



PATIENT PRESENTING CLINICAL SIGNS

Bubba Eagle Clinical Exam Findings: Eleven-year-old intact female DSH presenting for mammary chain mass noted two weeks ago. Indoor only cat. Not current on preventative care.

SPECIES BAR/h; 11y; 5.4#; BCS: 5/9; CRT: <2sec; MM: pink;

Feline Oral: moderate generalized dental calculus;

Skin: ~2 cm firm, multilobulated, non-painful growth associated with mammae just adjacent to R axillary region;

BREED Abdomen: two ~2 cm firm growths palpated mid abdomen, non-painful, no distension to stomach, soft, non-painful; rest of pe wnl

SEX Abnormal lab-work values/FNA Results/INTERPRETATION:

CONSISTENT WITH MAMMARY TUMOR; SUPPURATIVE TO MIXED INFLAMMATION; CONCERNING FOR CARCINOMA

Intact Female

AGE COMMENTS:

11 years Slides contain a population of epithelial cells over a background of suppurative to mixed inflammation. Dysplastic change associated with the observed inflammation can sometimes mimic criteria of malignancy causing dysplastic change is considered a potential cause for the epithelial atypia are observed. However, given the clinical history and cytologic atypia, an inflamed mammary carcinoma is considered a likely differential. Unfortunately, cytology often correlates poorly with histopathology concerning tumor type and malignant potential of mammary tumors. Excisional histopathology is advisable for confirmation/further characterization of this lesion.

WEIGHT

5.6 lbs

INTERPRETED BY

Andrea Nicastro,
DVM, Diplomate
ACVIM (Small Animal
Internal Medicine)

CYTOPATHOLOGIC DESCRIPTION:

Slides are of moderate to high cellularity with mild blood contamination. They contain a population of epithelial cells arranged in clusters over a basophilic background with moderate numbers of inflammatory leukocytes. Epithelial cells have round to oval nuclei with coarsely stippled chromatin and 0-3 variably sized (pinpoint to the size of her red blood cell) and prominent nucleoli. Their cytoplasm is scant, basophilic, and has distinct cell borders. Anisocytosis and anisokaryosis are mild to sometimes moderate. Nuclear to cytoplasmic ratios tend to be high. Rare karyomegalic cells are noted. Inflammatory leukocytes include poorly preserved neutrophils, fewer macrophages, and scattered lymphocytes. Infectious organisms are not noted, but culture and sensitivity may be beneficial if clinically indicated as the stippled background may hinder detection of low numbers of bacteria. Current Medications: None

IMAGING PERFORMED BY

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HOSPITAL NAME

Foxbank VH

Radiographic Findings: 3 view cat-o-gram: chest appears clear of any metastasis, mild diffuse bronchiole pattern (could be age related) heart subjectively appears WNL. Cranial abdomen where liver and stomach liver appears abnormal, Stomach appears very enlarged filled with soft tissue/gas opacity (potential food material). Potential 4 soft tissue nodules present on R lateral view, most ventral portion of abdomen just caudal to stomach/liver measuring longitudinally from ~0.37 inch -0.44 inch. Uterine body visible

REFERRING VET

Susie Han

INVOICE

11832

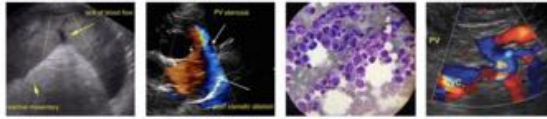
ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are

