

**DATE PRESENTING CLINICAL SIGNS**

12/13/21

History: Patient presents for evaluation of swelling of LH digit 5. Swelling is significant

PATIENT

Jazzy Behrendt

Current Medications: Convenia given during visit 12/9/2021.

Lab Results: Lab work shows significant azotemia, left shift leukogram, large level of concern for metastatic neoplasia. FNA LH digit 5: Suspect sarcoma. Attached separately.

Radiographs: Chest radiographs: No evidence of metastasis. Radiograph of digit 5 LH: Severe ST swelling with suspected osseous involvement.

SPECIES

Feline

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

BREED

Domestic shorthair

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System****SEX**

Male, neutered

The urinary bladder, trigone, and pelvic urethra are 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 observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

AGE

3/7/2011

The left kidney is normal size (4.56 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

WEIGHT

23 lbs.

The right kidney is normal size (5.00 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

INTERPRETED BY

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

Adrenal Glands

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

Spleen

The spleen is subjectively prominent in size with slightly swollen peripheral contours. The parenchyma is of appropriate echogenicity and echotexture. A few small hyperechoic nodules are visualized. Splenic vasculature appears normal with no evidence of thrombosis.

IMAGING PERFORMED BY

Andi Parkinson RDMS

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 lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal.

HOSPITAL NAME

Perry Hall AH

REFERRING VET

Dr. Miller

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 thickness is

INVOICE

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normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

Pancreas

The right limb of the pancreas is visible/prominent with normal curvilinear peripheral contours. The parenchyma is subtly hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is borderline dilated (0.25 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.

ULTRASONOGRAPHIC FINDINGS

- Bilateral non-specific age-related renal changes.
- The pancreatic changes could be consistent with chronic low-grade pancreatitis. Alternatively, they may be a normal variant for this patient. Correlation with clinical findings is recommended.
- The prominent spleen may be secondary to the patient's large size. Alternatively, extramedullary hematopoiesis or lymphoid hyperplasia are possible. Neoplasia is possible but considered unlikely.
- The hyperechoic nodules trend toward the benign (i.e., small myelolipomas or foci or lymphoid hyperplasia).

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consultation with a board-certified oncologist is recommended. Toe amputation with submission for histopathology will likely be indicated.
- Given the patient's azotemia, consider the following:
 1. Blood pressure measurement
 2. Urine culture and sensitivity
 3. UPC (if proteinuria is present)



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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