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Clinical Sonography & Telecytology
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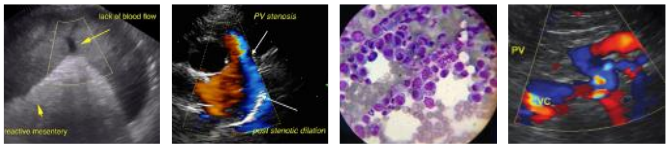

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1-800-838-4268 info@sonopath.com

PATIENT

Blue Sheets

SPECIES

Canine

BREED

Pit Bull

SEX

F/S

AGE

9

WEIGHT

67

INTERPRETED BY

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

IMAGING PERFORMED BY

Cassidy Braverman

HOSPITAL NAME

Bush AH

REFERRING VET

Dr. Blystone

INVOICE

14652

DATE

8/17/22

PRESENTING CLINICAL SIGNS

Cutaneous MCT left tarsus. Concern for disseminated MCT with elevation in liver values.
Abnormal PE/Chem/CBC/UA Results: Lab Findings: AST 123 IU/L, Alk Phos 337 IU/L, ALT 434 IU/L
Current Medications: Diphenhydramine Radiographic Findings: None performed

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.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained with minor loss of corticomedullary border demarcation. 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 6.0 cm in length. The right kidney measured 6.0 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 0.55 cm width at the caudal pole and 0.58 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.50 cm width at the caudal pole.

Spleen

The spleen exhibited subjective mild enlargement with a maintained symmetrical capsule contour and generalized mild splenic parenchyma heterogeneity. No distinct masses or nodules were noted. Normal splenic vascularity was present.

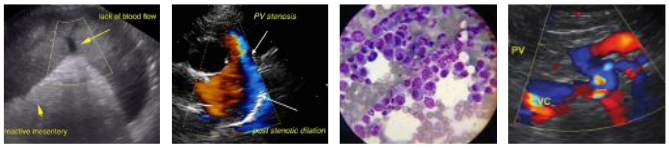
Liver/ Gallbladder

The liver presented subjective mild enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. No evidence of hepatic masses or nodules was noted. The gallbladder was non-distended in size with 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.



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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 were evident.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

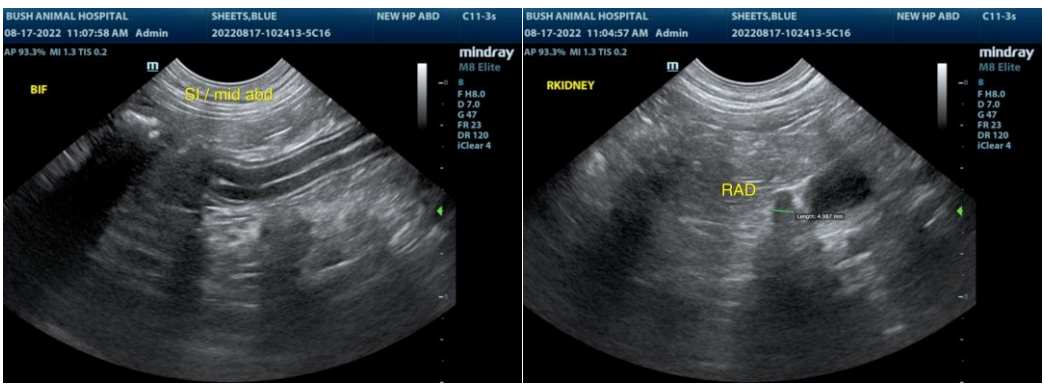
- Splenomegaly exhibiting mild nonhomogeneous parenchyma
- Nonspecific hepatopathy
- Early minor age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mildly enlarged to nonhomogeneous spleen was nonspecific with multiple etiologies possible Including incidental hyperplasia, hematopoiesis, splenitis, or patient variant. However, the potential for splenic neoplastic criteria, given the history of cutaneous mast cell tumor, cannot be excluded.