DATE

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PATIENT	observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.
Bubba Eagle	
SPECIES	The left kidney is small in size (2.41 cm in length); slightly irregular in shape. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. A cortical infarct is observed at the caudal pole. There is no evidence of pyelectasia, nephroliths or hydroureter. Renal perfusion appears reduced.
Feline	
BREED	The right kidney is normal size (4.00 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.
DSh	
SEX	Adrenal Glands The left adrenal gland is normal size (0.28 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.
Intact Female	
AGE	The right adrenal gland is normal size (0.34 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.
11 years	
WEIGHT	Spleen The spleen is normal in size (0.95 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.
5.6 lbs	
INTERPRETED BY	Liver The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. The portal vein to caudal vena cava ratio is approximately 1: 1.
Andrea Nicastro, DVM, Diplomate ACVIM (Small Animal Internal Medicine)	
IMAGING PERFORMED BY	The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal.
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HOSPITAL NAME	Gastrointestinal The gastric lumen is moderately distended with ingesta, consistent with a post-prandial presentation. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is segmentally dilated with chyme. The small intestinal wall is normal in thickness retention of the normal layering pattern. There is slight disruption in the normal 1:3 muscularis: mucosal ratio in some segments. Discreet masses are not identified. The colonic wall is normal. The colonic lumen contains shadowing fecal material. There is no evidence of an obstructive pattern.
Foxbank VH	
REFERRING VET	Pancreas A portion of the pancreas is obscured by the gastric distention. In the visualized portion of the left limb, the pancreas is normal to slightly prominent in size with minimal deviation from the normal peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and subtly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated.
Susie Han	
INVOICE	Free Abdomen The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.
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PATIENT

Other

Bubba Eagle

A brief echocardiogram reveals no evidence of pericardial effusion.

SPECIES

Both uterine horns and the uterine body are visible and appear subjectively normal in size (uterine body measures 0.51 cm in width) without evidence of luminal dilation. No obvious abnormalities are seen.

Feline

The left and right ovaries are subjectively normal in size (left: 0.86 x 0.46 cm) (right: 1.06 x 0.48 cm) with normal shape and homogenous parenchyma.

BREED

DSh

ULTRASONOGRAPHIC FINDINGS

Primary Findings

SEX

- Mild bilateral age-related renal changes with a left cortical infarct.
- Bowel pattern suggestive of inflammatory bowel disease with some potential for emerging lymphoma. However, correlation with the patient's clinical history is recommended.
- Mild age-related pancreatic remodeling

Intact Female

AGE

11 years

*There is no obvious evidence of metastatic disease in the abdomen.

WEIGHT

5.6 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consider a mammary mass removal, along with consultation with a board-certified oncologist for further treatment recommended.

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Baseline lab work including a CBC, chemistry panel, urinalysis and T4 is recommended prior to anesthesia to assess overall metabolic function.

