



PATIENT PRESENTING CLINICAL SIGNS

Bully Ayala In the last 3 months bully, develop a lump pn his RHL, Growing rapidly, he also he started to have the second lump on the same leg.. no other medical hx.

SPECIES Abnormal PE/Chem/CBC/UA Results: Dermal growth, on Right hind leg, Enlarged popliteal lymph node. Abd palp NSF BW: WNL X rays: NSF UA: not performed Cytology: Mast cell Neoplasia.

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED
Urinary System

Pit Bull

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

SEX

Intact Male

The prostate was enlarged in size (3.5 cm in diameter) with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization.

AGE

8 Years

No evidence of medial iliac or sublumbar lymphadenopathy/masses in the area of the iliac trifurcation.

WEIGHT

73.8 Pounds

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 7.3 cm. The right kidney measured 7.6 cm.

INTERPRETED BY

Kathleen Sennello DVM,
MS, Diplomate ACVIM
(Small Animal Internal
Medicine)

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.69 cm at the caudal pole. The left adrenal gland measured 0.54 cm at the cranial pole and 0.59 cm at the caudal pole.

Spleen

IMAGING PERFORMED BY

Jose

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.

HOSPITAL NAME

Elmhurst Animal
Emergency Hospital

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.

REFERRING VET

Dr. Suci

Gastrointestinal

INVOICE

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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.

DATE

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Normal visible colon wall layers were present with apparent formed feces in lumen.



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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, evidence of lymphadenopathy, or peritoneal free fluid.

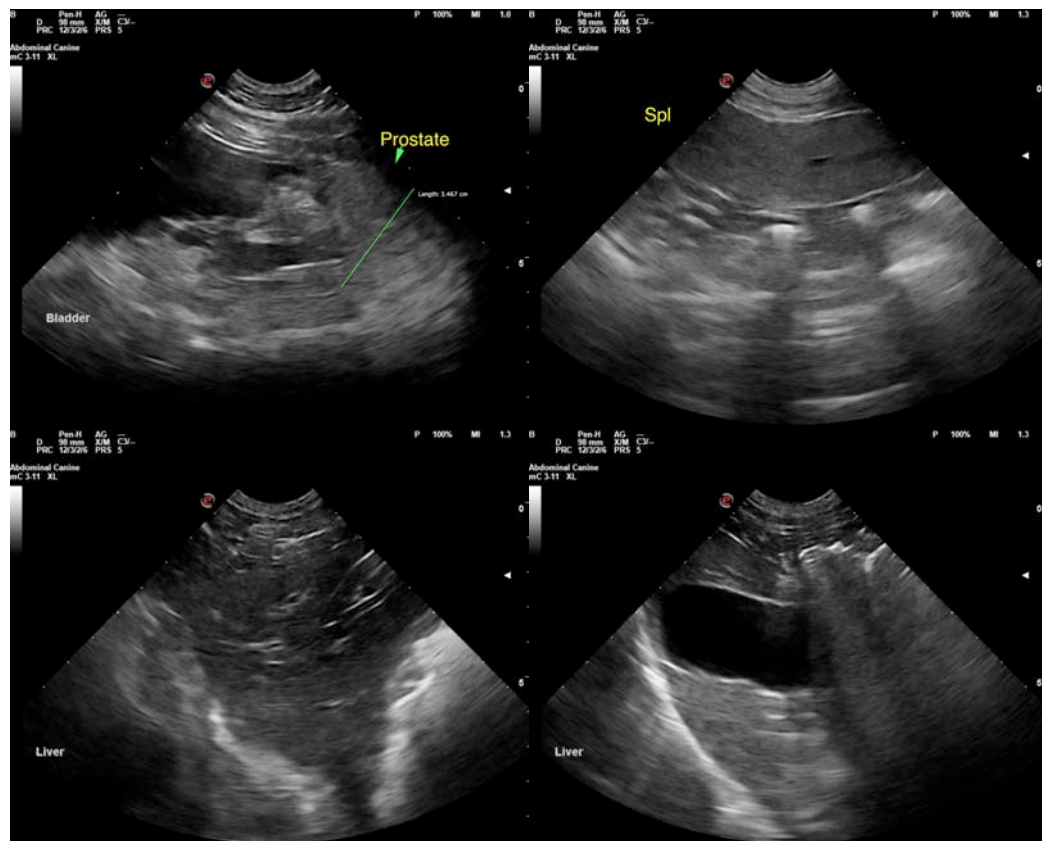
The bilateral testicles were overtly normal in appearance.