Sonographically, the appearance of the liver was suggestive of benign hepatopathy with potential considerations including vacuolar hepatopathy, inflammatory / Immune-mediated disease, or other hepatopathies with hepatic neoplastic criteria considered less likely.

Further assessment including hepatosplenic FNA cytology, assuming normal clotting status and using a 25-gauge needle, with Benadryl pre-treatment is recommended. Empirically, hepatosupportive medications such as Denamarin may prove beneficial.



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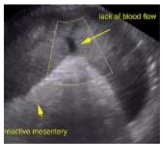
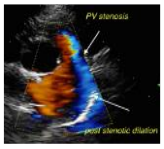
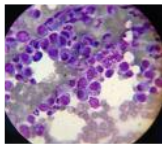
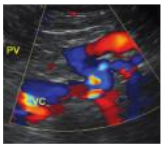

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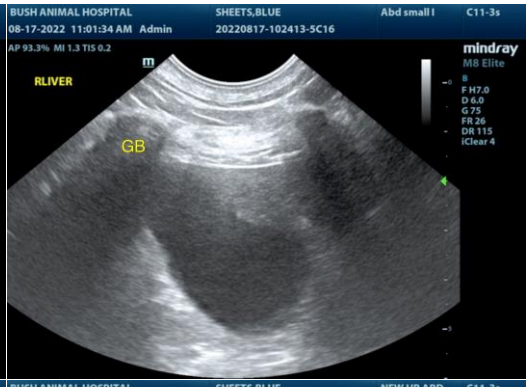

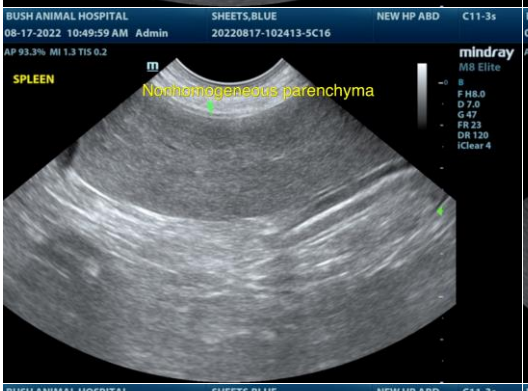

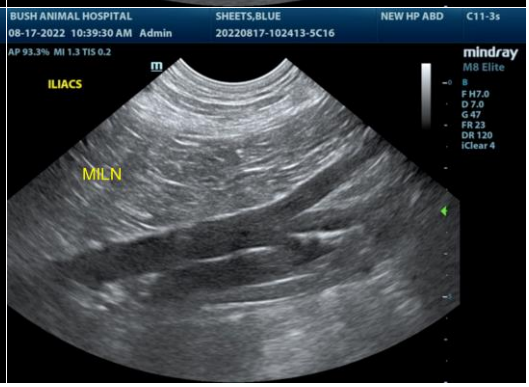

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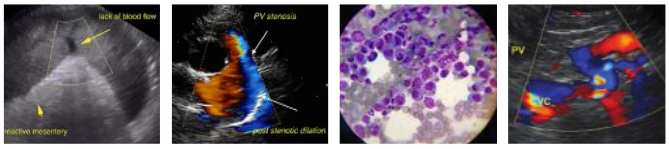

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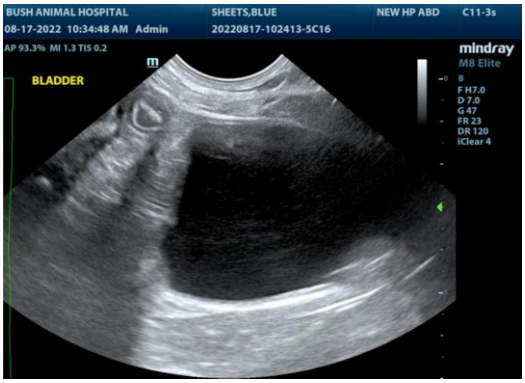

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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