

**DATE PRESENTING CLINICAL SIGNS**

5/20/22 Cutaneous grade 2 MCT excised 4/27/22.

**PATIENT**

Cinnamon Patti

Current Medications: 4/27 post op- Vetprofen 75mg BID for 7 days and 1000mg Cephalexin for 14 days.  
 Date of Previous IntraPet Ultrasound: No previous.  
 Sedation: Not required to complete full diagnostic ultrasound.  
 Stat Report: Not requested.

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****BREED**

Pit Bull

**Urinary System**

The urinary bladder is well distended with anechoic contents. The wall is smooth and regular. No abnormalities are noted with the trigone or proximal urethra, and there is no evidence of sediment, cystoliths, polyps or a mass.

**SEX**

Spayed Female

**Kidneys**

The **left** kidney measures 5.70 cm. The capsule is smooth. The cortex is mildly hyperechoic (i.e., it is isoechoic to the spleen), and a mild loss of the normal definition of the cortico-medullary junction is present. Mineralizations of the diverticulae and pelvis are present, with very small nephroliths, i.e. subtle acoustic shadowing is present. There is no evidence of pyelectasia. An accumulation of intrapelvic fat is noted. The surrounding mesentery is not hyperechoic.

**AGE**

4/15/12

The **right** kidney measures 7.09 cm. The cortex is mildly hyperechoic (i.e., it is isoechoic to the liver). Findings are similar to the left kidney.

**WEIGHT**

79 Pounds

**Aortic bifurcation/trifurcation**

No abnormalities observed.

**INTERPRETED BY**

Lisa Carioto, DVM,  
 DVSc, Diplomate  
 ACVIM

**Adrenal Glands**

The **left** adrenal gland measures 0.48 cm at the cranial pole, 0.68 cm at the caudal pole and 2.53 cm in length. The cranial pole is round and nodular, however, a well circumscribed nodule is not observed. There is no evidence of a mass. No abnormalities are noted with the gland's overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable. The **right** adrenal gland measures 0.74 cm in diameter. No abnormalities are noted with the gland's overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

**IMAGING PERFORMED BY**

Andi Parkinson RDMS

**HOSPITAL NAME**

Honeygo AH

**Spleen**

The spleen is within normal limits in size, architecture, echotexture, and echogenicity. The capsule is smooth. Mild perivascular cuffing is observed, which is consistent with myelolipomas; they are clinically insignificant. No abnormalities are observed with its vasculature, i.e. congestion and thrombi are not identified.

**REFERRING VET**

Dr. Wright

**Liver**

There are no obvious signs of hepatomegaly and its borders are smooth and sharp. The liver's echotexture is homogeneous, however, it is very mildly hyperechoic. No focal lesions are observed. No abnormalities are observed with the hepatic vessels visualized.

**INVOICE**

37807

The gallbladder wall is within normal limits in thickness and echogenicity. A small to moderate amount of echogenic material is present within the GB. The portions of the cystic and/or common bile ducts observed are not dilated or tortuous, i.e. there are no signs of an obstruction.

### ***Gastrointestinal***

A large amount of gas is present in the lumen of the stomach. The gastric wall is within normal limits in thickness and the wall layers are well defined. No obvious abnormalities are observed with its peristalsis. The small intestinal wall thickness, including the duodenum, is within normal limits and the definition of the wall layers is preserved. Ingesta, fluid and gas are present within the lumen of the small intestines. Abnormally dilated loops of bowel are not observed.

The colonic wall is not thickened and mural detail is considered normal. Formed stools are present in the colon.

There are no obvious signs of a mass, foreign body, infiltrative disease or an obstruction in the gastrointestinal tract.

### ***Pancreas***

No overt abnormalities are observed with the echogenicity or echotexture of either limb. There is no evidence of hyperechogenicity of the surrounding mesentery, i.e., signs of active pancreatitis are not present.

