



PATIENT PRESENTING CLINICAL SIGNS

Shai Ingram History: Reason for Visit: EXAM History: PET IS HERE FOR GENERAL EXAM, OWNER STATES FATTY MASS NOTED 6 MONTHS AGO AND RECENTLY JUST STARTED GETTING BIGGER/ NOT BOTHER PET. OWNER FEELS PET SEEMS LIKE GETTING OLD VERY FAST

SPECIES

Canine

BREED

Boxer Mix

SEX

Spayed female

AGE

7 years 9 months

WEIGHT

55.4 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY
Michaleen

HOSPITAL NAME

DPC Veterinary
Hospital

REFERRING VET

Dr. Whited

INVOICE

10407ag

DATE

04/16/2022

Abnormal PE/Chem/CBC/UA Results: Hydration: N Mentation: QAR FRIENDLY EENT: MILD CERUMEN BUILD UP AU. Oral Cavity: MILD DENTAL TARTAR ALL FIELDS Lymph Nodes: N Skin: GENERALIZED DANDRUFF. ON RIGHT SIDE OF THORACIC WALL THERE IS A SQ WELL ADHERED MASS MEASURING ROUGHLY 1.5 CM IN ALL DIMENSIONS. CV/Respiratory: N Abd/GI: N Uro/Perineum: N Musculoskeletal: N Neurological: N Findings: ROUND CELL TUMOR WITH COPIOUS DARK STAINING GRANULES. CELLS ARE PREDOMINANTLY OF SAME SIZE. NO FREE FLUID OVERT MASSES OR SIGNS OF METASTASIS WHEN SCANNING LIVER AND SPLEEN. Assessment: CAUSE OF CLINICAL SIGNS IS DUE TO MASS CELL TUMOR. Testing Performed: Cytology of R thoracic wall SQ mass

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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.

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 7.1 cm in length. The right kidney measured 6.4 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal and right adrenal gland were not definitively visualized.

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 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.



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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.

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Canine

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.

BREED

Boxer Mix

Free Abdomen

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

SEX

Spayed female

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable abdomen.

AGE

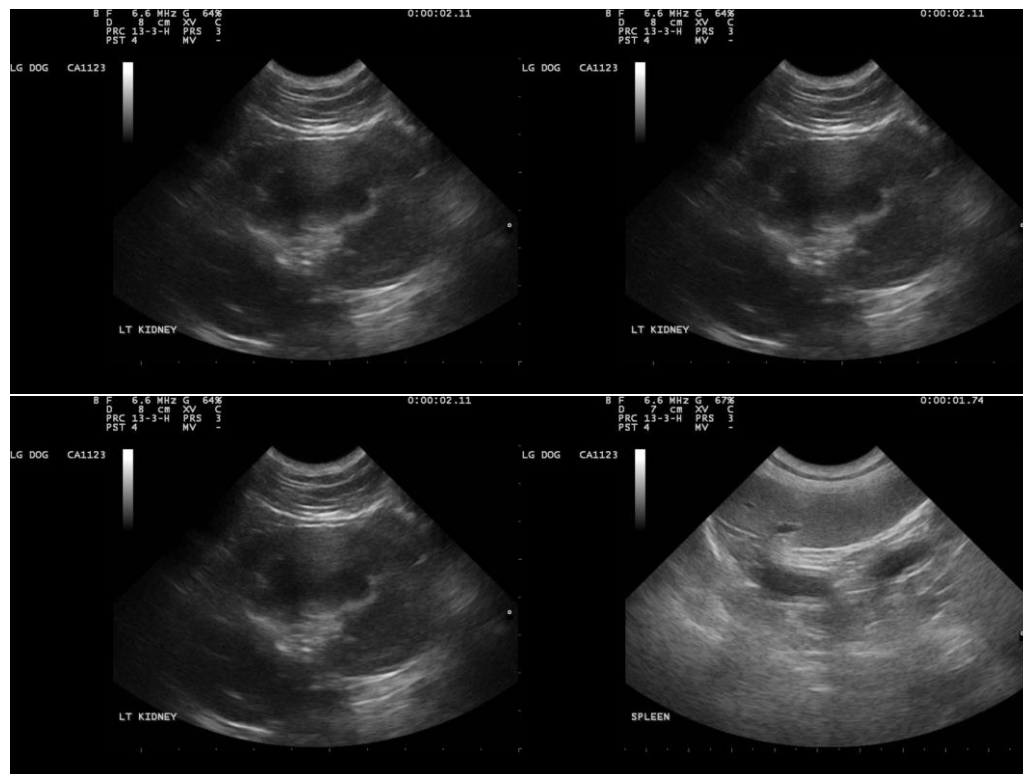
7 years 9 months

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of abdominal visceral pathology including no overt evidence of intra-abdominal metastasis from the SC mast cell tumor. Sonographic monitoring of the abdomen +/- screening splenic FNA using a 25g needle and assuming normal clotting status based on oncology recommendations is suggested.

