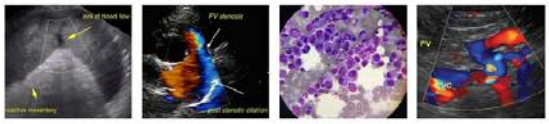


PATIENT

Zeus Espinosa

SPECIES

Canine

BREED

Pit Bull X

SEX

Neutered Male

AGE

9 Years

WEIGHT

56.7 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Desert Hills AH

REFERRING VET

Dr. Michelle Caldwell

INVOICE

43602

DATE

12/20/22

PRESENTING CLINICAL SIGNS

P has confirmed MCT on lateral aspect of right caudal thigh. Surgical excision was scheduled for 12/1/22, however there were abnormalities on pre-op ecg (A ventricular arrhythmia is noted.) Radiographs: No significant thoracic abnormalities are identified for patient age. No evidence of thoracic malignancy is noted. Mild hepatomegaly. In the abdomen, the spleen is mildly enlarged..)

Abnormal PE/Chem/CBC/UA Results: Staging for MCT removal.

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 is normal in size, measuring 1.23 cm. It is somewhat heterogeneous with slightly irregular peripheral margins. There is an ill-defined, slightly nodular region in the caudoventral aspect of the prostate measuring 0.70 cm x 1.42 cm, which has a hyperechoic region caudally and a small mottled hyperechoic region in the dorsal aspect measuring 0.31 cm x 0.65 cm. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect, or calculi.

The left kidney has a normal shape and size (6.84 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 (7.54 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

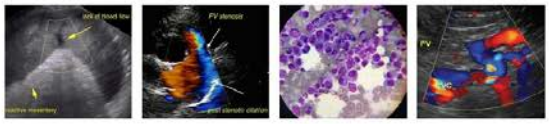
The left adrenal gland is normal in size measuring 0.71 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.70 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



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

The gall bladder lumen is moderately distended. The wall of the gall bladder 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 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 0.28 cm. Duodenum wall measures 0.36 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.

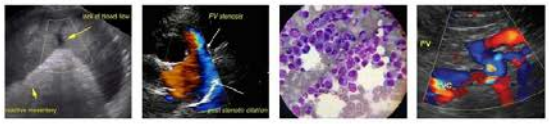
Free Abdomen

There is a scant amount of free abdominal fluid visualized. Both the left and right sublumbar lymph nodes are visualized. The left sublumbar lymph node appears normal, measuring 0.65 cm. The right is more prominent and hypoechoic, measuring at 0.86 cm x 2.83 cm. Additionally, there are numerous prominent mesenteric lymph nodes measuring 0.54 cm, 0.60 cm, and 0.55 cm in diameter. The omentum is generally of normal echogenicity.

A subcutaneous mixed echogenic, hyperechoic mass effect is visualized measuring 2.62 cm x 0.79 cm. This is consistent with the previously diagnosed mast cell tumor.

ULTRASONOGRAPHIC FINDINGS

- Heterogeneous prostate with two ill-defined mixed echogenic lesions – I suspect these represent previous lesions that have involuted after neutering, but I cannot rule out early neoplastic lesions. Recommend continued monitoring.
- Heterogeneous liver – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy.
- Moderate gallbladder debris – The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting



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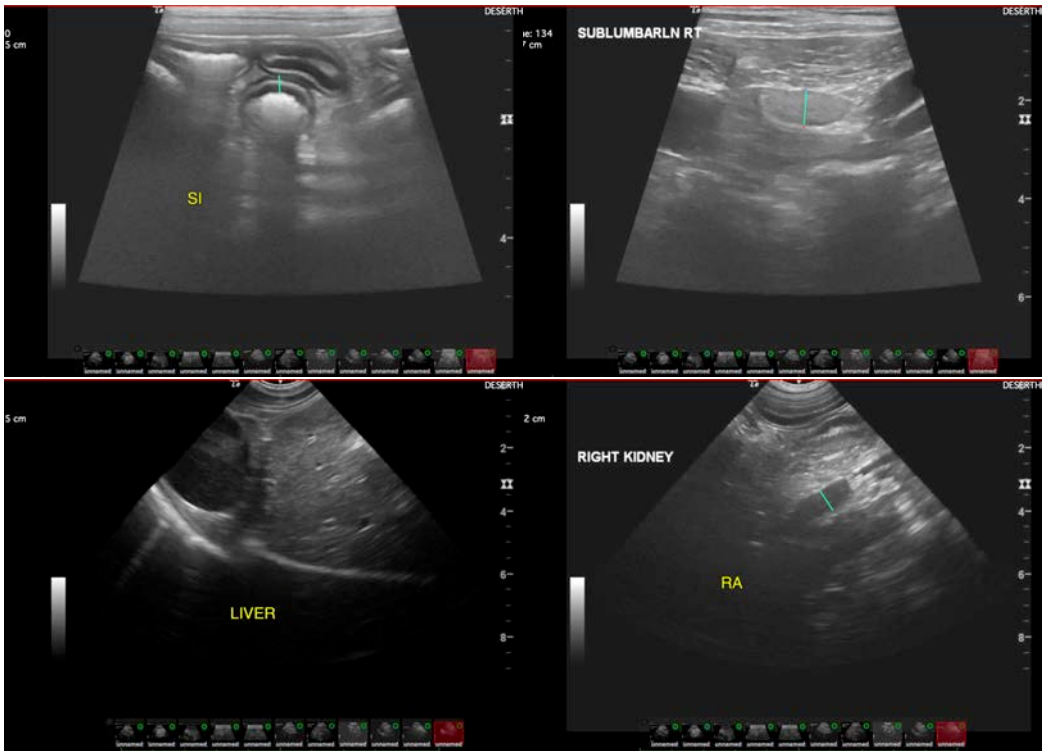
but seems unlikely to be causing a current issue. Recommend continued monitoring.

