



PATIENT PRESENTING CLINICAL SIGNS

Kaycee Carpenter MCT on R stifle (difficult to operate location), full staging prior to Stelfonta injection.

SPECIES Current Medications benadryl 50mg BID, famotidine 10mg SID, trazodone prior to appts

Canine Primary Question/Differential to Be Answered in This Exam full staging prior to proceeding with Stelfonta injection. Full abdominal ultrasound with liver and spleen aspirates.

BREED Abnormal PE/Chem/CBC/UA Results: PT and PTT WNL (7.8 and 10.4s respectively); lipase 378, rest of bloodwork WNL
Australian Shepherd

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX
Urinary System

FS
The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

AGE
2yr

WEIGHT
19.2kg
Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 5.7 cm in length. The right kidney measured 5.9 cm in length.

INTERPRETED BY
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)
The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy.

Adrenal Glands

IMAGING PERFORMED BY
Jenna Walsh CVT
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.49 cm width at the caudal pole and 2.1 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.78 cm width at the caudal pole and 1.8 cm length.

Spleen

HOSPITAL NAME
Silver Creek Animal Clinic
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. 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.

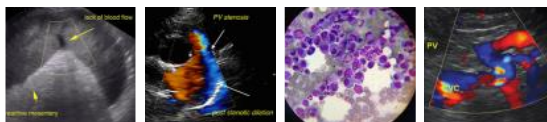
REFERRING VET
Dr. Ferguson

Liver

INVOICE
12407ag
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.

DATE
12/13/2022

Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

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.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

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 was evident.

Free Abdomen

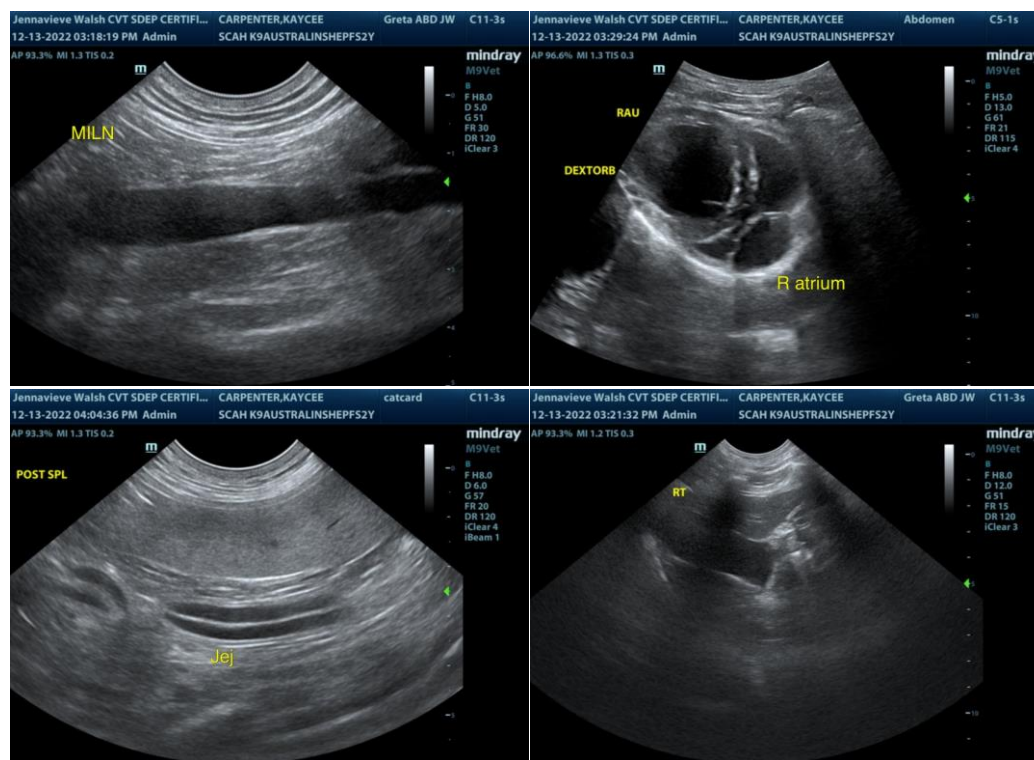
No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable abdomen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of intra-abdominal pathology specifically no evidence of metastatic criteria from cutaneous MCT. Correlation with pending screening hepatosplenic FNA cytology is recommended. Sonographic monitoring of the abdomen based on oncology recommendations is suggested.





