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Clinical Sonography & Telecytology
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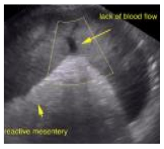
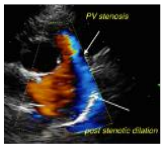
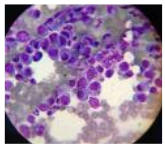
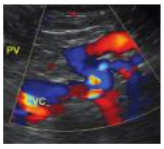





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Ripley Penaloza

SPECIES

Canine

BREED

Boxer Mix

SEX

Spayed Female

AGE

8 Years

WEIGHT

57 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rachel Runnells, RVT

HOSPITAL NAME

SVS Imaging KC

REFERRING VET

Dr. Cason

INVOICE

14794

DATE

4/15/22

PRESENTING CLINICAL SIGNS

History: Subcutaneous mass on cranial ventral abdomen recently noticed. Aspiration showed round cell population with granulation, suspect mast cell tumor. Staging of MCT. Thoracic radiographs being taken same day as ultrasound.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm 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. Aortic trifurcation was normal without evidence of sublumbar or medial iliac lymphadenopathy.

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 6.8 cm in length. The right kidney measured 6.3 cm in length.

Adrenal Glands

Both adrenal glands were normal in size and overall contour. Subtle, heterogeneous nonmineralized parenchyma noted in both adrenal glands without evidence of primary or metastatic neoplastic criteria. The left adrenal gland measured 0.59 cm at the cranial pole and 0.60 cm at the caudal pole. The right adrenal gland measured 0.82 cm at the caudal pole and 0.78 cm at the cranial pole.

Spleen

The spleen was overall normal in size and contour. Subtle generalized splenic parenchyma heterogeneity with intermittent variably echogenic nodules noted in the mid to cranial spleen. An example of nonhomogeneous to mixed echogenic nodule in the cranial lateral spleen with mild associated lateral capsule distortion measured 1.5 cm in diameter. An example of non-expansive uniform hypoechoic nodule in the subjective cranial spleen measured 0.97 cm in diameter.

Liver

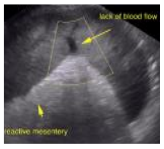
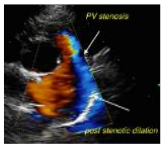
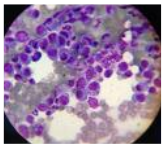
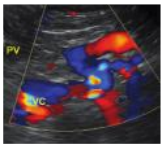
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs 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. The lumen of the stomach contained moderate, focally shadowing ingesta without signs of 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.

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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, lymphadenopathy or peritoneal effusion was present.

Other

A rapid view of the heart reveled no evident pathology.

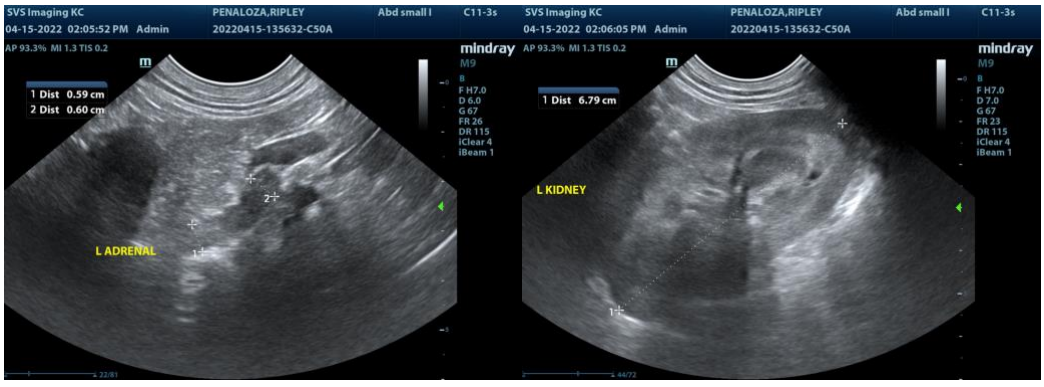
ULTRASONOGRAPHIC FINDINGS

- Nonspecific, variably echogenic, subtly expansive splenic nodules
- Minor hepatic parenchymal remodeling- subjectively benign
- Gastric ingesta- likely recent meal ingestion

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenic nodules were nonspecific with multiple etiologies, which may include areas of benign hyperplasia, hematopoiesis, granulomas/myelolipomas, hematoma, previous infarct, while the possibility of primary versus metastatic neoplasia given the history of mast cell tumor could be possible.

Assuming normal clotting status and using a 25-gauge needle, splenic parenchymal and nodule FNA of warranted for screening cytology. Sonographic monitoring of the splenic nodules for evidence of progression with initial recheck in 3-4 weeks would be a more conservative approach. No other potential evidence of intraabdominal metastasis noted.



