



PATIENT

Rex Farley **PRESENTING CLINICAL SIGNS**

SPECIES

Canine

BREED

Pit Bull

SEX

Neutered Male

AGE

9 Years

WEIGHT

70 Pounds

INTERPRETED BY

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

IMAGING BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

Sierra AWC

REFERRING VET

Dr. Peggy Roberts

INVOICE

35780

DATE

2/17/22

Pitbull MN DOB 1/13 BW 66.4# Two sternal masses. One 5 cm cavitated, second 1.6 cm deep to muscle tissue in area of prescapular lymph node. FNA of smaller mass contained pleomorphic cells with dark granules throughout. Thoracic xrays WNL. Abdominal ultrasound to screen for mets. Chronic atopic dermatitis. Blood work WNL except TT4 1.0. History lethargic recently Physical Findings mass deep on right sternum. FNA full of degranulated mast cells. Xrays to determine if there is metastasis. Report Radiographic Findings Images of the thorax. Cardiac size and shape is normal. Pulmonary inflation is poor without evidence of pulmonary infiltrates. Pulmonary nodules are not present. Cranial mediastinal character is normal. Pleural effusion is not noted Conclusion Normal thorax without evidence of thoracic mass lesions or pulmonary metastatic disease
Abnormal PE/Chem/CBC/UA Results: LABS attached

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 visualized areas of prostate and surrounding tissue appear normal. Unfortunately, the prostate is not fully visualized likely due to its intrapelvic location. Correlate with rectal exam findings.

The left kidney has a normal shape and size (6.1 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 hydronephrosis. Renal vasculature is normal.

The right kidney has a normal shape and size (6.55 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 hydronephrosis. Renal vasculature is normal.

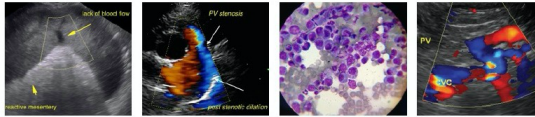
Adrenal Glands

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.

The right adrenal gland is normal in size measuring 0.66 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. There is a well defined, hypoechoic nodule within the parenchyma measuring 2.0 cm x 1.85 cm. Additionally, there are smaller nodules visualized measuring 0.72 cm and 0.42 cm.



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Liver

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.

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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 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 <0.7cm 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.

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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. The duodenum measured as normal (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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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.

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Kathleen Sennello DVM,
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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.

IMAGING BY

Loetitia Saint-Jacques,
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Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. A sublumbar lymph node is prominent, visualized at 0.72 cm. Mesenteric lymph nodes are visualized at 0.39 cm and 0.47 cm. The omentum is of normal echogenicity.

Other

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

A subcutaneous mass is visualized and measured at 3.5 cm x 2.56 cm. The parenchyma is hypoechoic with a cavitated center.

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ULTRASONOGRAPHIC FINDINGS

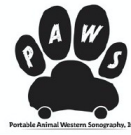
- Hypoechoic splenic nodule with numerous other small nodules – There are several, non-cavitated, hypoechoic splenic nodules visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.

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- Mildly 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.

SPECIES

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- Hypoechoic, cavitated subcutaneous mass

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- Prominent but not enlarged mesenteric lymph nodes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

Neutered Male

There is a hypoechoic nodule in the spleen. The significance of this lesion is unclear. Recommend a fine needle aspirate. The other hypoechoic splenic nodules are likely too small for a fine needle aspirate. Additionally, consider a fine needle aspirate of the liver, considering the history of possible mast cell disease.

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Numerous lymph nodes are visualized within the abdomen, but all appear within normal limits.

