**PATIENT PRESENTING CLINICAL SIGNS**

Mickey D Cortes History: Maybe vomiting in the last week. Presented as regular visit for pre-radioactive iodine therapy for hyperthyroidism.

SPECIES Abnormal PE/Chem/CBC/UA Results: Abdominal mass palpated and elevated T4. Please see attached rads.

Feline **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Urinary System

BREED The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is mildly to moderately distended. A small amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

DSH

SEX

Neutered Male The left kidney is normal in size (4.09 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is isoechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

AGE

12 years, 11 mos The right kidney is normal in size (4.40 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is isoechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

WEIGHT

13.6 lbs

Adrenal Glands

The left adrenal gland is normal size (0.35 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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Animal Internal Medicine*)

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

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 1.30 cm hypoechoic area is observed at the tip of the caudal pole. The curvilinear pattern in this region remains intact. Splenic vasculature is normal.

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Amy Mayhew LVT

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen. In one still image, a 1.29 cm hypoechoic nodule is observed on the right side. The remaining parenchyma is homogenous. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

HOSPITAL NAME

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The gall bladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

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Gastrointestinal

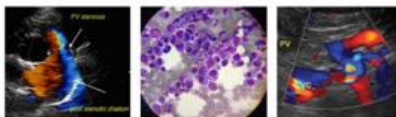
The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The majority of the small intestinal wall is normal in thickness with retention of the normal layering pattern. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. In one segment of small intestine, a 1.77 x 0.49 cm hypoechoic mass effect is arising from the serosal surface. The ileocecal colic junction and colonic wall are normal. There is no obvious evidence of an obstructive pattern.

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**PATIENT**

Mickey D Cortes

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.

SPECIES

Feline

Free Abdomen

Trace free fluid is observed. A 0.50 cm colic lymph node is visualized. Surrounding mesentery is hyperechoic. (See also "Other" category).

BREED

DSH

Other

A >4.00 cm irregular hypoechoic-to-heterogenous mass is observed in the midabdominal region. Surrounding mesentery is mildly hyperechoic.

SEX

Neutered Male

ULTRASONOGRAPHIC FINDINGS**Primary Findings****AGE**

12 years, 11 mos

WEIGHT

13.6 lbs

- Midabdominal mass, the origin of which is unclear. It may represent an enlarged lymph node or may be a mass arising from the mesentery or other organ. Neoplasia (i.e., lymphoma, other) is suspected, with a lower possibility of a focal inflammatory process.
- The right hepatic nodule could be consistent with a metastatic lesion, inflammatory focus, granuloma, other.
- The small intestinal wall changes are consistent with inflammatory bowel disease with some potential for emerging lymphoma. The focal thickening on the serosal surface of the small intestine is concerning for a neoplasia process. However, an inflammatory focus cannot be excluded.

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Secondary Findings

- Bilateral chronic age-related renal changes
- The hypoechoic area at the tip of the spleen may represent an area of infarction, lymphoid hyperplasia, extramedullary hematopoiesis, inflammation or an emerging tumor (less likely).

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Amy Mayhew LVT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**HOSPITAL NAME**

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- Feline leukemia and FIV testing are recommended (if not already performed).
- Three-view thoracic radiographs should be considered to assess for lymphadenopathy in the chest.
- Consider fine-needle aspirates of the abdominal mass and bowel wall thickening (if accessible, and if clotting status is appropriate). Twenty-five gauge-needles should be used. If the cytology results are inconclusive, or if advanced testing (i.e., PARR, flow cytometry, or biopsies) may be necessary to get a definitive diagnosis.
- Given the bowel changes, a malabsorption panel, including serum cobalamin and folate, TLI and PLI is also recommended.

