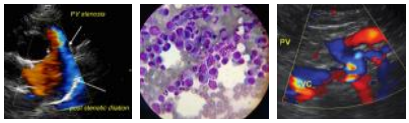
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE

10/20/21

PATIENT

Zoey Beyer

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

2012

WEIGHT

7.36 Pounds

INTERPRETED BY

Andrea Nicastro, DMV, Diplomate DACVIM (Small Animal Internal Medicine)

HOSPITAL NAME

Frederick Road VH

REFERRING VET

Dr. Beyer

INVOICE

13912

PRESENTING CLINICAL SIGNS

History: Possible mammary mass LEFT caudal mammary gland vs other (eosinophilic granuloma complex, etc.). Pet was licking affected area.
Area affected nipple and area medial to it has a superficial area that is erythematous, thickened, raised. Difficult to palpate any mass effect deeper in tissue esp given fat pads. Palpated similarly to contralateral side. Indoor only, rescued and spayed around 1 yr of age when looked in records. No obvious fleas (1 other cat and 1 dog in house). No pruritus per owner. No lethargy, no weight loss, no inappetence. No obvious metastasis on thoracic radiographs. No obvious epithelial cells or other abnormal cells, etc noted upon numerous attempts at cytology both deep in tissue and superficial.

Current Medications: Convenia, Onsior
Lab Results: ABS LYMPHS = 7971 /uL (850 – 5850 HIGH
ABS EOS = 3016 /uL (90 – 2180) HIGH
no prior lab work for comparison
FeLV/FIV/HW test negative
waiting for fecal
Date of Previous IntraPet Ultrasound: No previous
Sedation: not needed
Stat Report: not requested

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder mildly distended. A small amount of suspended echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is small in size (2.67 cm in length); with normal shape and architecture with smooth peripheral contours. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is borderline small in size (3.10 cm in length); with a normal shape and architecture with smooth peripheral contours. There is minimal loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Trace pyelectasia is present (0.11 cm in the longitudinal plane). There is no evidence of infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.30 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The region of the right adrenal gland is evaluated, and no obvious pathology is seen.

Spleen

The spleen is normal in size (0.73 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.

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 gall bladder is moderately distended. A bilobed conformation is present. The wall is diffusely thickened (up to 0.27 cm), hyperechoic and irregular. In one of the lobes, several small choleoliths are visualized. The cystic and common bile ducts are visible, but not overtly dilated. There is no evidence of intraluminal obstruction. The duodenum papilla is visible and is normal in size (0.32 cm in width).

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. 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 thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecalcolic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas

The left limb of the pancreas is visible/prominent with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and slightly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is visible, but not overtly dilated (0.17 cm in diameter). There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

Other

In the region of the left caudal mammary gland, 2-3 irregular, hypoechoic nodules are observed, the largest measuring 1.14 cm in length. The skin overlying this region is thickened (up to 0.23 cm). Deep to the hypoechoic nodules, a 0.30 cm lymph node is seen.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Nodules in the mammary region. Differentials include neoplasia, inflammatory foci, granulomas, other. The regional lymph node is likely reactive.
- There is no obvious evidence of metastatic disease in the abdomen