### **Other**

#### **Lymph nodes**

No abnormalities are observed

**Abdominal effusion** is not visualized.

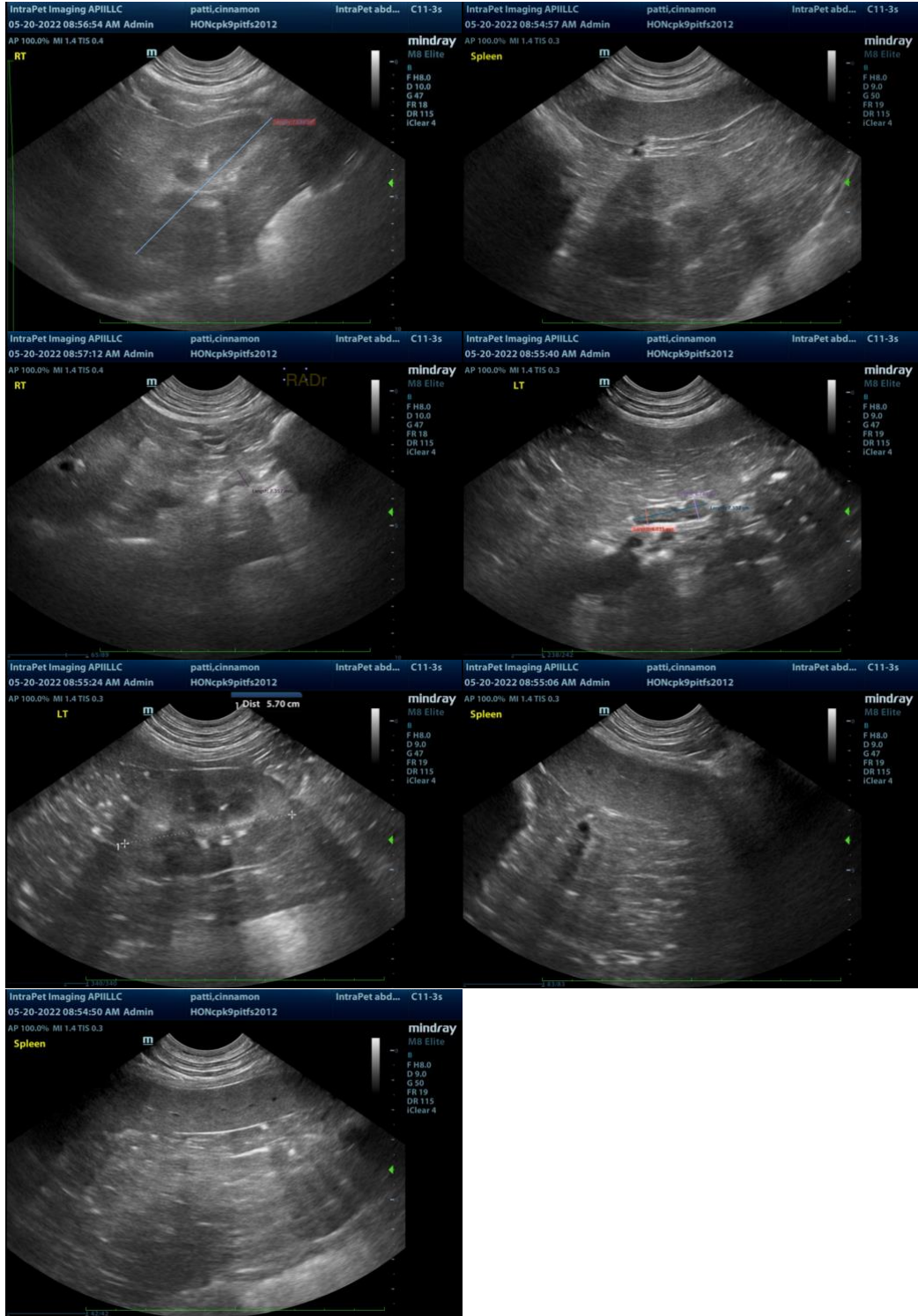
### **ULTRASONOGRAPHIC FINDINGS**

- There are no signs of neoplasia on today's abdominal ultrasound.
- Mild renal changes are observed, which are suggestive of age related degeneration.
- The hepatic changes may be due to a vacuolar hepatopathy due to stress, including chronic illness. Fat deposition may also be contributing to the diffuse hyperechogenicity.

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

If surgical margins were not clear of neoplastic cells, one could consider administration of toceranib (Palladia®), a tyrosine kinase inhibitor. This medication can help slow down recurrence and progression of the tumour. It is administered by mouth three days a week, for example, Mondays, Wednesdays, Fridays. Routine blood work, consisting of a CBC and serum biochemical profile, is required to monitor for neutropenia and elevated liver enzyme activities. Discussion with a board certified oncologist is suggested if this treatment is pursued.

Cetirizine or loratadine administered orally once a day is also recommended if surgical margins were not clear of mast cells.



**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.

**Lisa Carioto, DVM, DVSc, Diplomate AVIM**

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