

**DATE PRESENTING CLINICAL SIGNS**

8/23/22

Sudden onset breathing stertor, puffs cheeks out when breathing at times, palpated mass left ventral neck. 1lb weight loss in 6 months, appetite is still good.

**PATIENT**

Minicat Klimovitz

Current Medications: None.

Lab Results: Thyroid panel pending (T4 upper normal limits, free T4 pending), elevated Amylase.

Date of Previous IntraPet Ultrasound:

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Stephanie Warga RDCS, RVT.

**SPECIES**

Feline

**BREED**

Domestic shorthair

**SEX**

Female, spayed

**AGE**

8/1/2008

**WEIGHT**

6.8 lbs.

**INTERPRETED BY**

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

**HOSPITAL NAME**

Stay Pet Veterinary

**REFERRING VET**

Dr. Klimovitz

**INVOICE**

13873

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

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is mildly to moderately distended. A small to 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.

The left kidney is normal size (3.62 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (3.72 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**Adrenal Glands**

The left adrenal gland is normal in size (0.32 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.36 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**Spleen**

The spleen is normal in size (0.72 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 curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and is subtly mottled with minor changes consistent with age-related remodeling. There is a subtle increase in portal markings. No distinct focal lesions are observed. Vascular 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. A small amount of aggregated echogenic gravity-dependent debris is observed within the lumen. 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. There is disruption in the normal 1:3 muscularis:mucosal ratio in several segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

### ***Pancreas***

The pancreas is diffusely visible with normal curvilinear peripheral contours. The parenchyma is mildly hypoechoic relative to surrounding omental fat and subtly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated.

### ***Free Abdomen***

There is no evidence of free fluid. A 2.03 cm slightly rounded hypoechoic lymph node is observed in the right cranial quadrant.

### **ULTRASONOGRAPHIC EXAMINATION OF THE CERVICAL CAVITY**

A >5 cm (sagittal plane) encapsulated echogenic soft tissue mass effect is observed in the ventral cervical region, extending over both sides of the trachea. On the left side of the trachea the mass effect measures 3.03 x 1.38 cm, on the right side it measures 1.79 x 1.31 cm. Within the mass, a few small hyperechoic to mineralized linear opacities are seen. The mass itself appears vascular. There is no obvious invasion into the tracheal cartilage. There is no visibly discernable thyroid tissue.

### **ULTRASONOGRAPHIC FINDINGS (ABDOMEN)**

#### **Primary Findings:**

- Bowel pattern suggestive of inflammatory bowel disease with some potential for emerging lymphoma.
- The enlarged lymph node in the right cranial abdomen could be consistent with infiltrative neoplasia (i.e., lymphoma), reactive lymphadenitis or lymphoid hyperplasia.

#### **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.
- The hepatic parenchymal changes are non-specific and could be secondary to age-related remodeling, inflammatory disease, infiltrative neoplasia (less likely), other hepatopathy or some combination thereof. Correlation with the patient's liver values is recommended.
- Bilateral degenerative renal changes.