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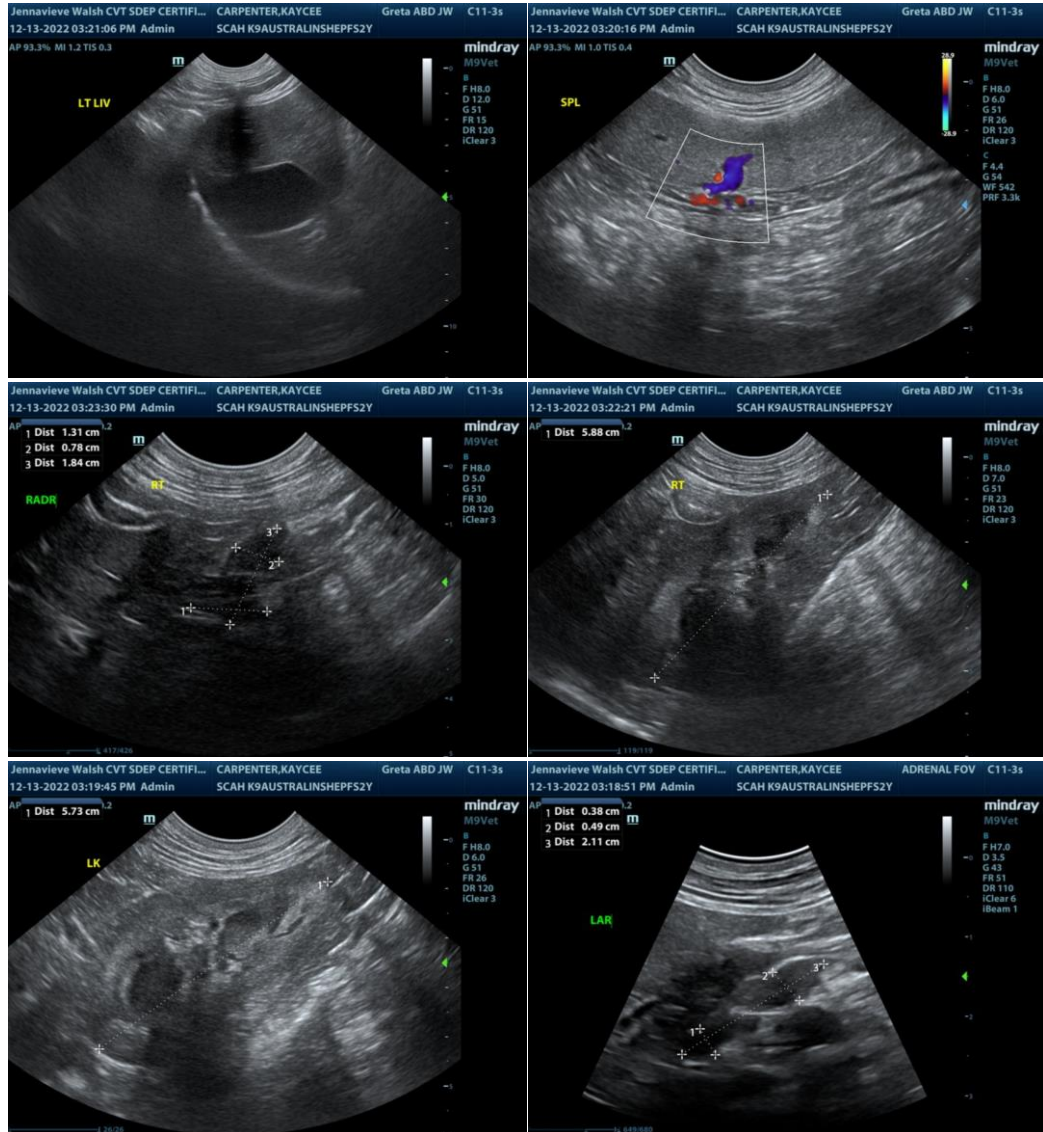
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

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