



PATIENT

Princess Gonzalez

SPECIES

Canine

BREED

Labrador X

SEX

Spayed Female

AGE

6 Years

WEIGHT

50.8 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. G. Ferrer

HOSPITAL NAME

Paseos Vet Center

REFERRING VET

Dr. Martes

INVOICE

40127

DATE

8/3/22

PRESENTING CLINICAL SIGNS

Patient presented as MET check and FNA of the spleen. Patient was diagnosed with Subcutaneous Mast Cell Tumor on right lateral flank region. Surgery was done, but the neoplasia extended to the margins. Oncologist recommended revision of surgery (was declined) or evaluating to see if there was evidence of METs. Histopath report: Subcutaneous mast cell tumor Mitotic count: 4 in 2.37 mm² viewing field (equivalent to the number of mitotic figures in 10 HPF) Margins: Neoplasm extends to margins Vascular invasion: Not Observed FNA of the spleen was done and it was sent to pathologist: Report came back with not much cellularity or abnormal cells seen.
Abnormal PE/Chem/CBC/UA Results: 7/6/22 - CBC wnl CHEM : CREA : 1.9 mg/dL (0.5-1.8) ; BUN: 4 mg/dL (7-27); PHOS: 1.7 mg/dL (2.5-6.8); GLOB 2.4 g/dL (2.5-4.5) ; ALT: 365 U/L (10-125) ; AMYL: 294 U/L (500-1500); Na: 164 mmol/L (144-160); Cl: 68 mmol/L (109-122) 7/23/22 - CHEM: Cl: 108 mmol/L (109-122)

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 left kidney has a normal shape and size (5.76 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.

The right kidney has a normal shape and size (5.22 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.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.41 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 region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. 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.

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.



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Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of 0.47 cm 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. Duodenum wall measured 0.44 cm. Jejunum wall measured 0.37 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

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. All lymph nodes visualized appear isoechoic and relatively of normal size. The right iliac measures at 0.56 cm. The left iliac measures at 0.58 cm. A mesenteric lymph node measures 0.27 cm. The omentum is of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

- No significant lesions visualized on today's exam

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Today's scan appears relatively normal. No focal lesions are visualized associated with the spleen, liver or lymph nodes. Unfortunately, mast cell disease can be infiltrative and can be present without significant ultrasonographic lesions. A fine needle aspirate was performed on the spleen today to screen for possible microscopic metastasis. Recommend further consultation with your oncologist, discussing the reluctance to return to surgery with the possibility of monitoring the incision site with fine needle aspirates, alternate therapies, etc.

The ALT is reported as mildly/moderately elevated. No focal lesions are visualized, but consider a liver function test and fine needle aspirate of the liver to obtain a baseline with monitoring of the liver values, as low-grade hepatitis can sometimes present with minimal changes. If clinically appropriate, you could also consider screening for Leptospirosis.



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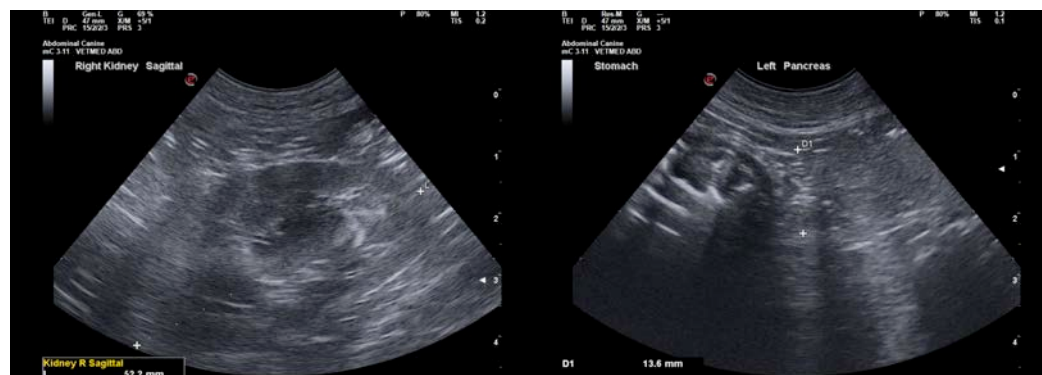
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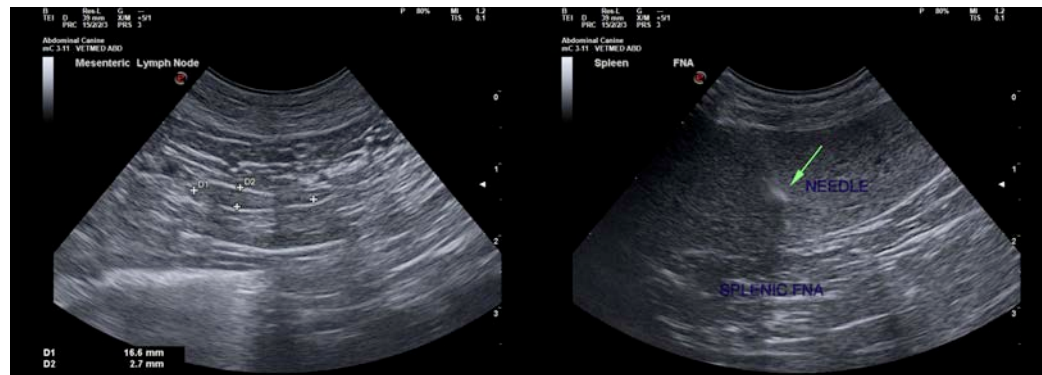
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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