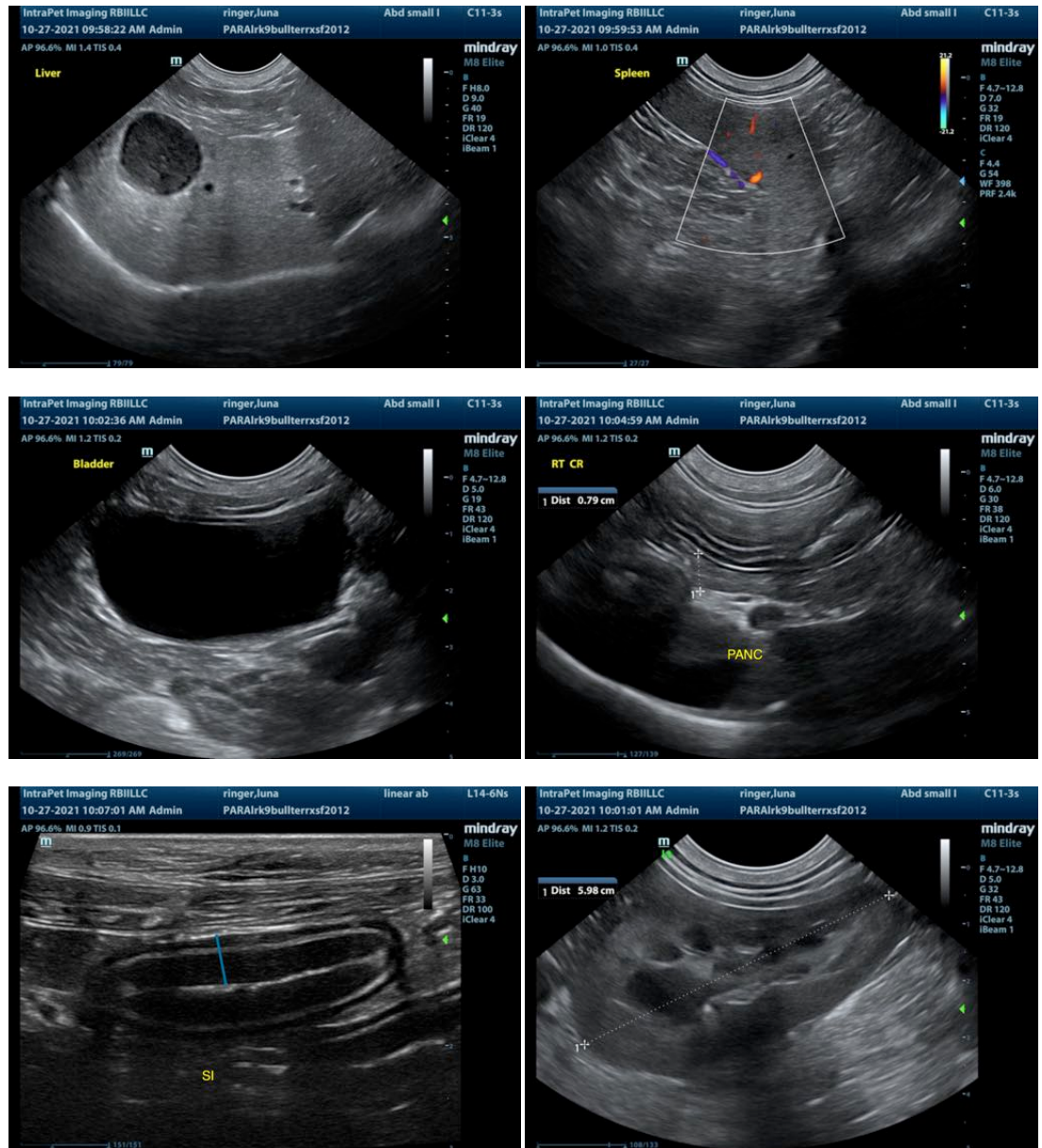
SECONDARY FINDINGS:

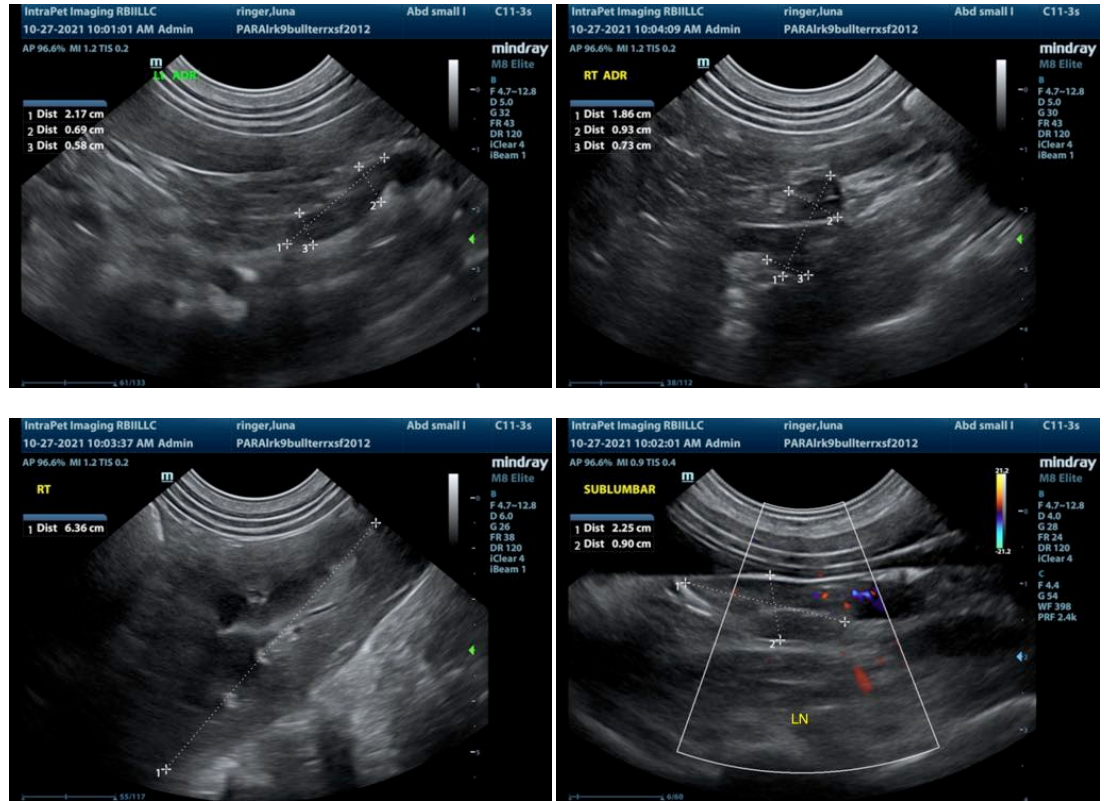
- Mild gallbladder sludge. The gallbladder lumen is moderately distended. The wall of the gallbladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

It is difficult to interpret the ultrasonographic lesions described as they are mostly mild in nature and unlikely to represent metastasis. The intestine appears somewhat thickened and ropey. This may be an indication of small intestinal disease. If there are no symptoms of this then work-up is less likely to be helpful. You can consider A GI panel with PLI, TLI, cobalamin and folate to look for evidence of small intestinal disease.

Additionally there are prominent mesenteric lymph nodes. This can be associated with the bowel wall thickening or depending on the location of the mast cell tumor it may represent reactive change or metastasis, but this seems less likely. The sublumbal lymph node is prominent, but not large enough to sample. There is no overt evidence of metastasis.





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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