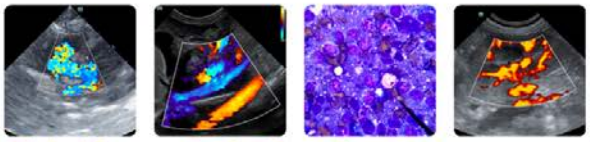


PATIENT

Helium O'Donnell

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

7 Years 2 Months

WEIGHT

11.76 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Lucas Budden

HOSPITAL NAME

Frontier Veterinary Hospital

REFERRING VET

Dr. Lucas Budden

INVOICE

73487

DATE

3/8/26

PRESENTING CLINICAL SIGNS

Recent dermal MCT's removed (ventral left chest and base of left ear) on 2/23/26. Left axillary LN enlarged and sampled showed MCT metastasis. Abdominal ultrasound as met check.

Current medications: Dexdomitor/Butorphanol sedation to facilitate imaging

Abnormal PE/Chem/CBC/UA Results: Physical exam: Left axillary LN enlarged, BCS 8/9, mild dental tartar, ventral chest incision site healing well, no murmur, no other peripheral LN enlargement, left pinna MCT removal site crusted and inflamed but healing Lab work: 3/8/26 Spleen FNA with 25ga needle pending Chest rads: no obvious mets, final radiologist report pending Mass removals and axillary LN cytology performed 2/23/26 Cytology axillary LN: MCT metastasis Histopath of MCT's removed: left ventral chest low grade and complete excision, left pinna likely low grade (well differentiated, crush artifact inhibited assessment) and incomplete excision cbc/chem/pt/ptt 2/3/26 Creatinine high 1.6 Albumin high normal 3.6 Hematocrit mid range normal at 40% Remainder of CBC/CHEM normal PT/PTT normal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. A small amount of echogenic luminal sediment is present, which is freely movable. The ureteral papillae, trigone and pelvic urethra (visible to 2.0 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. The margins of the right kidney are mildly irregular. There is no evidence of nephrolithiasis, mineralization, pyelectasia, cystic change or hydronephrosis. The proximal ureter is not visible (normal). Left kidney measures 3.6 cm. Right kidney measures 3.8 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. Left measures 3.5 mm. Right measures 3.6 mm.

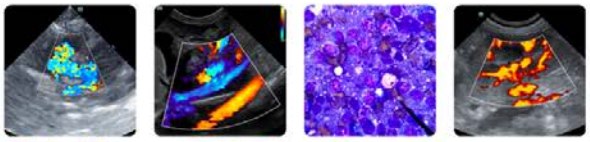
Spleen

The spleen is of appropriate size (9.4 mm) and has a subtly mottled 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.



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Gastrointestinal

The stomach is empty. The gastric wall is normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

The small bowel has focal changes to the normal 1:3 muscularis to mucosa ratio. Wall measurements are increased up to 2.5 mm for duodenum and 3.2 mm for jejunum. Overall wall layering is preserved. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness (1.6 mm) with intact wall layering. The ileocecal junction is normal.

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.

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.

PRIMARY FINDINGS

- Focal small bowel changes typical of infiltrative bowel disease.
- Mildly mottled splenic parenchyma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes to the splenic parenchyma may be incidental but might also be indicative of infiltrative disease including mast cell disease. Thus, the pending fine needle aspirate will be helpful in determining whether this change is of significance.

The changes in the small bowel are mild and may be an incidental finding. There is not the inflammation present that would typically be expected with intestinal mast cell disease. If the patient has clinical signs of small intestinal disease, then the following recommendatinos would apply:

- ❖ Fecal parasite testing and empiric fenbendazole treatment.
- ❖ Trials with a novel protein or hydrolyzed diet.
- ❖ A complete GI panel, with cobalamin supplementation if indicated.
- ❖ Definitive diagnosis would require biopsy of the affected tissue, ideally with intra-operative ultrasonographic guidance.

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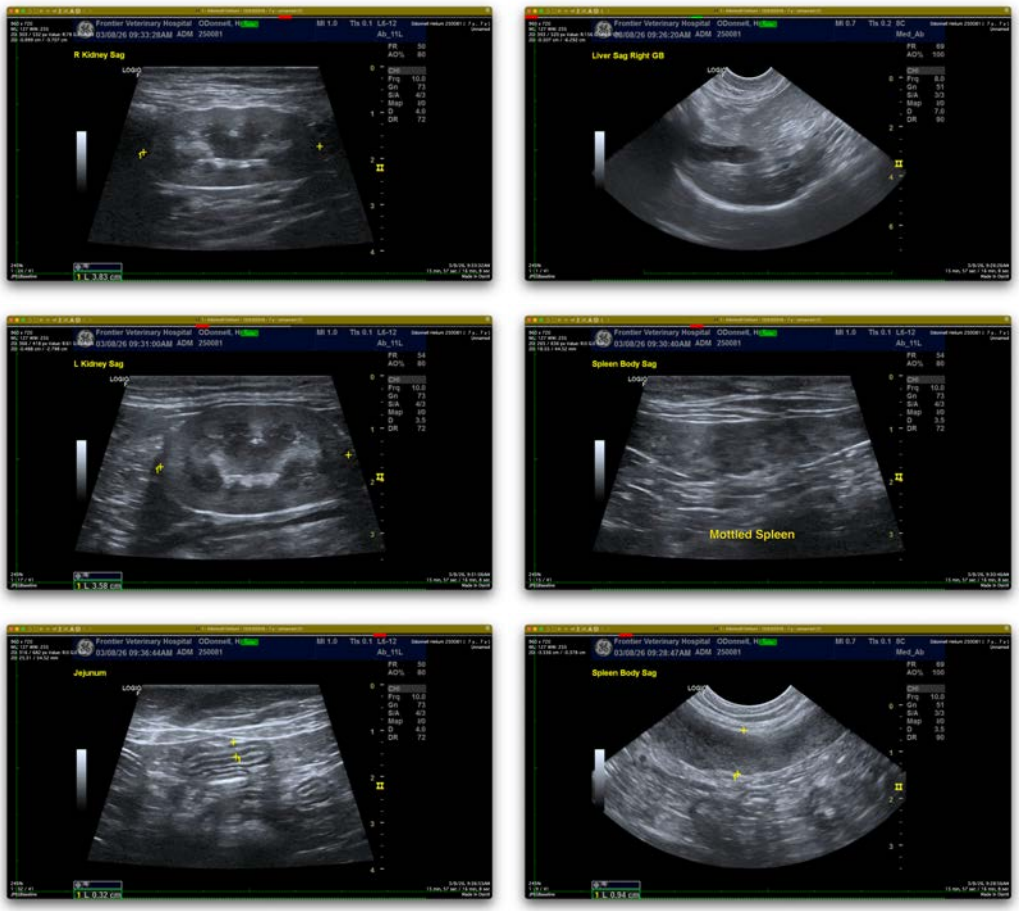

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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