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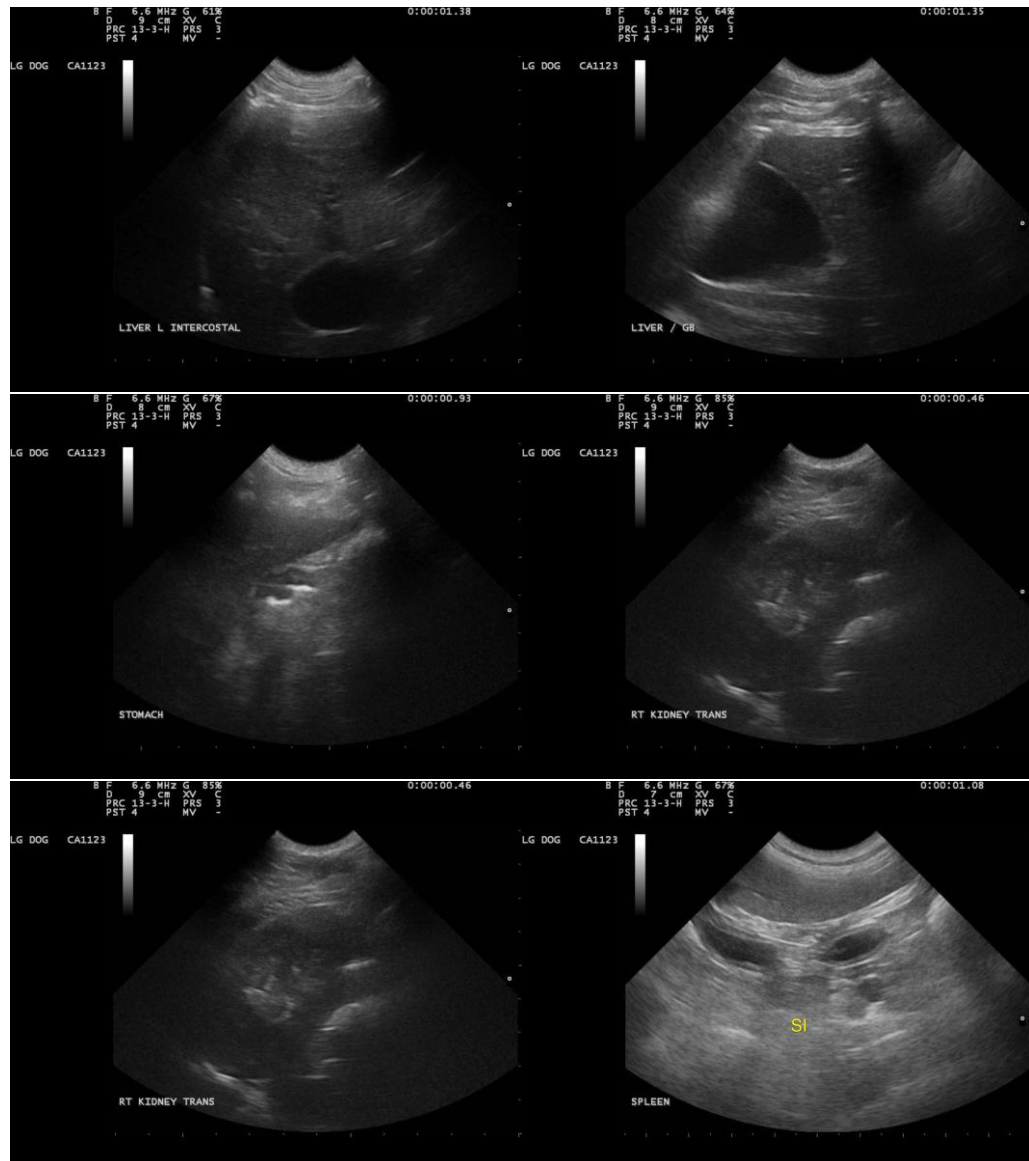
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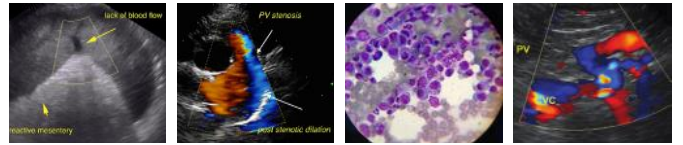


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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