



**PATIENT**

Otello Garcia

**SPECIES**

Canine

**BREED**

Pit Bull

**SEX**

Neutered Male

**AGE**

9 Years

**WEIGHT**

79 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. Ernesto Casta

**INVOICE**

42487

**DATE**

11/2/22

**PRESENTING CLINICAL SIGNS**

Presented as a referral for an abdominal u/s for MET check and evaluation for staging. Pt was diagnosed with Mast Cell Tumor high grade with regional lymph node metastasis (inguinal). Pt has been on prednisone and Palladia. Want to assess regional and visceral lymph nodes, liver, and spleen.

Abnormal PE/Chem/CBC/UA Results: PE: Large SQ mass noticed on the inguinal region (possible inguinal LNs). BW: CBC WBC:  $4.56 \times 10^9/l$  (6.00-17.00) LYM:  $0.45 \times 10^9/l$  (1.00-4.80) MON:  $0.36 \times 10^9/l$  (0.20-1.50) NEU:  $3.71 \times 10^9/l$  (3.00-12.00) EOS:  $0.03 \times 10^9/l$  (0.00-0.80) BAS:  $0.02 \times 10^9/l$  (0.00-0.40) LY%: 9.9% (0.0-100.0) MO%: 7.9% (0.0-100.0) NE%: 81.2% (0.0-100.0) EO%: 0.6% (0.0-100.0) BA%: 0.4% (0.0-100.0) RBC:  $6.15 \times 10^{12}/l$  (5.50-8.50) HGB: 13.7 g/dl (12.0-18.0) HCT: 42.55% (37.00-55.00) MCV: 69 fl (60-77) MCH: 22.2 pg (19.5-24.5) MCHC: 32.1 g/dl (31.0-39.0) RDWc: 15.8% (14.0-20.0) PLT:  $476 \times 10^9/l$  (165-500) PCT: 0.39% (0.00-0.00) MPV: 8.3 fl (3.9-11.1) PDWc: 35.8% (0.0-0.0)

**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 prostate was obscured by large iliac lymph nodes.

The left kidney has a normal shape and size (7.25 cm) with a 0.73 cm cortical cyst. 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 (7.02 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 0.61 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 0.61 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. No focal parenchymal abnormalities are visualized.

**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. Luminal contents are mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

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**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.

**BREED**

Pit Bull

The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall appears subjectively, mildly increased. Bowel loops follow a typical curvilinear path with distinct wall layering. Duodenum wall measures 0.60 cm. Jejunum wall measures 0.48 cm. There is mucosal speckling associated with the duodenum. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

**SEX**

Neutered Male

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.

**AGE**

9 Years

**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.

**WEIGHT**

79 Pounds

**Free Abdomen**

There is a small amount of free abdominal fluid. The medial iliac lymph nodes are severely enlarged, hypoechoic, and irregular. The right measures at 3.35 cm x 7.42 cm. The left measures 4.2 cm x 11.2 cm. Additionally, there are large mesenteric lymph nodes, one with a diameter of 0.51 cm and another with a diameter of 1.35 cm. These lymph nodes and other areas in the abdomen have focally hyperechoic mesentery.

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Kathleen Sennello DVM,  
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Medicine)

**ULTRASONOGRAPHIC FINDINGS**

- Mildly thickened small intestine with mucosal speckling – Bright mucosal speckling has been postulated to represent dilated lacteals or focal accumulations of mucus, cellular debris, etc.. in the mucosal crypts.
- Small amount of free abdominal fluid
- Severely enlarged medial iliac lymph nodes – The severe mesenteric lymphadenopathy is most concerning for a neoplastic process, although you can see significant lymphadenopathy in some cases of autoimmune/inflammatory disease, infectious disease (tick born disease-such as bartonella, fungal infections, FIP (cats)) etc. A fine needle aspirate with cytology is recommended for further evaluation.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The spleen and the liver appear relatively normal in shape and architecture. The liver may be somewhat enlarged. Unfortunately, you can still have metastasis to these organs without significant ultrasonographic change (particularly with mast cell tumor). The severely enlarged medial iliac lymph nodes are particularly concerning and most consistent with metastatic disease. The mesenteric lymph nodes could be reactive or additionally neoplastic. Consider consultation with the veterinary oncologist regarding whether aspiration is necessary. The medial iliac nodes are large enough to likely safely

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aspirate. Additionally you could consider the liver/spleen, provided the patient is adequately pre-medicated (guidelines to be obtained by the oncologist).