- Prominent right sublumbar lymph node – This is no overtly enlarged and could be prominent due to reactivity, although early neoplastic change cannot be ruled out.
- Subcutaneous mass lesion on the right thigh

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no overt evidence of metastasis on today's scan, but the prominent right sublumbar lymph node and the scant amount of free abdominal fluid is somewhat concerning. Because of this, I would consider a fine needle aspirate of the spleen and liver, as dogs with metastasis do not always have overt lesions.

The two irregular areas on the prostate could very well be previous episodes of hyperplasia, infection, etc. if this dog was neutered after puberty. Consider a urinalysis and culture and continued monitoring of the prostate with ultrasound (recheck in 3-4 months, sooner if lower urinary tract symptoms develop).



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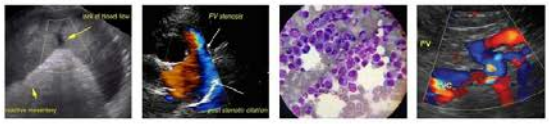

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pawsonography@gmail.com 530-786-8340

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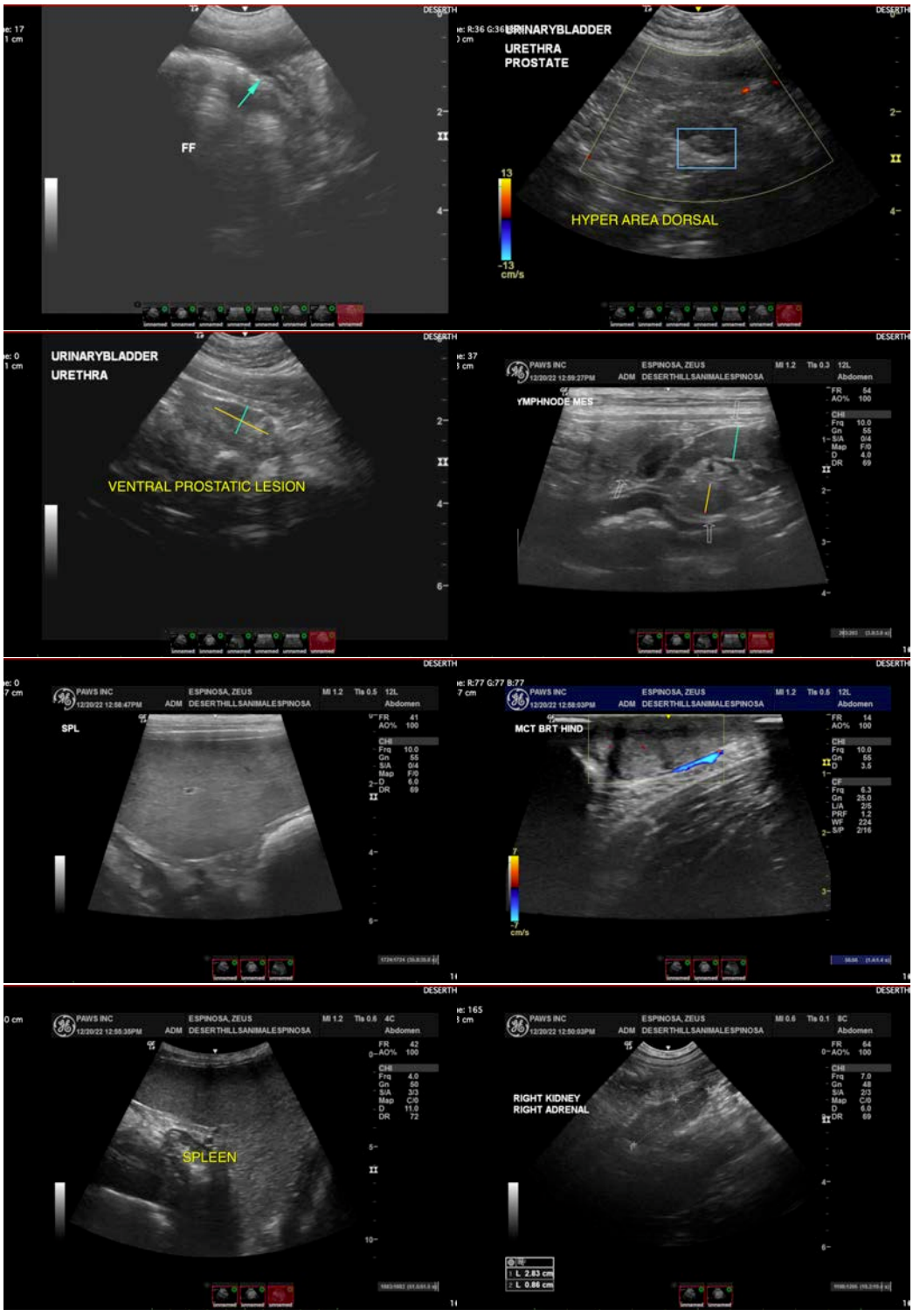