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable abdomen
- Mild benign prostatic hyperplasia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of overt intraabdominal metastasis from cutaneous mast cell tumor. Screening splenic FNA cytology could be considered, or if advised, oncology recommendation. Sonographic monitoring of the abdominal cavity based on oncology recommendations is suggested.





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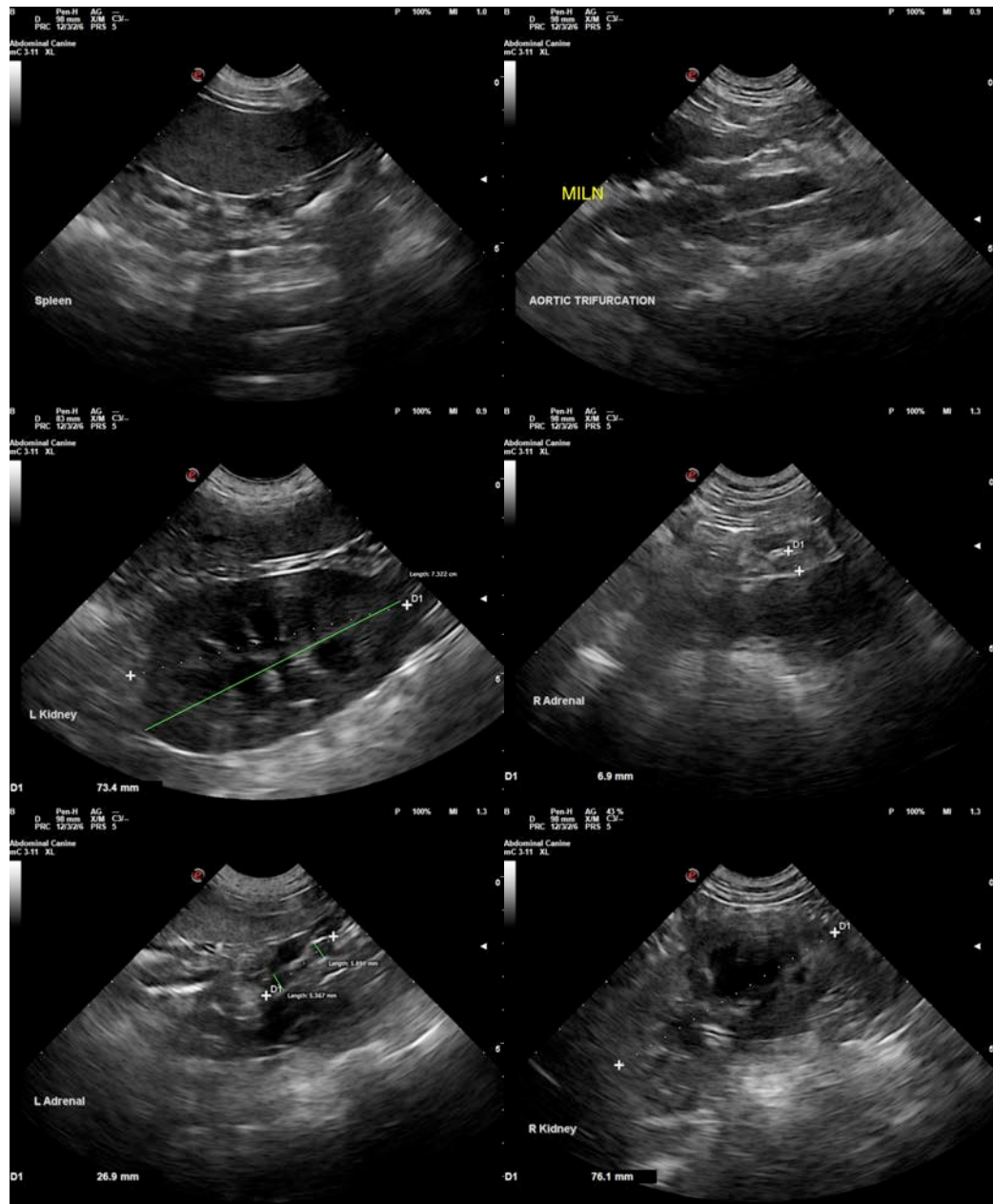
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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