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The small bowel appears somewhat thickened with mild mucosal speckling. If there are no significant chronic GI signs, this could be an incidental finding. Given the other issues, I suspect a workup for underlying GI disease is not warranted at this time.

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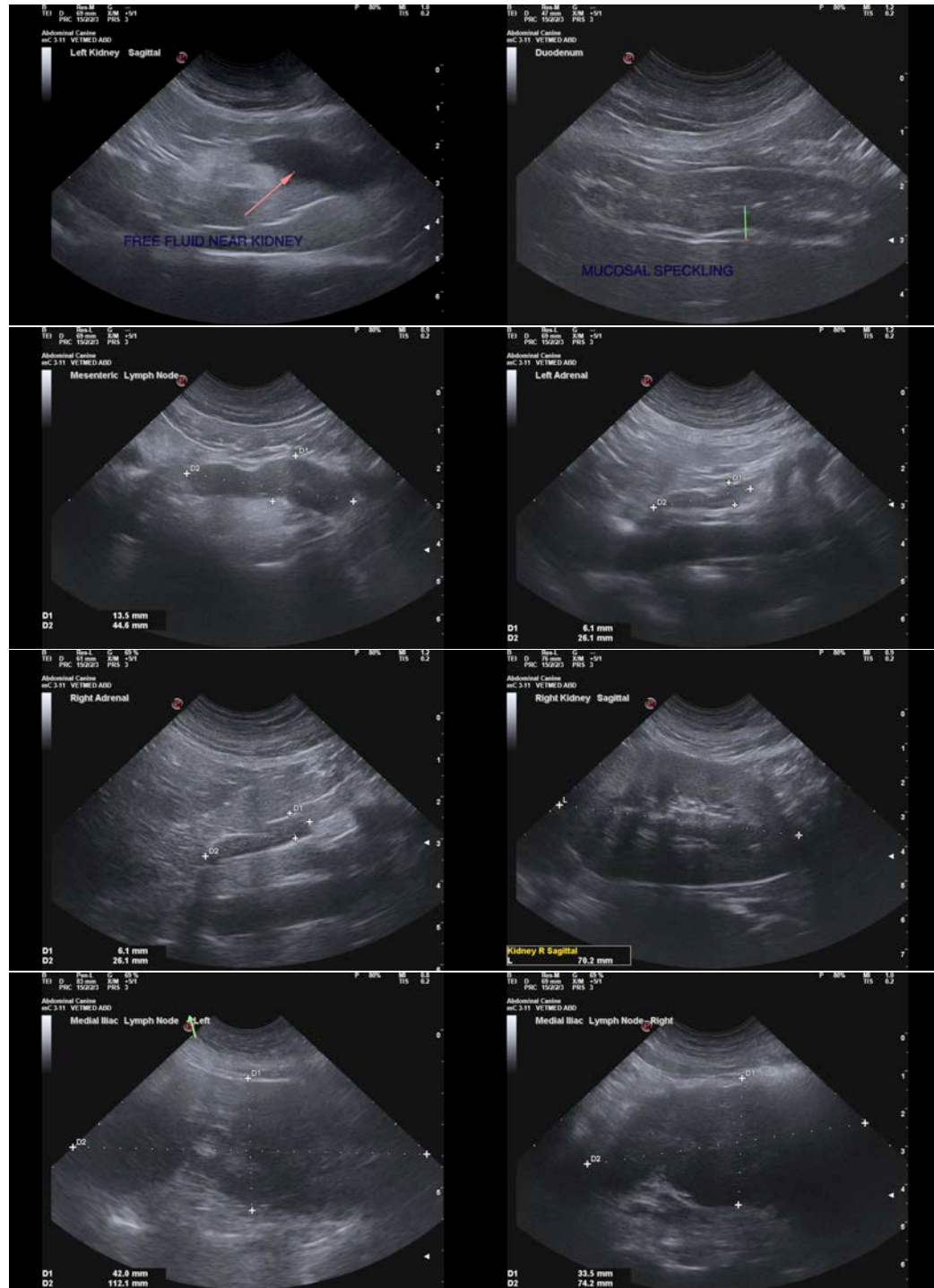
