



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
S'mores McQueen	<p>P has a hx of recurrent cutaneous mast cell tumors. - On 04/02/2021, P presented for pruritic pink lesion on R forelimb which was non-healing and surgically removed. At the time of removal, a second pink dermal mass was found on the shoulder and also removed. Histopathology revealed a low-grade II cutaneous MCT for both masses with complete excision. - After first surgery on 07/01/2021, O noted a small mass on left ear pinna and another 1cm flat, pink pruritic mass on proximal 1/3 of tail. FNA was performed and showed MCT. O again elected for surgical removal, and Torigen therapy post-op. - On surgical prep 07/26/21, 3 more masses were found (all 0.5cm or less, dermal pink masses) on the left side of spine, right hip and pectoral region which were also removed and sent in to Torigen. - In August 2021, 3 Torigen vaccines were given 1 week apart as instructed but P began growing new dermal masses already. Torigen was contacted, said that P may be outpacing the immunotherapy effects of the vaccination. OSU Oncology was consulted also for potential treatment options for recurrent MCTs; Dr. Leeper recommended abdominal scan to assess spleen. PE findings from last exam 9/17/21 - * New ulcerating mass on L flank, several small flat pinpoint pink masses scattered along back, small pinpoint mass caudal to R elbow, two small tumors on right medial eyelid and left dorsal eyelid * T: 101.1F, HR: 180bpm, RR: 30 breath/min *No other abnormalities noted. P is timid and urinates large amounts when handled Current Medications Benadryl (diphenhydramine) 12.5mg PO TID</p> <p>Abnormal PE/Chem/CBC/UA Results: 7/26/21 - CBC = Neutrophils slightly elevated at 13.12k (likely stress leukogram). Comprehensive = stress hyperglycemia 190, slight hypocalcemia 8.0</p>
<b>SPECIES</b>	
Feline	
<b>BREED</b>	
DSH	
<b>SEX</b>	
Neutered Male	
<b>AGE</b>	
9 years	
<b>WEIGHT</b>	
14.8 lbs.	
<b>INTERPRETED BY</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<b>Urinary System</b>
<b>IMAGING PERFORMED BY</b>	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 1.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild, nondependent, particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.
Jenna Walsh, CVT	The area of the aortic trifurcation was free of pathology.
<b>HOSPITAL NAME</b>	Normal renal size with asymmetrical margination were present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 4.2 cm in length. The right kidney measured 4.5cm in length.
The Veterinary Hopsital	
<b>REFERRING VET</b>	<b>Adrenal Glands</b>
Dr. Yomanda	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.45 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.51 cm width.
<b>INVOICE</b>	
12373	
<b>DATE</b>	
10/6/21	



<b>PATIENT</b>	<b><i>Spleen</i></b>
S'mores McQueen	The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion.
<b>SPECIES</b>	The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. The spleen measured 0.78 cm width at the level of the hilus.
Feline	
<b>BREED</b>	<b><i>Liver/ Gallbladder</i></b>
DSH	The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.
<b>SEX</b>	
Neutered Male	
<b>AGE</b>	<b><i>Gastrointestinal</i></b>
9 years	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, nonshadowing ingesta most consistent with post prandial presentation without signs of ileus, obstruction or foreign material.
<b>WEIGHT</b>	
14.8 lbs.	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material. The jejunum wall width measured 0.21 cm.
<b>INTERPRETED BY</b>	
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Normal visible colon wall layers were present with apparent formed feces in lumen.
<b>IMAGING PERFORMED BY</b>	<b><i>Pancreas</i></b>
Jenna Walsh, CVT	The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.
<b>HOSPITAL NAME</b>	<b><i>Free Abdomen</i></b>
The Veterinary Hopsital	No intraabdominal lymphadenopathy, masses or peritoneal effusion was present.
<b>REFERRING VET</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
Dr. Yomanda	<b><i>Primary Findings</i></b>
<b>INVOICE</b>	<ul style="list-style-type: none"> <li>• Mild urinary bladder sediment - likely mild cellular or crystalline debris or possible minor mucus</li> <li>• Bilateral interstitial nephrosis renal pattern - mild chronic renal changes with potential for nonspecific nephritis such as interstitial nephritis</li> <li>• Sonographically unremarkable spleen and liver</li> <li>• Gastric ingesta - probable post prandial presentation</li> </ul>
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**PATIENT**

- No overt lymphadenopathy / Intraabdominal masses

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DVM, DABVP  
(Canine and Feline)