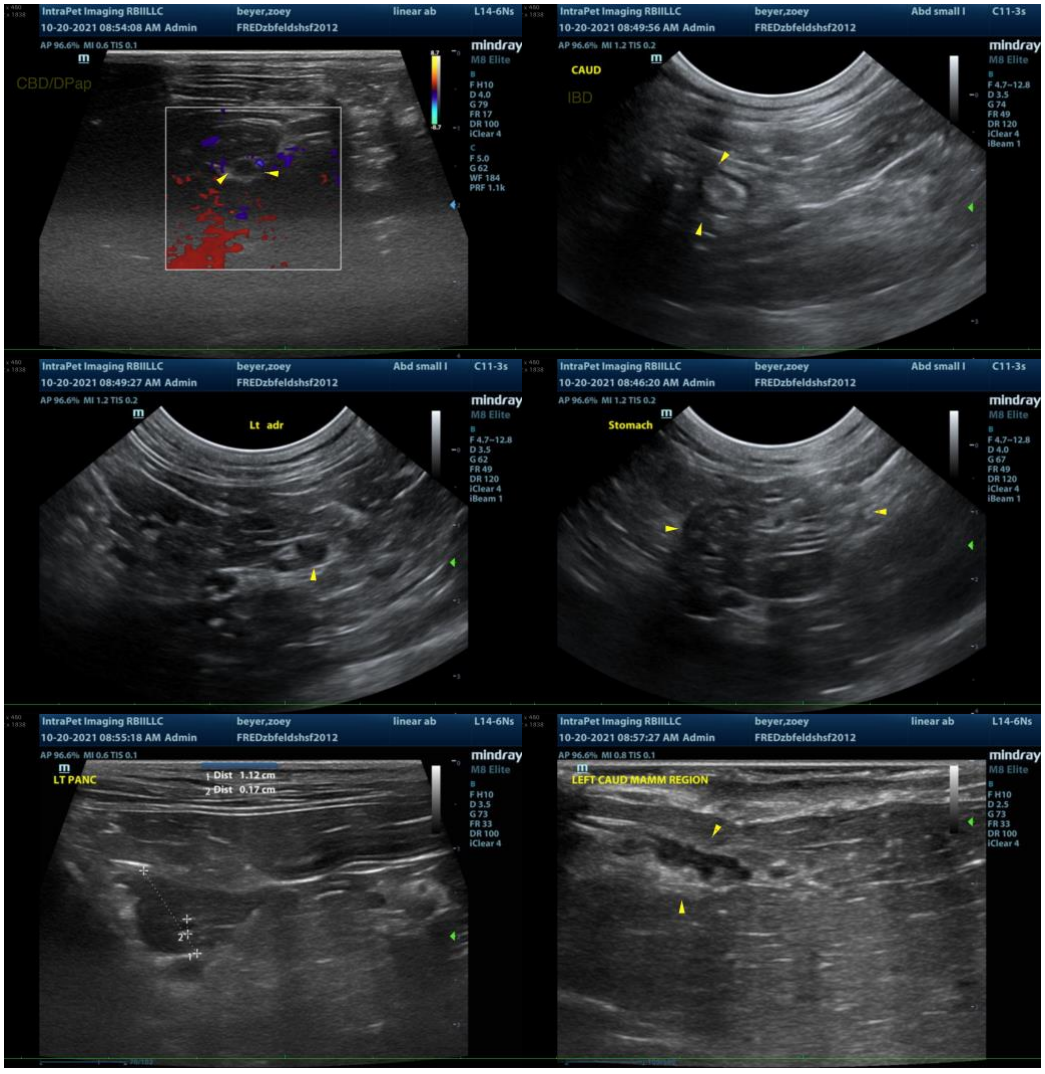
Secondary Findings

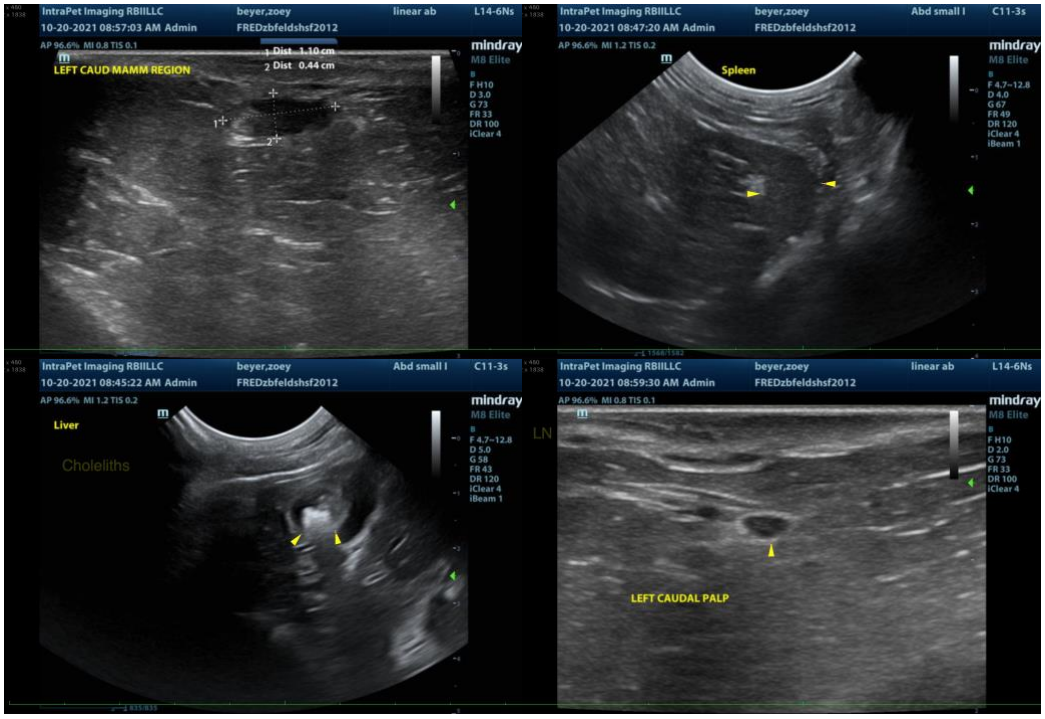
- Bilateral age-related renal changes with dystrophic mineralization

- Bilobed gallbladder with choleoliths. The thickened gallbladder all could be consistent with cholecystitis and/or benign age-related hyperplasia. Correlation with clinical findings is recommended.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A biopsy of the abnormal tissue in the left caudal mammary region is recommended.
- Given the eosinophilia, a fecal evaluation for ova and Giardia should also be considered.





The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

Andrea Nicastro, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com