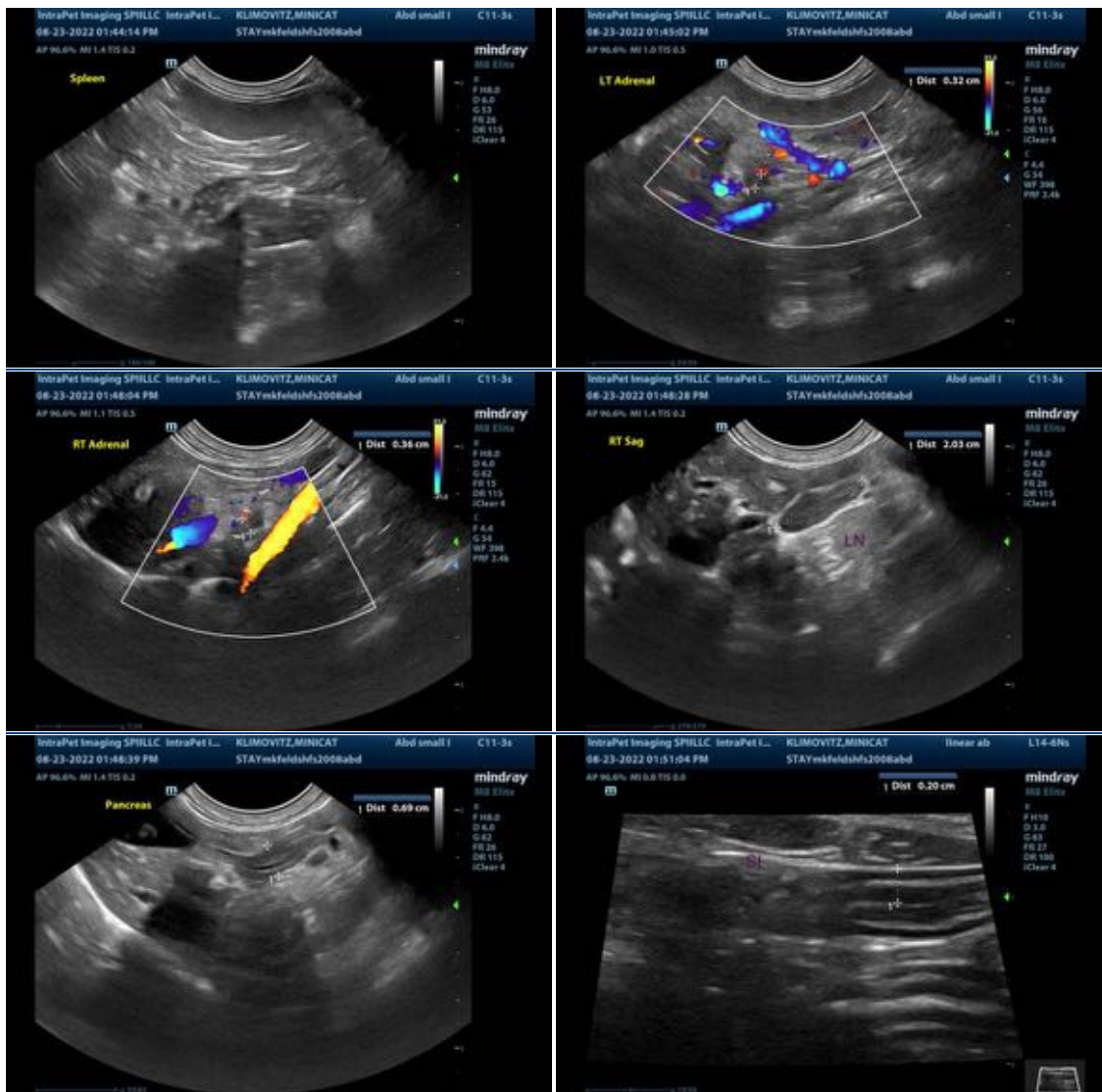
### **ULTRASONOGRAPHIC FINDINGS (CERVICAL)**

