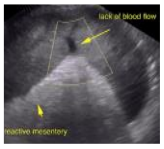

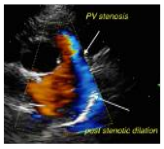

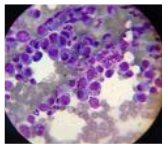
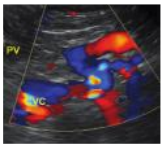

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PATIENT

Rascal Vaughns

SPECIES

Canine

BREED

Beagle Mix

SEX

MN

AGE

13y

WEIGHT

40

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Hannah Fearing

HOSPITAL NAME

Lanier AH

REFERRING VET

Dr. Macie Joncas

INVOICE

16334

DATE

3/10/23

PRESENTING CLINICAL SIGNS

History of mast cells tumors. Preformed ultrasound to make sure he is safe to go under anesthesia.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

No overt pathology associated with the residual prostate.

No evidence of medial Iliac or sublumbar lymphadenopathy/masses.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Small lateral cortical cyst was noted in the left kidney. The left kidney measured 6.3 cm in length. The right kidney measured 6.0 cm in length.

Adrenal Glands

The left adrenal gland was overtly normal in size, position, and shape. The left adrenal gland measured 0.59 cm width at the caudal pole. The area of the right adrenal gland was free of overt pathology, although not distinctly visualized.

Spleen

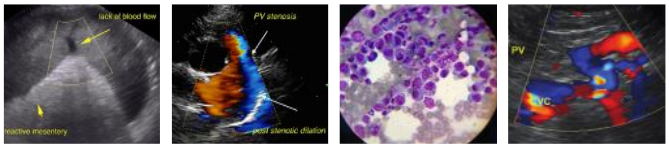
The spleen exhibited normal size and contour with generalized mild heterogeneous parenchyma. Variably echogenic yet non-disruptive nodules ranging from a hyperechoic perihilar nodule, consistent with probable benign myelolipoma, to subtle hypoechoic nodules, which may indicate areas of hyperplasia or hematopoiesis. Potential for emerging infiltrative splenic nodular neoplasia is considered less likely yet cannot be definitively excluded. An example of a hypoechoic splenic nodule measured 0.55 cm in diameter.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. 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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Mild to moderate mildly echogenic luminal fluid was present. No evidence of mechanical pyloric outflow obstruction was noted.



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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, consistent with age-related pancreatic changes and incidental. No signs of active inflammation or neoplasia.

Free Abdomen

No omental masses, lymphadenopathy, or evidence of peritoneal effusion were noted.

ULTRASONOGRAPHIC FINDINGS

- Moderate chronic renal changes with left kidney cortical cysts
- Normal splenic size / contour with variably echogenic yet non-disruptive nodules
- Hepatic parenchymal remodeling - benign

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Largely geriatric abdomen without definitive evidence of intraabdominal neoplastic criteria.

Given the history of mast cell tumors and assuming normal clotting status, splenic FNA cytology specifically of a hypoechoic splenic nodule if accessible is warranted for screening cytology. Sonographic monitoring of the abdomen and specifically the spleen based on oncology recommendations would be a more conservative approach. No overt anesthetic contraindications.

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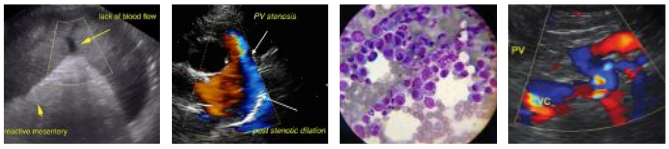

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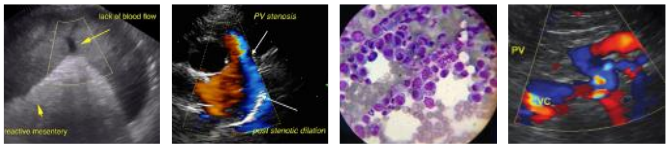

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com