

**PATIENT**

Boomer Garrison

SPECIES

Canine

BREED

Mixed breed

SEX

Neutered male

AGE

12 years

WEIGHT

99 pounds

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)**IMAGING PERFORMED BY**

Rachel Runnells RVT

HOSPITAL NAMESVS Imaging Kansas
City**REFERRING VET**

Dr. John Lyle

INVOICE

10086ag

DATE

03/01/2022

PRESENTING CLINICAL SIGNS

History: Presented for second opinion about mast cell tumors. 2 tumors on R shoulder. On Vetprofen and Benadaryl.

Abnormal PE/Chem/CBC/UA Results: 3/23 CBC, Chem, T4: ALT 333 (12-118), ALKP 991 (5-131), Na/K ratio 26 (27-38), CHOL 424 (92-324), PLT count 438 (170-400). Rest WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder presented uniformly thickened urinary bladder wall isoechoic to the adjacent normal urinary bladder wall. The luminal margin of the thickened urinary bladder wall was mildly asymmetrical in contour. Urinary bladder wall thickness measured 0.7 cm in width. Mineralization or echogenic foci within the thickened areas of urinary bladder wall was not present. The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal tone. Anechoic urine was present in the lumen with moderate nonparticulate sediment. No masses or calculi noted. The ureteral papillae were normal. The ureters were not visible which is normal.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some mildly increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 7.8 cm in length. The right kidney measured 7.6 cm in length.

The residual prostate was free of overt pathology.

The area of the aortic trifurcation appears normal without evidence of sub lumbar or medial iliac lymphadenopathy.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.82 cm width at the caudal pole and 0.73 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.75 cm width at the caudal pole and 0.84 cm width at the cranial pole.

Spleen

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.

Liver

The liver exhibited subjective mild enlargement. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with echogenic nonmineralized biliary sludge. The cystic and common bile ducts were normal.

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 pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum-likely consistent with age related pancreatic changes and considered incidental.

Free Abdomen

No omental masses, lymphadenopathy or peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy exhibiting generalized mild parenchymal remodeling-subjectively benign.
- Mild gallbladder debris (non-mucocele)-potentially owing to cholestasis.
- Mild age-related renal changes.
- Suspect cystitis with moderated urinary bladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A full urinary workup including urinalysis and urinary C/S if evidence of inflammatory cells is recommended.

The presentation of the liver may indicate vacuolar hepatitis, chronic active hepatitis, cholangiohepatitis, early fibrosis / cirrhosis or other hepatopathy. Neoplasia considered a less likely differential diagnosis.

Assuming normal clotting status an ultrasound guided FNA of the liver for screening cytology to assess for potential inflammatory cells could be considered. Given the history of mast cell tumors, concurrent screening splenic FNA could be considered. Hepatosupportive medications including Denamarin and ursodiol may prove beneficial.

Overall, no overt evidence of intra-abdominal metastasis from cutaneous mast cell tumor was observed.

Sonographic monitoring of the abdomen based on oncology recommendation would be a more conservative approach.



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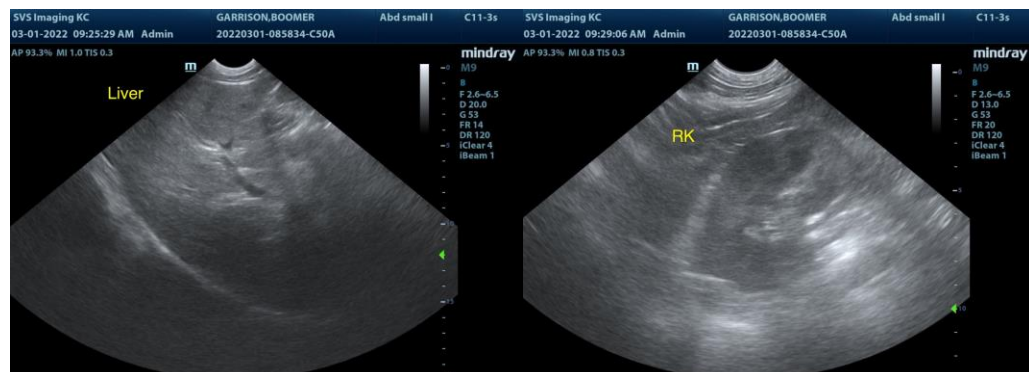
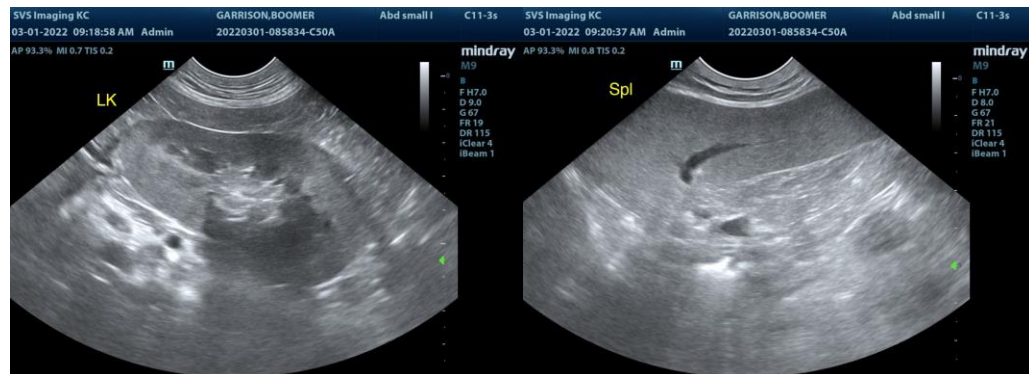
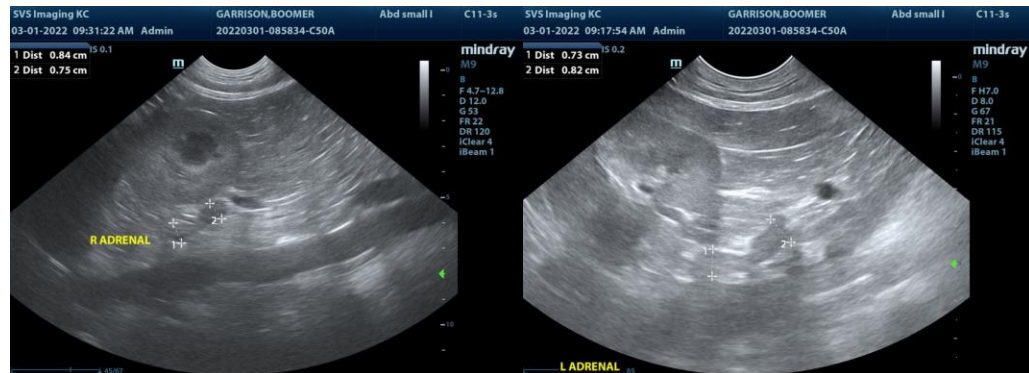
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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