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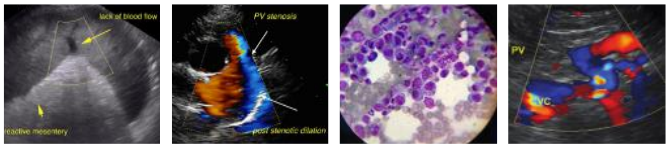

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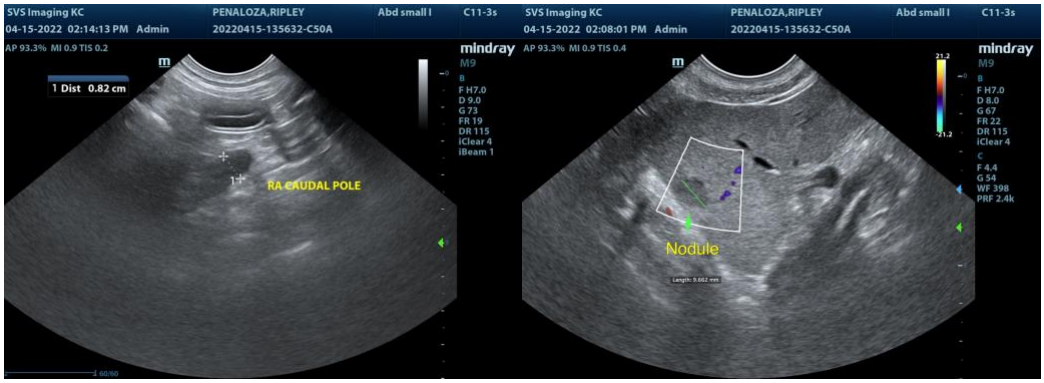

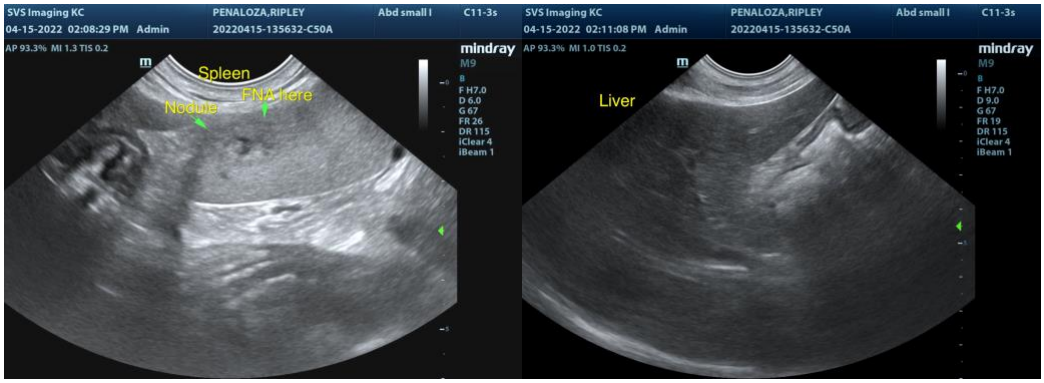

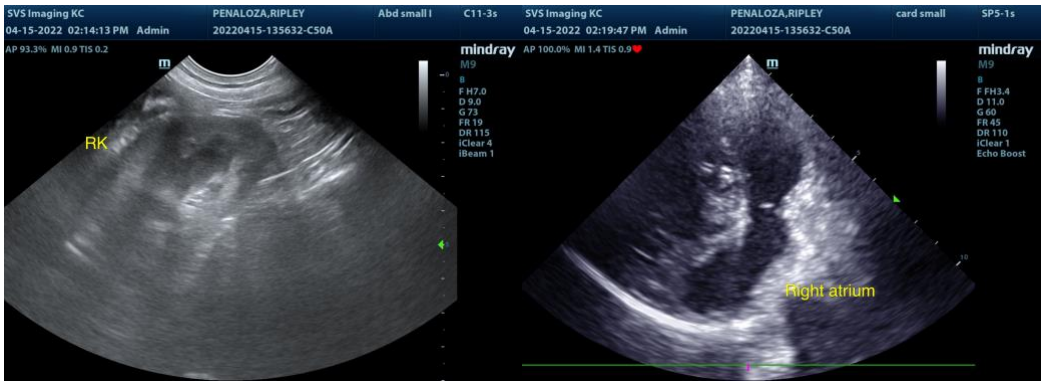

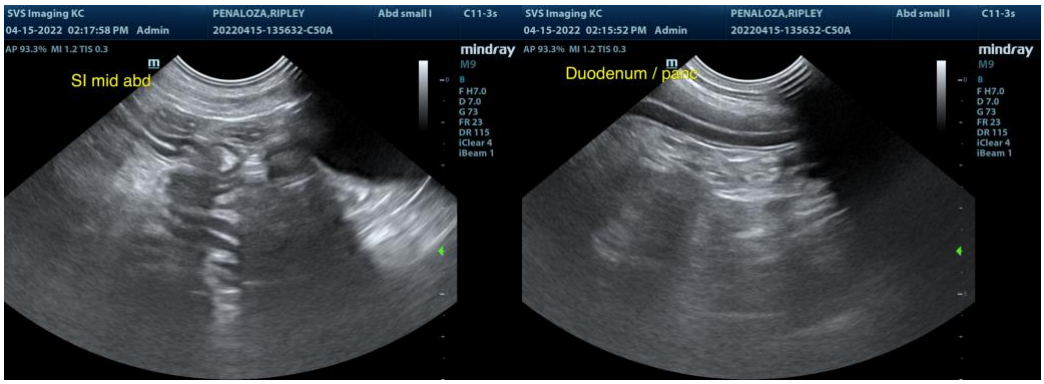

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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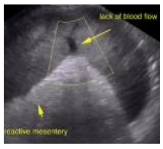
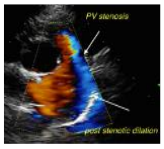
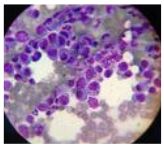
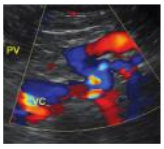

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com