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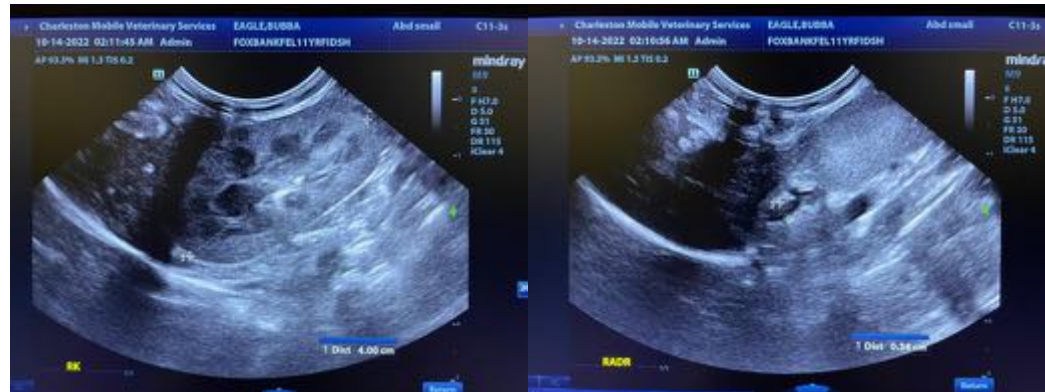
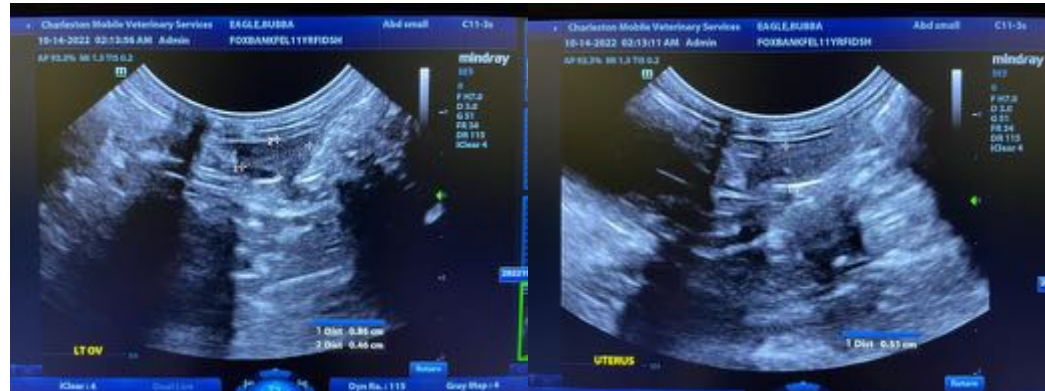
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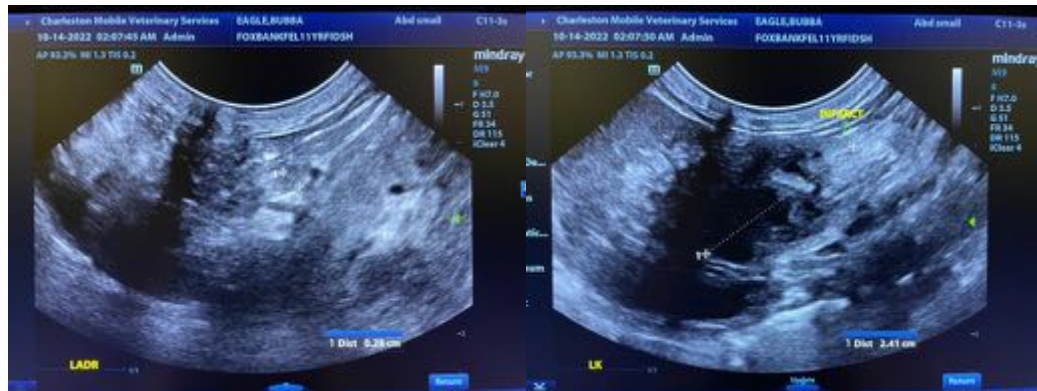
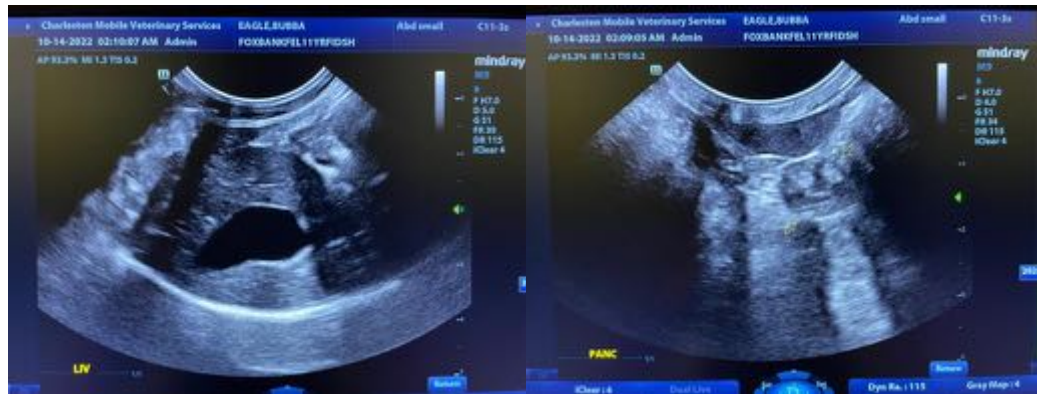
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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