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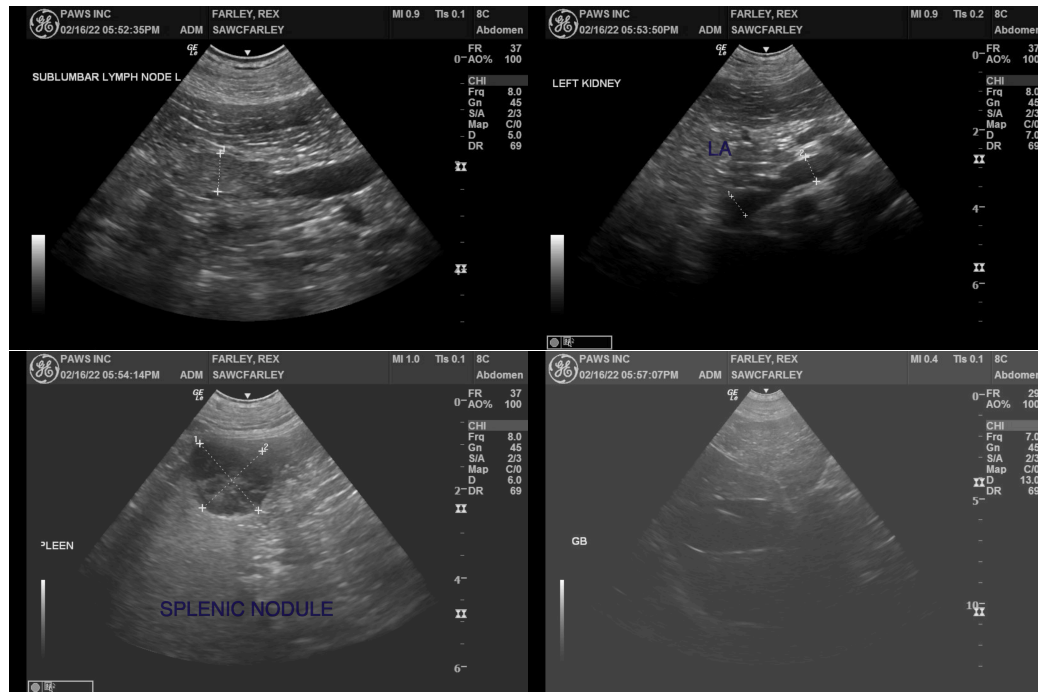
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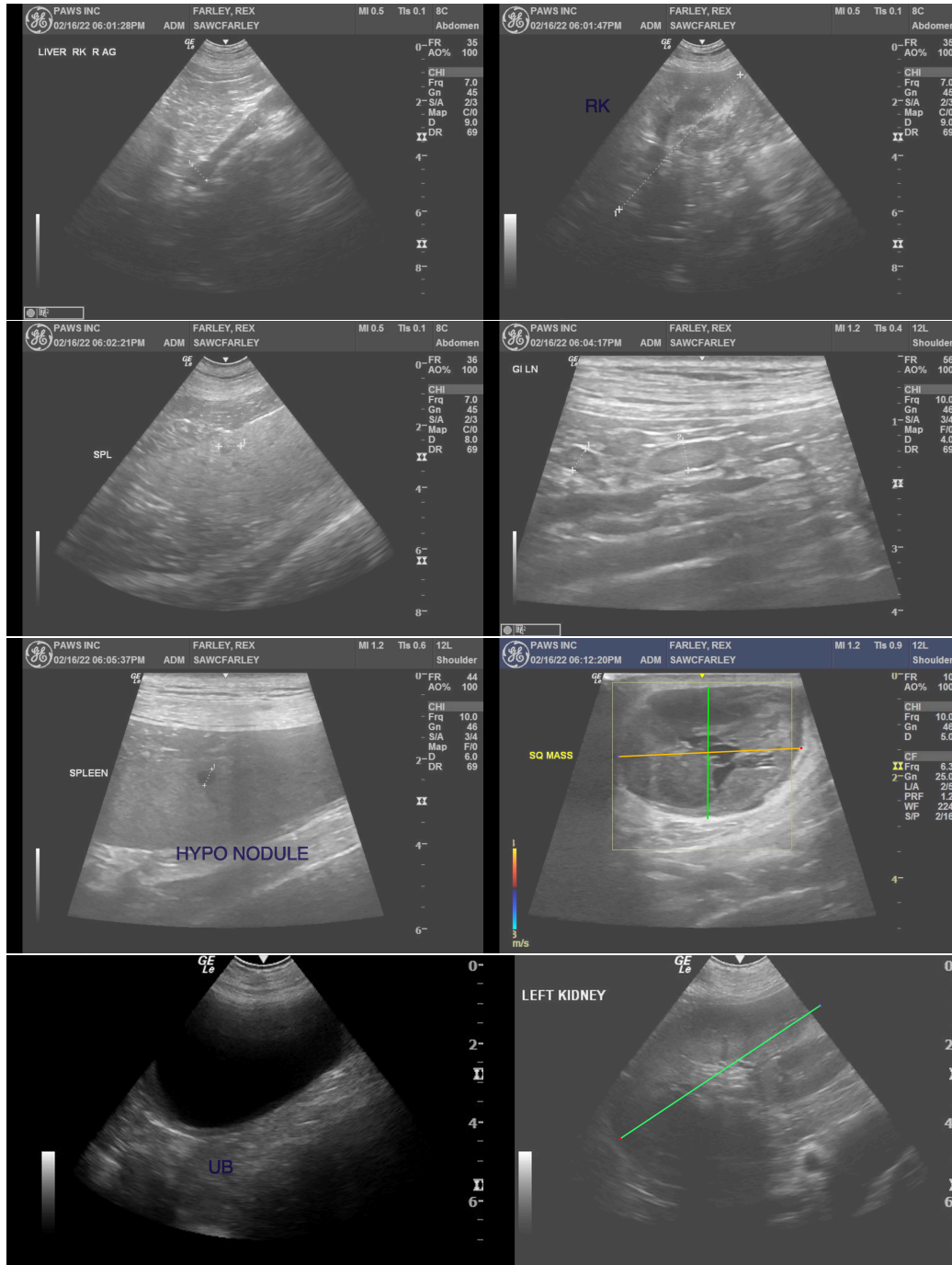
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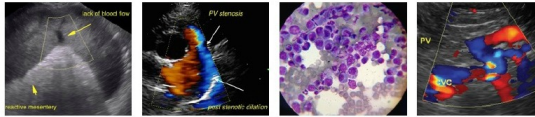
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Rex Farley **The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

SPECIES

Canine 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.

BREED

Pit Bull Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)
kathleen.sennello@sonopath.com

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