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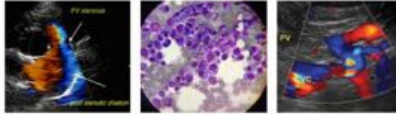
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PATIENT

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SPECIES

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DSH

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Neutered Male

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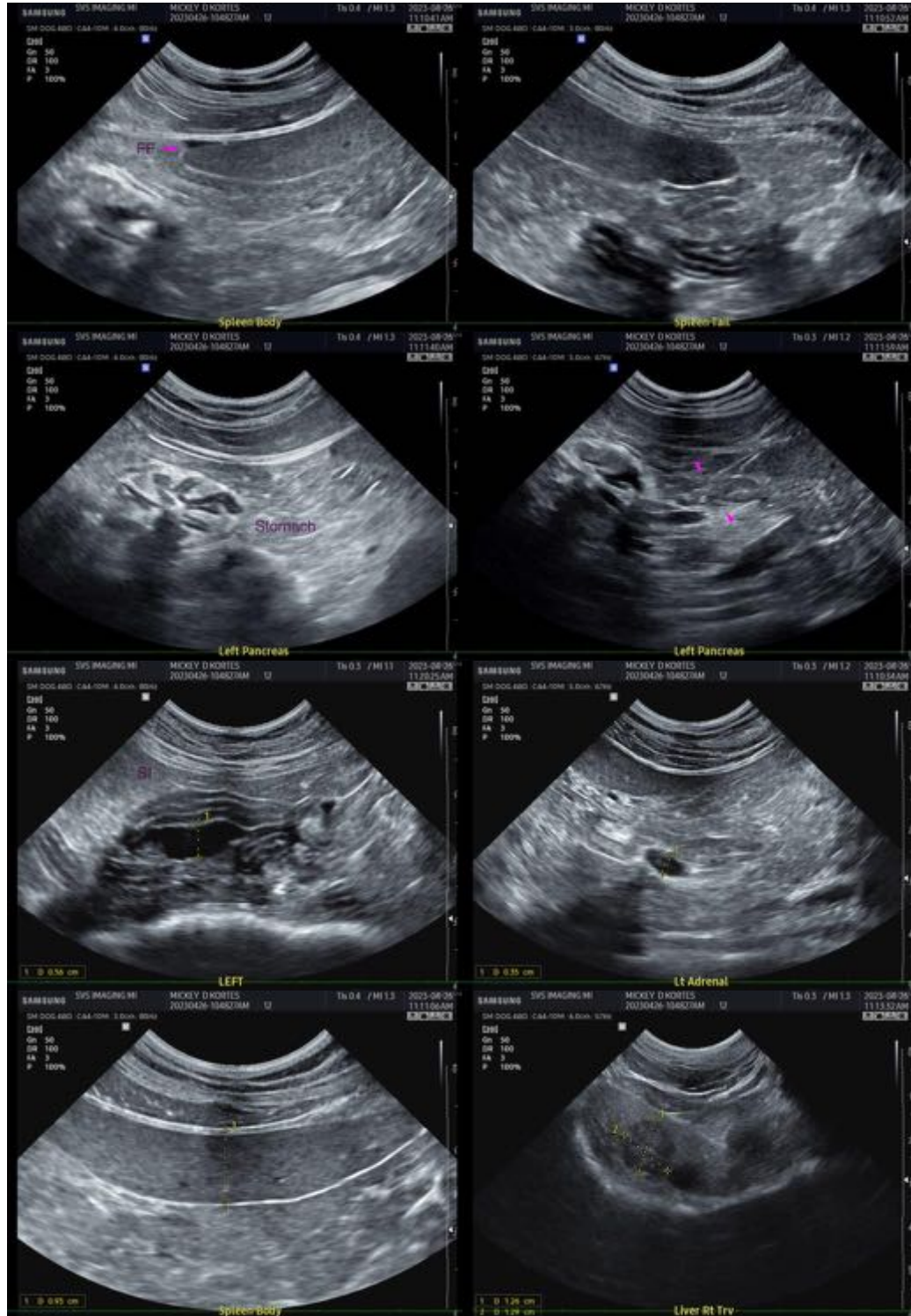
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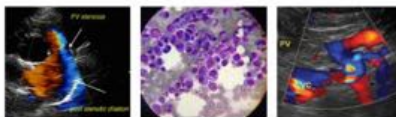
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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