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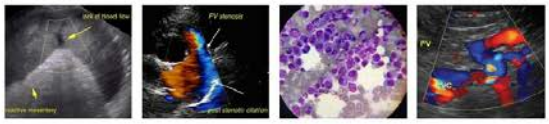

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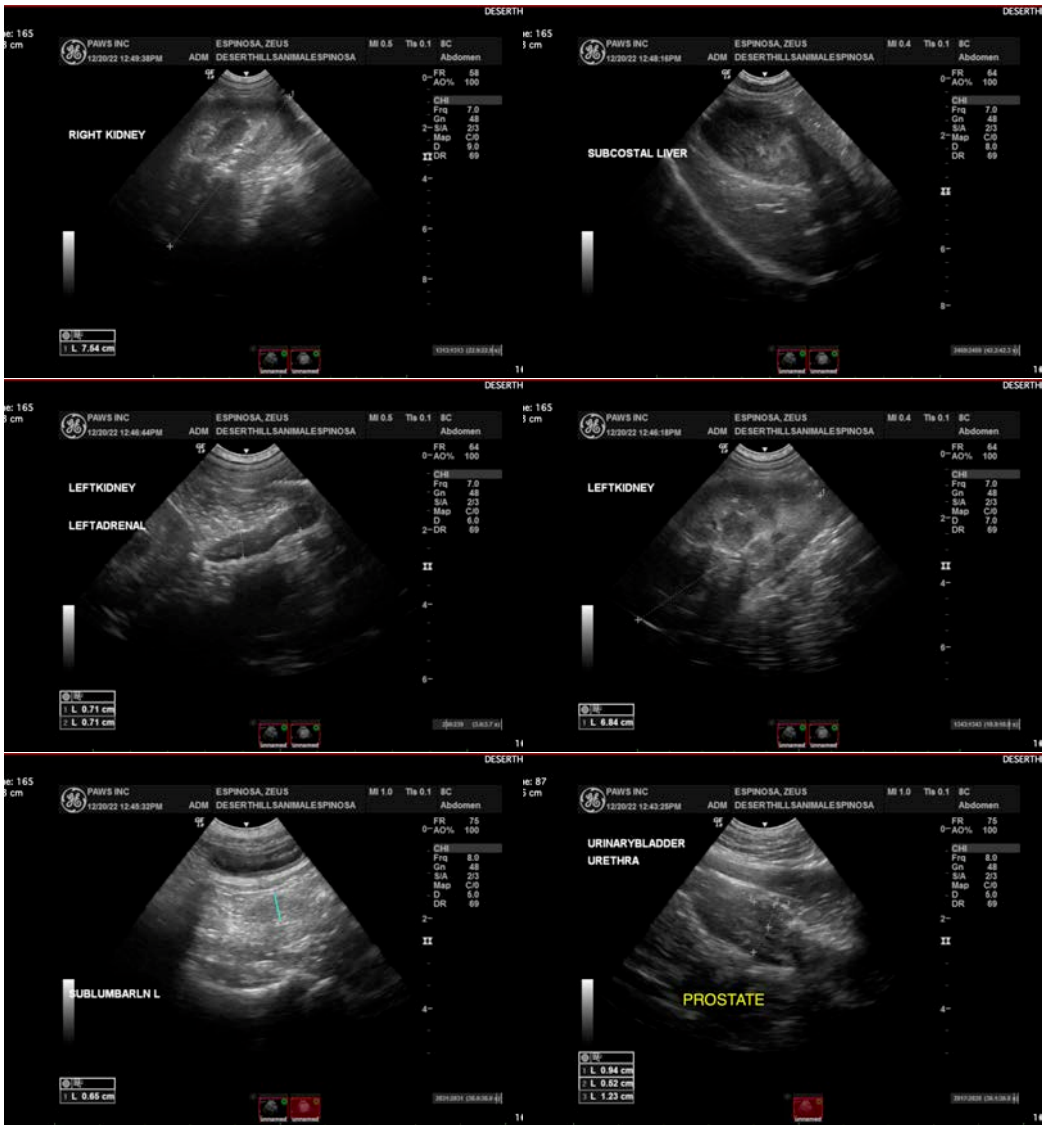

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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