



PATIENT

Tuna Bachovin

SPECIES

Canine

BREED

Bulldog

SEX

Spayed Female

AGE

9.5 Years

WEIGHT

51 Pounds

INTERPRETED BY

Tam Mengine, DVM,
DABVP (canine/feline
practice)

**IMAGING
PERFORMED BY**

Dr. Tam Mengine

HOSPITAL NAME

Stoney Creek VH

REFERRING VET

Dr. Amanda Carmellini

INVOICE

42086

DATE

10/14/22

PRESENTING CLINICAL SIGNS

Patient presented for assessment of mass in R inguinal region - FNA revealed a lymph node with numerous mast cells, consistent with metastatic mast cell tumor. CBC / Chem and chest rads unremarkable. Primary tumor not found.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine, and no luminal sediment is present. The ureteral papillae, trigone and pelvic urethra (visible to 3.0 cm) are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted.

The kidneys are of normal size and shape and exhibit appropriate corticomedullary differentiation with a normal 1:3 cortex to medulla ratio. There is no evidence of nephrolithiasis, mineralization, pyelectasia, cystic change or hydronephrosis. The proximal ureters are not visible (normal). The left kidney measures 6.8 cm. The right kidney measures 7.0 cm.

Adrenal Glands

The adrenal glands are both identified in their normal locations. They are normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland measures 6.0 mm cranially and 4.6 mm caudally. The right adrenal gland measures 8.5 mm cranially and 7.1 mm caudally.

Spleen

The spleen is of appropriate size and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

Liver

The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is moderately distended with anechoic contents. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal

The stomach is distended with normal ingesta. The gastric wall is 4.0 mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. Intestinal motility appears normal. Jejunum wall measures 3.0 cm. Duodenum wall measures 3.4 mm.

The visible portions of the colon are of normal thickness (1.1 mm) with intact wall layering. The ileocecal junction is visualized and normal.



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Pancreas

The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

SPECIES

Canine

Free Abdomen

There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

BREED

Bulldog

There is a cluster of enlarged rounded, hypoechoic lymph nodes identified as the right inguinal lymph nodes, measuring up to 2.5 cm x 2.0 cm.

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ULTRASONOGRAPHIC FINDINGS

- Sonographically normal abdomen
- Enlarged right inguinal lymph nodes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of a primary tumor, nor evidence of mast cell cancer metastasis on today's scan. Follow up with an oncologist for further staging and chemotherapy would be recommended. In the meantime, empiric treatment with diphenhydramine and famotidine is recommended to protect from secondary effects of histamine release. Supportive care for any symptoms, if noted, is also recommended.

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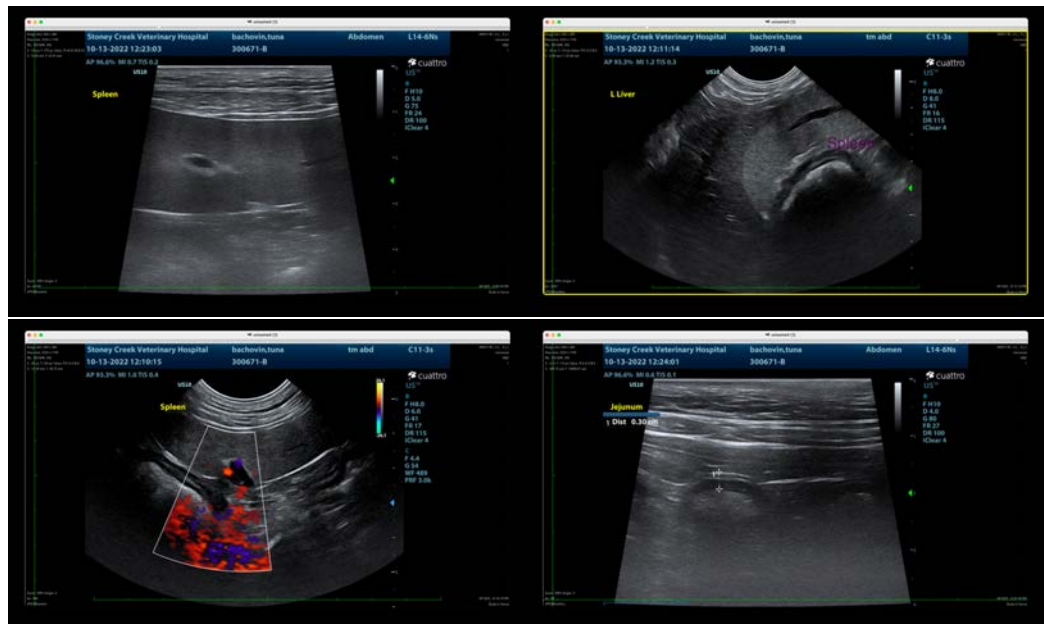
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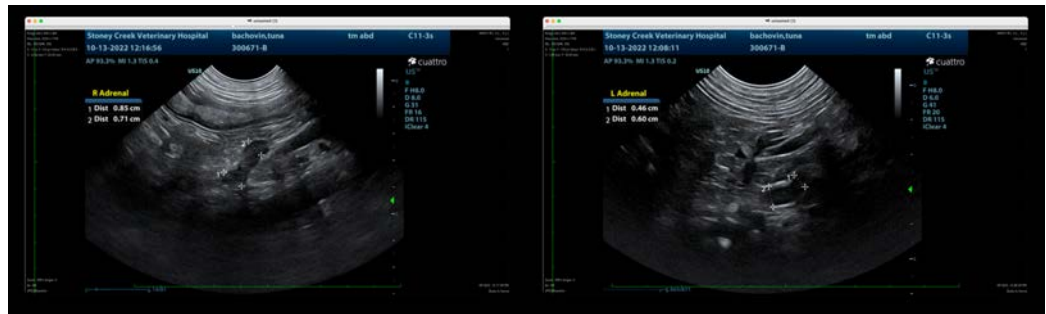
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Tam Mengine, DVM, DABVP (canine/feline practice)

info@SonoPath.com