

**DATE PRESENTING CLINICAL SIGNS**

10/7/2021

Presented for evaluation of lameness 9/17/21. Circumferential mass noted on L tarsus. Cytology consistent with round cell neoplasia. History of heart disease, under management by CVCA, last echo January 2021. Findings: Equivocal ("grey zone") hypertrophy (thickening) - stable
 Upper end of normal to mild left atrial dilation. Normal heart muscle function. False tendons within left ventricle. Variant of normal for cats.
 Causing an apical left ventricular outflow tract obstruction (narrowing in region of blood) – likely source of heart murmur. Pet is on Benazepril but no record of this by CVCA.

SPECIES

Feline

Current Medications: Benazepril 2.5 mg BID started at other practice, records indicate prior to July 2020
 Lab Results: Pending

BREED

Domestic longhair

Radiographs: chest wnl, soft tissue swelling over L tarsus with suspected bony lysis, abdomen NSF.
 Date of Previous IntraPet Ultrasound: No previous
 Sedation: Patient sedated with Torbugesic, Gabapentin & Diazapan.
 Stat Report: Stat report not requested by DVM.

SEX

Male, neutered

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 lumen is moderately distended. A moderate 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.

AGE

2011

WEIGHT

19.25 lbs.

The left kidney is normal size (4.58 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with poor corticomodullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

INTERPRETED BY

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 Medicine)

The right kidney is small in size (2.34 cm in length) with an irregular shape. The cortex is variably thickened and there is disruption of the normal renal medullary architecture. Several cortical infarcts are present as well as a few small nephroliths. Mild pyelectasia is seen (0.24 cm in the transverse plane).

Adrenal Glands

The left adrenal gland is normal in size (0.39 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

HOSPITAL NAME

Everhart VH

The region of the right adrenal gland is evaluated. No obvious pathology is observed.

Spleen**REFERRING VET**

The spleen is normal in size (0.96 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**INVOICE**

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The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen with minor changes consistent with age-related remodeling. No focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion. 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/not seen.

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 not dilated. The small intestinal wall is normal to

borderline thickened (up to 0.30 cm) with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen

There is no evidence of free fluid. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

- Bowel pattern consistent with inflammatory bowel disease with potential for emerging lymphoma.
- Bilateral age-related renal pathology, more severe on the right. Right cortical infarcts and non-obstructive nephroliths.
- Urinary bladder debris.
- The hepatic changes are consistent with age-related parenchymal remodeling and are not considered clinically significant at this time.

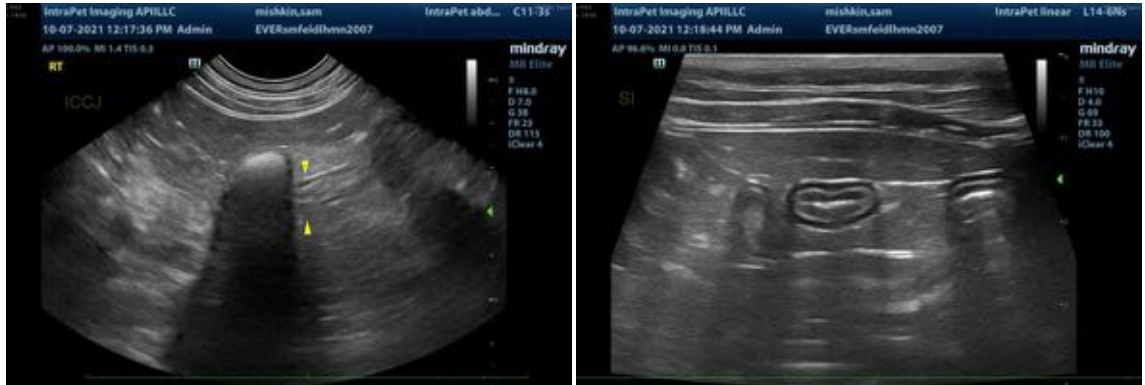
*There is no obvious evidence of metastatic disease within the abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consider consultation with a board-certified veterinary surgeon to discuss mass removal from the left tarsus.







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.

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