

**DATE PRESENTING CLINICAL SIGNS**

12/8/21

History: sarcoma found on rib cage; met check; has not been eating well lately. Additional history: BUN 39, Creat normal, SDMA normal, T4 normal, CBC normal, Specific gravity 1.013. No proteinuria, inactive sediment. Left and right lateral whole body radiographs were unremarkable.

PATIENT

Lou Marselle

Current Medications: started Cerenia 8mg SID; started Mirtazapine 15mg 1/4 tab every 3 days.

Lab Results: Attached separately.

SPECIES

Radiographs: Attached separately.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Feline

Sedation: Not required to complete full diagnostic ultrasound.

BREED

Stat Report: Not requested.

DLH

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

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth.

Neutered Male

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

4/30/2007

The left kidney is normal size (3.43 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction.

WEIGHT

12.28 Lbs.

Hyperechoic shadowing diverticular foci are visualized. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

INTERPRETED BY

Andrea Nicastro, DMV,
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(Small Animal
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The right kidney is normal size (4.39 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction.

Hyperechoic shadowing diverticular foci are visualized. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

IMAGING PERFORMED BY

Andi Parkinson RDMS

Adrenal Glands

The left adrenal gland is normal size (0.51 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.51 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

HOSPITAL NAME

Frederick Road VH

Spleen

The spleen is normal in size (0.93 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.40 cm x 0.30 cm hyperechoic nodule is observed. Splenic vasculature is normal.

REFERRING VET

Dr. Zakai

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

INVOICE

pathological hepatic lymphadenopathy observed. The portal vein the caudal vena cava ratio is approximately 1:1.

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.

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 normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecolic 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. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

There is no evidence of free fluid. A 4.81 cm x 1.52 cm, irregular heterogeneous cystic mesenteric lymph node is visualized. Surrounding mesentery is hyperechoic. In addition, a few prominent lymph nodes are observed adjacent to the ileocecolic junction.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

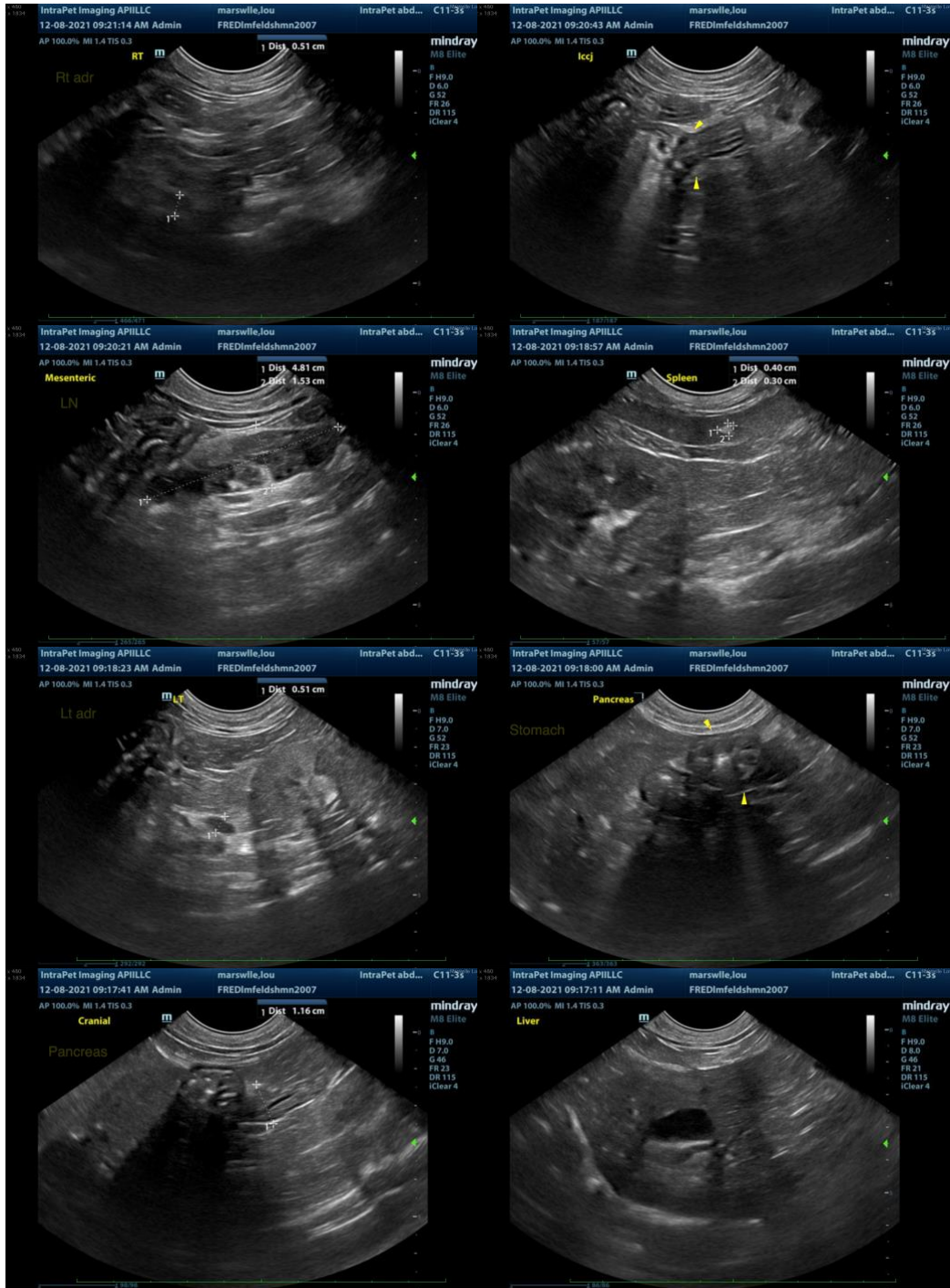
- The enlarged mesenteric lymph node is concerning for infiltrative neoplasia (i.e., lymphoma, other). However, lymphadenitis or lymphoid hyperplasia cannot be excluded. Regional peritonitis is present.

Secondary Findings

- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.
- Bilateral age-related renal changes with dystrophic mineralization
- Hyperechoic splenic nodule, trends toward the benign (i.e., myelolipoma, focus of lymphoid hyperplasia) with low potential for emerging neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A fine needle aspirate of the enlarged mesenteric lymph node is recommended if clotting status is appropriate.
- VD thoracic radiographs should also be performed to complete the metastatic check of the chest.





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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