**IMAGING PERFORMED BY**

Jenna Walsh, CVT

**HOSPITAL NAME**

The Veterinary  
Hopsital

**REFERRING VET**

Dr. Yomanda

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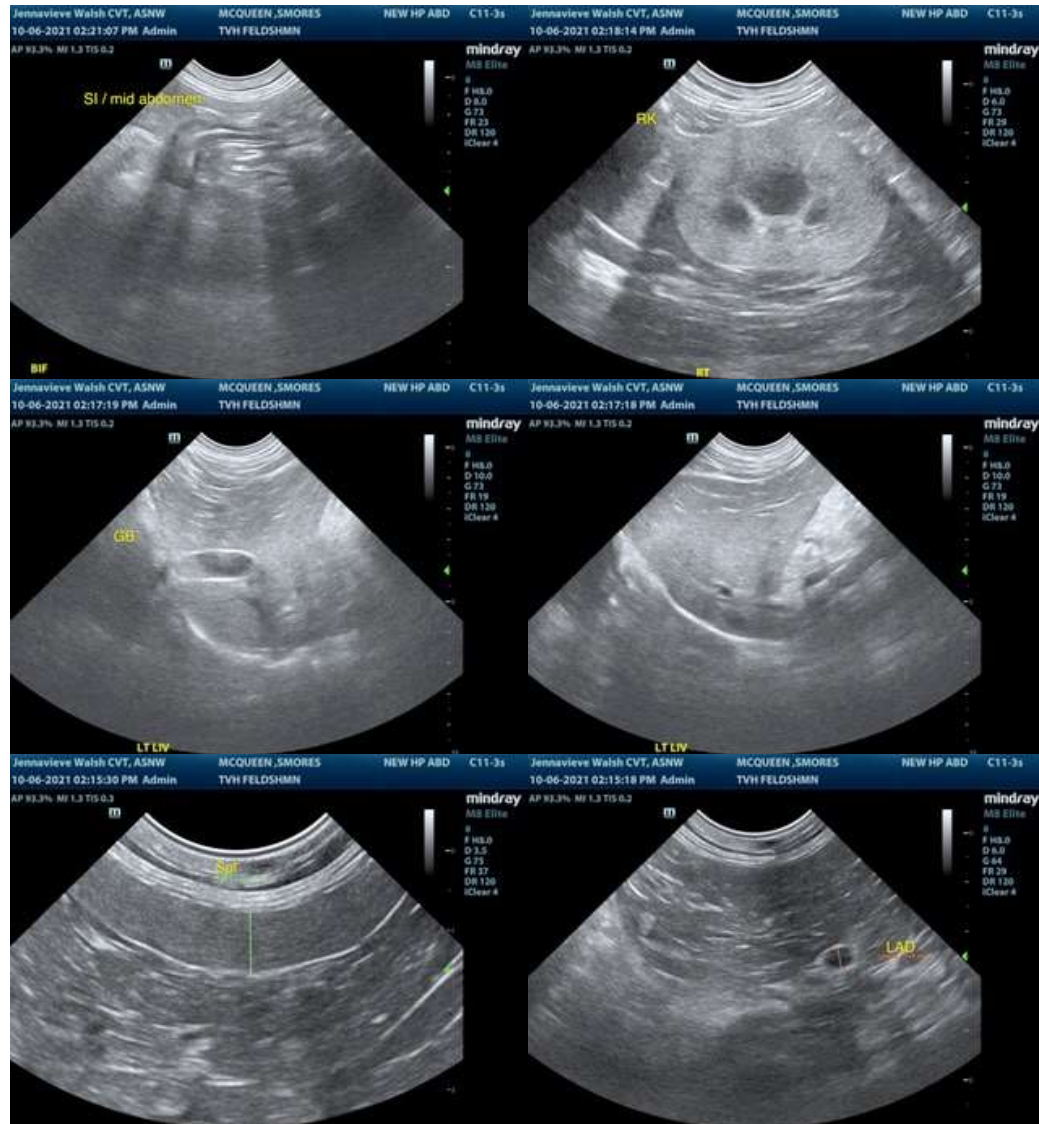
**DATE**

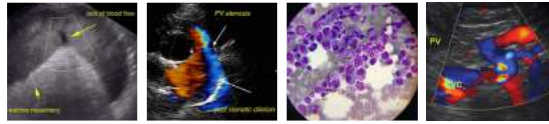
10/6/21

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

Screening FNA of the spleen using a 25-gauge needle may be considered If recommended by an oncologist.





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**The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

**R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)**  
info@SonoPath.com