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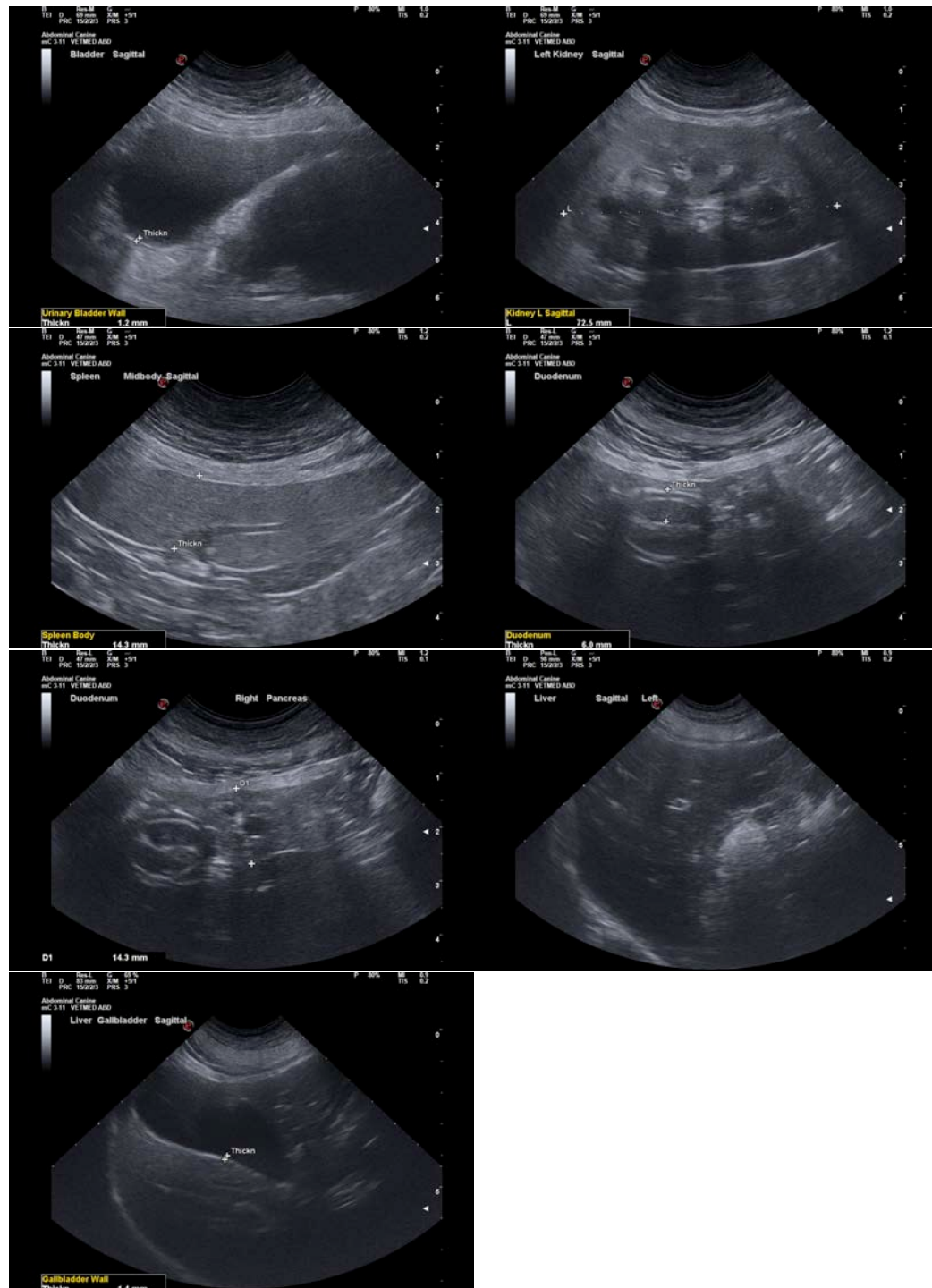
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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)

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kathleen.sennello@sonopath.com

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