

**PATIENT PRESENTING CLINICAL SIGNS**

Duke Schaffner History: SQ MCT, pre surgical screen

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Canine

**Urinary System**

**BREED**

Boston Terrier Mix

The urinary bladder, trigone, and cystourethral junction 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 was noted. The urethra exhibited normal subjective tone to a depth of 3.0 cm.

**SEX**

Neutered Male

The residual prostate exhibited mild prominent size yet maintained symmetrical prostatic capsule contour. Subtle prostatic parenchyma heterogeneity with potential emerging pinpoint to focal area of prostatic parenchymal mineralization was present.

**AGE**

8 years

The area of the aortic trifurcation was free of pathology.

**WEIGHT**

37 Pounds

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 6.6 cm in length. The right kidney measured 5.9 cm in length.

**INTERPRETED BY Adrenal Glands**

R. McKenzie Daniel,  
DVM, DABVP  
(Canine and Feline)

A subtle, uniform, mildly echogenic, non-expansive, nodule was present in the cranial left adrenal pole without evidence of associated capsule distortion or expansion. The nodule did not exhibit signs of associated mineralization or vascular invasion. The nodule measured approximately 0.63 cm x 0.49 cm. The overall left adrenal gland measured 0.82 cm width at the cranial pole and 0.69 cm width at the caudal pole.

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
ARDMS/RVT

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.45 cm width at the cranial pole and 0.47 cm width at the caudal pole.

**HOSPITAL NAME**

White Haven VH

**Spleen**

**REFERRING VET**

Dr. Dengler

The spleen exhibited subjective potential for mild generalized enlargement yet maintained symmetrical capsule contour. Subtle generalized splenic parenchyma heterogeneity without evidence of splenic nodules or masses was present. Normal splenic vascularity was noted.

**Liver/ Gallbladder**

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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

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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.

***Gastrointestinal***

**SPECIES**

Canine

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.

**BREED**

Boston Terrier Mix

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

**SEX**

Neutered Male

***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 were evident.

**AGE**

8 years

***Free Abdomen***

No omental masses, lymphadenopathy or peritoneal effusion were present.

**WEIGHT**

37 Pounds

**ULTRASONOGRAPHIC FINDINGS**

***Primary Findings***

- Subtle cranial left adrenal nodule- suspect adenoma
- Subjective mild splenomegaly exhibiting subtle generalized parenchyma heterogeneity
- Possible emerging pinpoint mineralization in residual prostate

**INTERPRETED BY**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Overall, no overt evidence of intra-abdominal metastasis from cutaneous MCT.

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ARDMS/RVT

The potential for emerging pinpoint residual prostate parenchymal mineralization is of unclear clinical significance. The prostate was not overtly consistent with prostatic pathology, given its size and maintained symmetrical capsule contour, yet mineralization has at times been associated with residual prostatic inflammation or potential emerging neoplasia. Rectal palpation to assess for prostatic discomfort could be considered. Otherwise, sonographic monitoring of the prostate for evidence of progressive mineralization or parenchymal changes would be appropriate. Likewise, monitoring of the subtle left adrenal nodule is recommended for evidence of progression.

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The subtle splenic heterogeneity may be a normal patient variant or consistent with incidental hyperplasia, hematopoiesis, or splenitis. However, given the history of mast cell tumor, or based on oncology recommendations, ultrasound-guided FNA of the spleen, using a 25-gauge needle and assuming normal clotting status, for screening cytology primarily to ensure only benign changes are present would be warranted.

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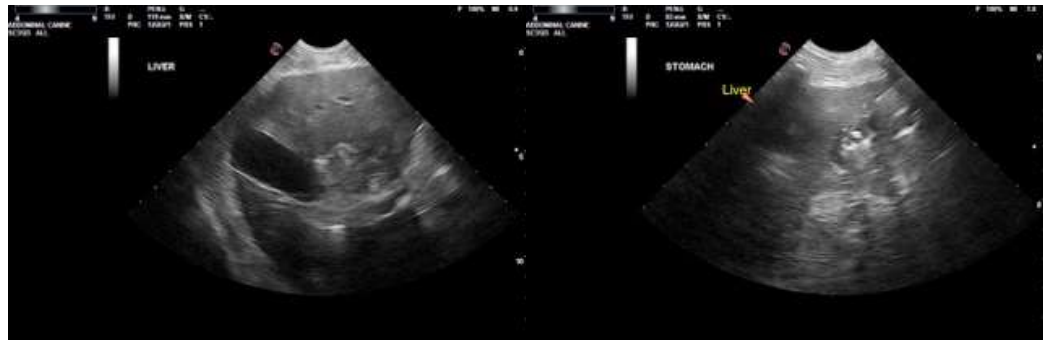
Dr. Dengler

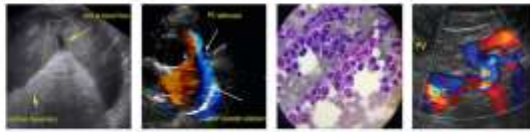
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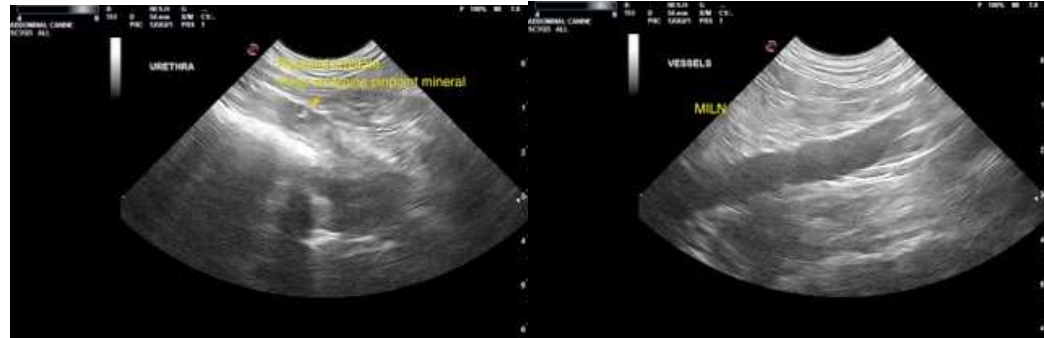
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**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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)**  
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