



PATIENT

Stormy Moreno

SPECIES

Canine

BREED

Pit Bull

SEX

Spayed female

AGE

7 years

WEIGHT

81 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Velasco

HOSPITAL NAME

Bethany Family Pet
Clinic

REFERRING VET

Dr. Velasco

INVOICE

10237ag

DATE

03/25/2022

PRESENTING CLINICAL SIGNS

History: This is a scan for MCT staging. Pt has had two MCT removed via stelfonta. Another ear base MCT has popped up 7 months later. Thoracic rads have been submitted.

Abnormal PE/Chem/CBC/UA Results: CBC/CHEM/UA/T4 are WNL.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

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 7.0 cm in length. The right kidney measured 8.6 cm in length.

The area of the aortic trifurcation was free of pathology without evidence of sublumbar or medial iliac lymphadenopathy.

Adrenal Glands

No overt pathology associated with the left or right adrenal gland although not definitively visualized.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Medial folding of the cranial spleen was observed, this is not indicative of underlying splenic pathology and is not considered evidence of neoplastic criteria but likely incidental or patient variant. 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 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.

Gastrointestinal

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.



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Pancreas

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The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum and is consistent with mild pancreatic remodeling which is an age-related change and incidental. No signs of active inflammation or neoplasia.

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Free Abdomen

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

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ULTRASONOGRAPHIC FINDINGS

- Normal abdomen.
- Mild cranial splenic folding-incident, no evidence of splenic neoplastic criteria.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of intrabdominal metastatic disease secondary to cutaneous mast cell tumor. Assuming normal clotting status a screening splenic FNA using a 25g needle could be considered, otherwise sonographic monitoring of the abdomen based on oncology recommendations is recommended.

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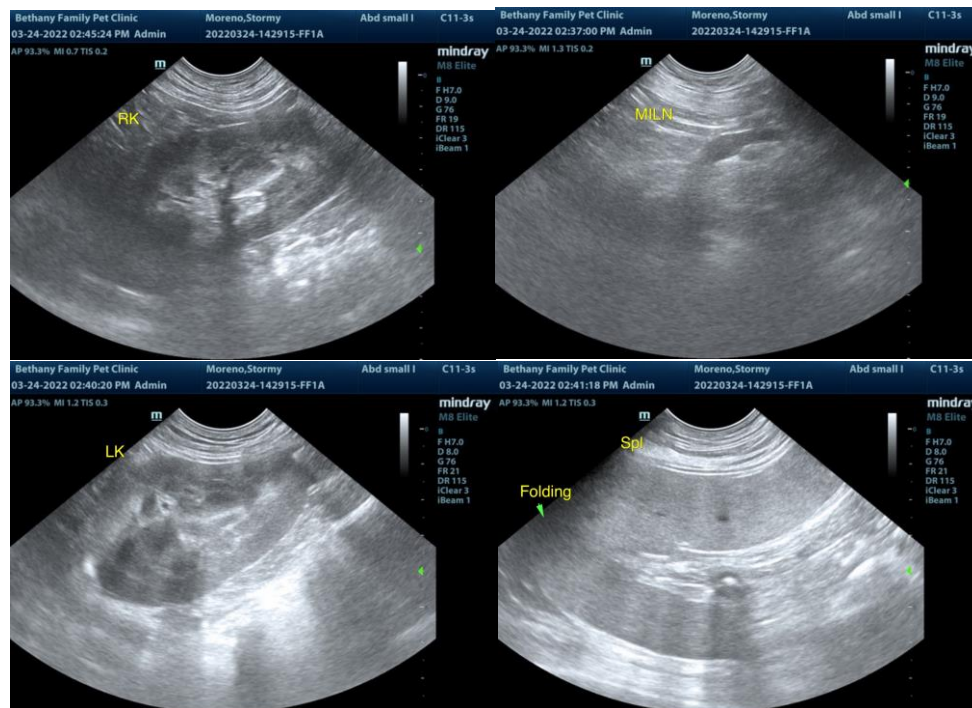
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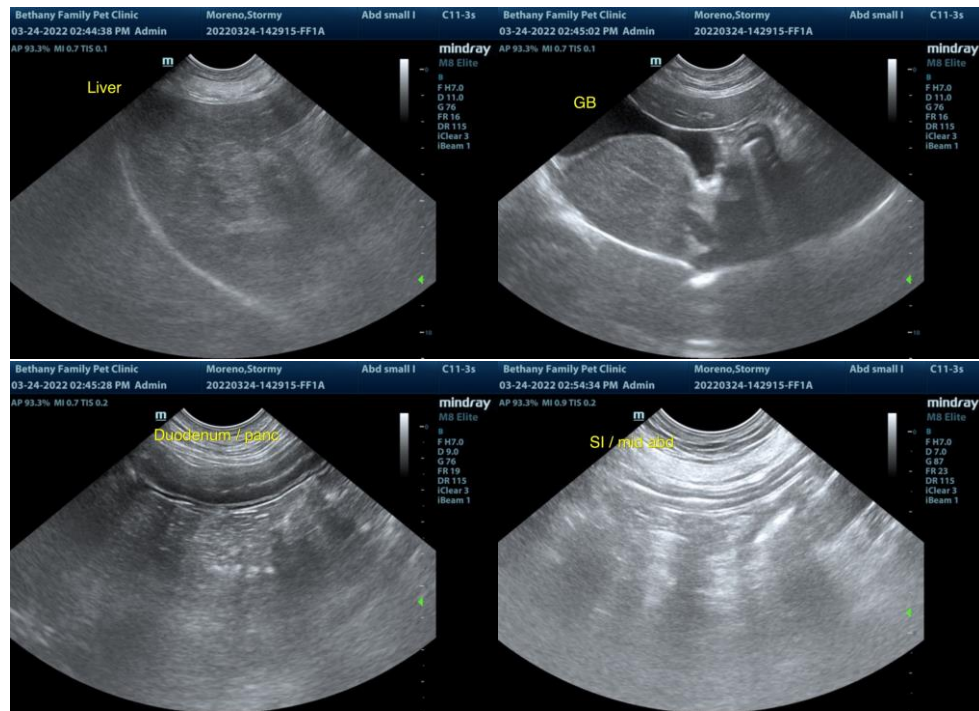
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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