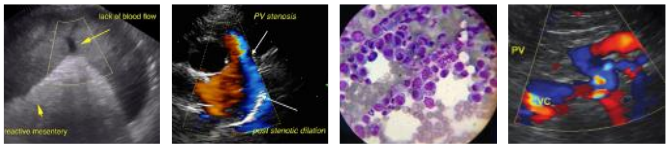
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Izzy Beall

SPECIES

Canine

BREED

Boxer

SEX

FS

AGE

9 years

WEIGHT

31 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Patti Mayfield DVM

HOSPITAL NAME

Broken Top VC

REFERRING VET

Terra McSwain DVM

INVOICE

17289

DATE

7/19/23

PRESENTING CLINICAL SIGNS

Evaluated on 7/10/23 for acute onset of large, SQ/deep tissue mass in the R axilla and subsequent regional lymphedema. -- Patient was started on prednisone and the swelling has improved slightly, however mass remains unchanged. -- PPH: MCT excision (complete, grade II, L lateral abdomen) in April of 2023

Abnormal PE/Chem/CBC/UA Results: PE: -- Dental calculus -- LS OU -- Large, firm mass in the SQ/deeper tissue region of the R axilla with mild lymphedema (regional) and mild petechiation of a focal region of integument. 7/10/23 CBC: --RETIC: 124 K/uL (H) -- EOS: 63/uL (L) CHEM: -- AMYL: 2209 U/L (H) -- LIPA: 1158 U/L (H) UA: -- USG: 1.007 -- Trace protein T4: 1.1 FT4: 0.5 (L) ProBNP: WNL 4DX/HW: NEG x 4

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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 was noted.

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 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 7.0 cm in length. The right kidney measured 6.5 cm in length.

Adrenal Glands

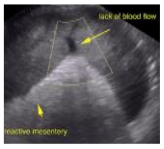
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.8 cm length x 0.55 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.6 cm length x 0.67 cm width at the caudal pole.

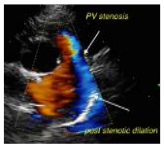
Spleen

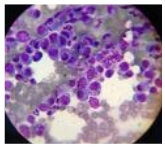
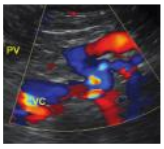
The spleen was normal in size and contour with a finely textured, mildly heterogeneous generalized splenic parenchyma. Intermittent, nondisruptive, subtly hypoechoic splenic nodules were present with an example measuring 1.2 cm in diameter. No splenic mass was noted.

Liver/ Gallbladder

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 containing primarily anechoic content with mild gallbladder sediment. The cystic and common bile ducts were normal.





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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.

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 were evident.

Free Abdomen

No omental masses, lymphadenopathy, or evidence of peritoneal effusion were noted. A moderately sized, nonuniform to variably echogenic, subcutaneous mass was noted in the area of the right axilla measuring approximately 10.0 cm in diameter. Subjectively, the mass was not consistent with fat echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Intermittent subtle splenic nodules
- Sonographically unremarkable liver
- Mild gallbladder sediment
- Nonhomogeneous subcutaneous mass area of right axilla

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The subtle splenic nodules are nonspecific and may tend to trend benign, i.e., incidental hyperplasia, hematopoiesis, or similar. However, given patient history of mast cell tumor, early splenic neoplastic criteria cannot be definitively excluded.

In conjunction with right axilla mass sampling, screening hepatosplenic FNA cytology, assuming normal clotting status and using a 25-gauge needle, is warranted, although cytology may potentially be suppressed given the current Prednisone therapy. There was no overt evidence of intrabdominal primary neoplastic criteria. CT assessment of the unspecified mass for further clarification, determination of extent, as well as surgical planning and surgical / oncology consult is likely ideal if possible.

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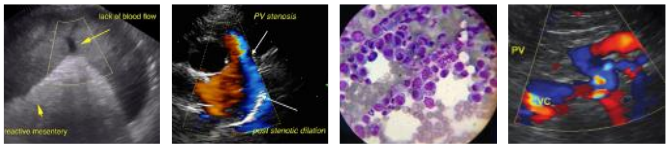

