



PATIENT

Bowser Skaggs

PRESENTING CLINICAL SIGNS

SPECIES

Canine

sedated w/ alfaxalone/torb IV- Scrotum Mass was found and removed - 2.8 cm dermal mass present on the scrotum. Hairless, red. scrotal ablation/MCT removal. HISTOLOGIC MARGINS: The neoplastic cells extend focally to the deep and lateral margin, and complete excision cannot be confirmed histologically. Lymphovascular invasion is not detected. MICROSCOPIC FINDINGS: Cutaneous mast cell tumor (Patnaik grade 2/Two-tier low grade)

BREED

Mastiff/Pit Bull

Abnormal PE/Chem/CBC/UA Results: Spoke with antech oncologist. next recommendation is staging by abdominal ultrasound and evaluation of subiliac lymph nodes as the regional node. if no enlargement noted, consider surgical consult for repeated scrotal ablation.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Neutered Male

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

6 Years

The prostate is normal in size (1.44 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

WEIGHT

92 Pounds

The left kidney has a normal shape and size (7.81 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.

INTERPRETED BY

Kathleen Sennello DVM,
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(Small Animal Internal
Medicine)

The right kidney has a normal shape and size (7.82 cm) with a large parenchymal cyst in the caudal pole measuring 2.0 cm x 1.7 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.

IMAGING BY

Loetitia Saint-Jacques,
LVT

Adrenal Glands

The left adrenal gland is normal in size measuring 0.85 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.

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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.

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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.

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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.

SPECIES

Canine

BREED

Mastiff/Pit Bull

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.

SEX

Neutered Male

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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6 Years

WEIGHT

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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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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 significant lymph node enlargement. The left sublumbar lymph node measures at 0.98 cm. The right measures at 0.70 cm in height in the sagittal view. The left inguinal lymph node measures 0.44 cm. The right inguinal lymph node measures 0.33 cm. The omentum is of normal echogenicity.

IMAGING BY

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Other

The scrotal tissue is visualized post surgery.

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ULTRASONOGRAPHIC FINDINGS

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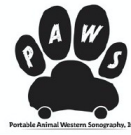
- Renal cyst visualized in the right kidney – likely an incidental finding.
- Mildly prominent sublumbar lymph nodes – These lymph nodes appear relatively normal and are likely reactive secondary to surgery.

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Portable Animal Western Sonography, Inc.

IMAGING PERFORMED BY
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SPECIES

There is no obvious evidence of metastatic disease on today's scan. The sublumbar lymph nodes are slightly prominent, but I suspect this is more likely reactivity secondary to the recent surgery. Recommend continued monitoring.

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Neutered Male

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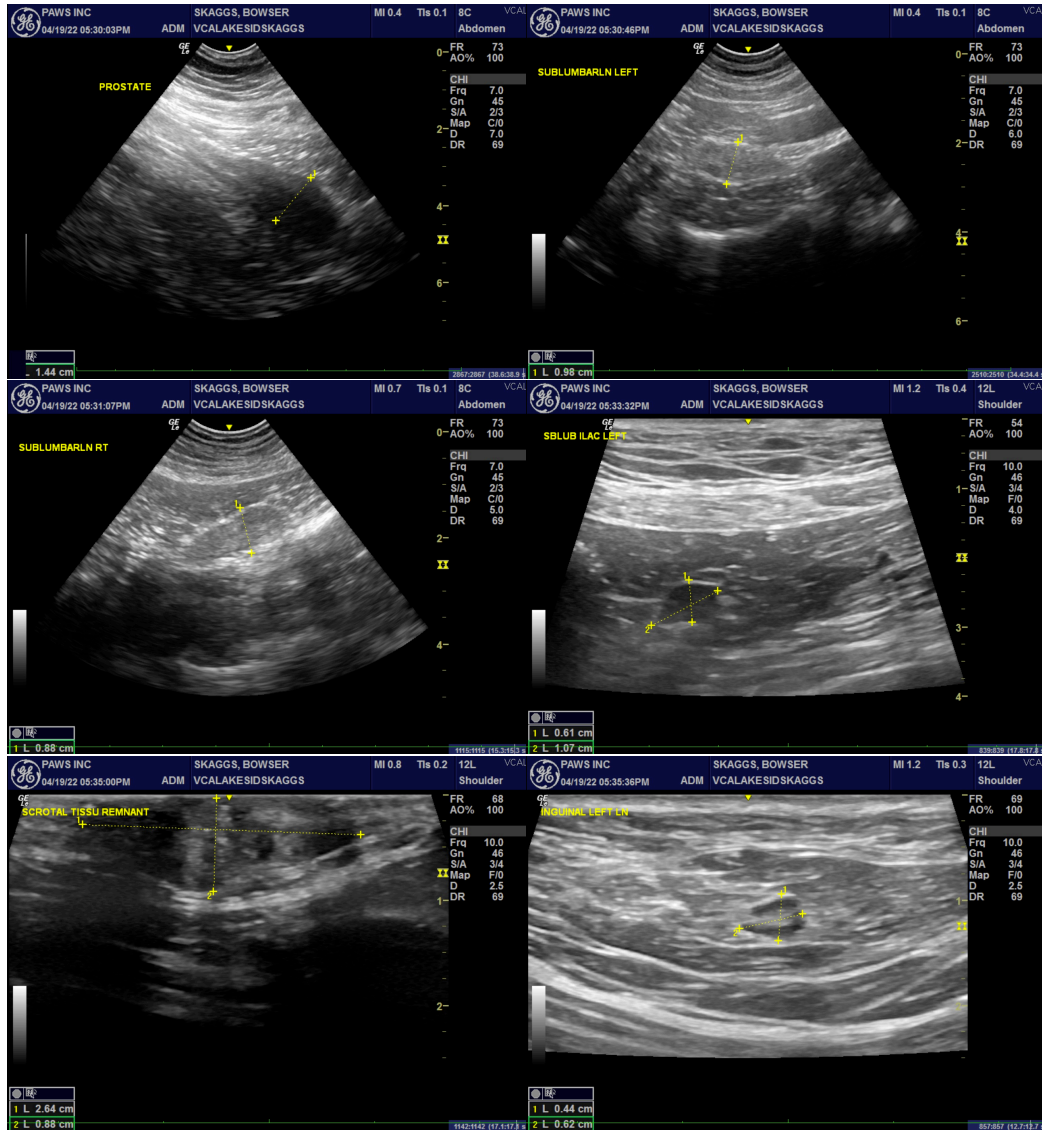
Dr.

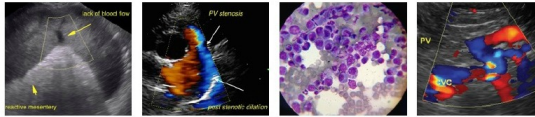
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SPECIES

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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.

BREED

Mastiff/Pit Bull

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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