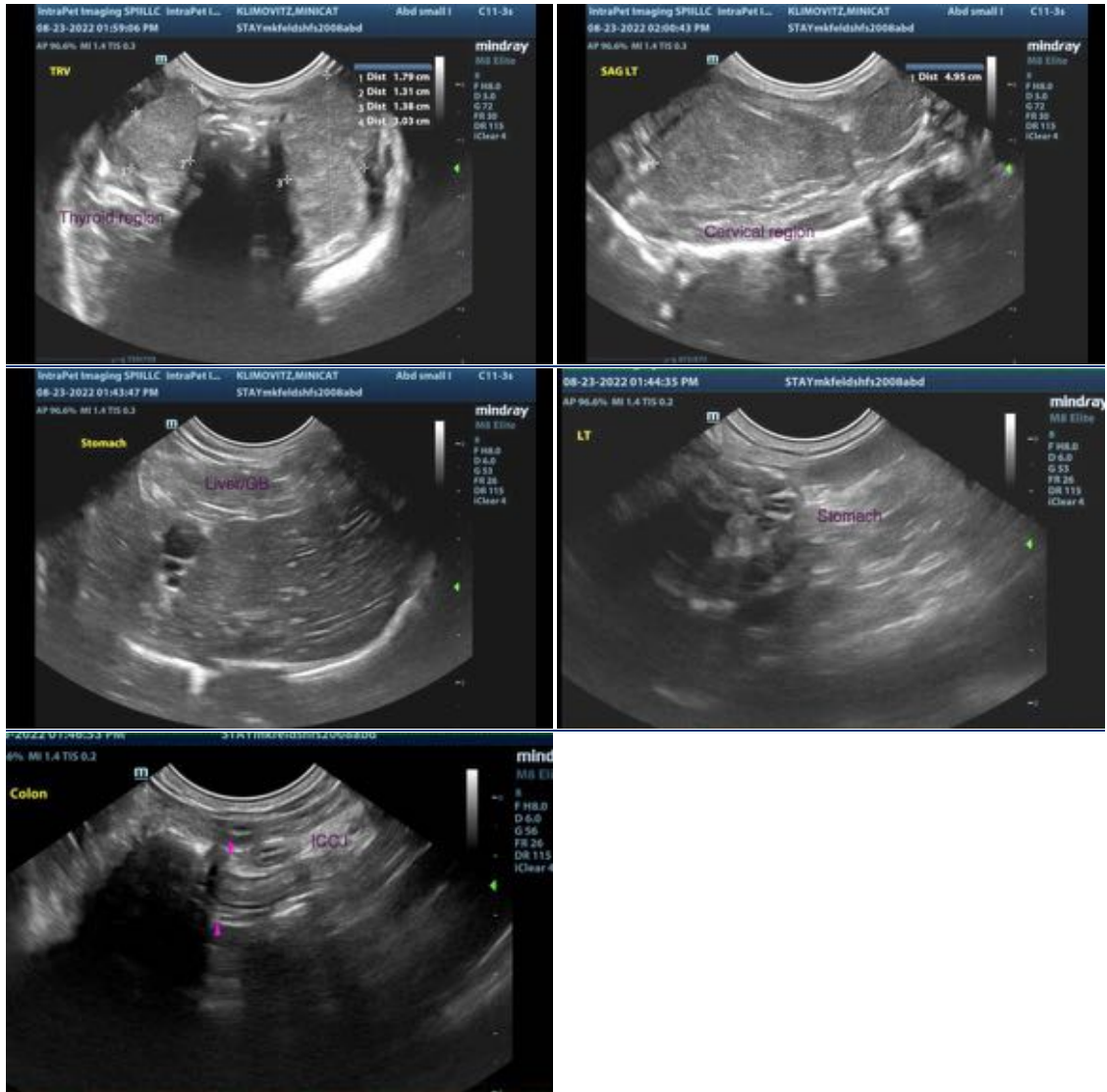
- Large soft tissue mass effect in the ventral cervical region. Neoplasia (i.e., round cell tumor, sarcoma, carcinoma) is considered likely with a lower possibility of benign pathology.

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- A fine needle aspirate, preferably ultrasound guided, of the cervical mass effect is recommended (if clotting status is appropriate). A 25 gauge needle should be used. If cytology results are inconclusive, surgical biopsy may be necessary to get a definitive diagnosis. A cervical CT scan would be useful in determining the extent/invasiveness of the mass, particularly if surgery is to be pursued.

- Regarding the bowel changes, consider the following:
  1. Malabsorption panel including serum cobalamin, folate, TLI and PLI.
  2. Fine needle aspirate of the prominent abdominal lymph node, if accessible and if clotting status is appropriate.
  3. +/- GI biopsies, depending on the patient's other health issues.





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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