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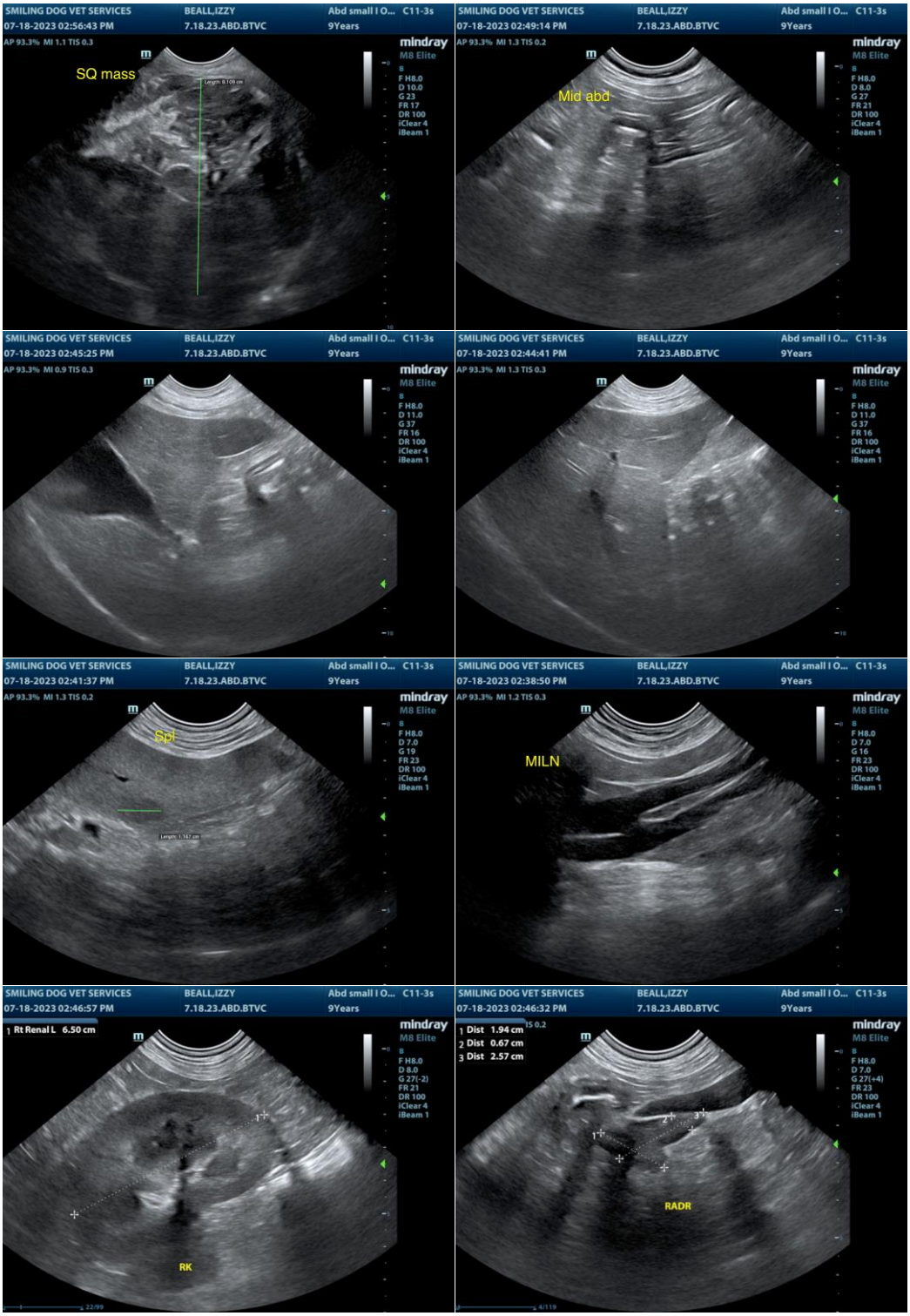

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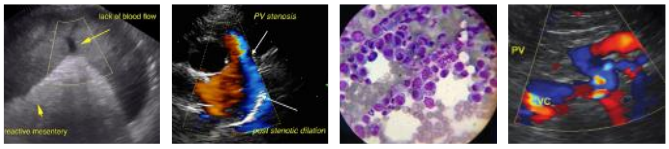

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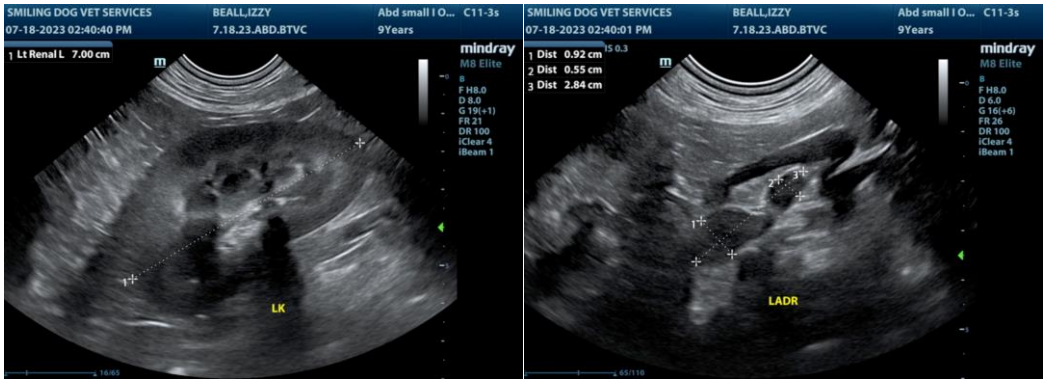

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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