**DATE PRESENTING CLINICAL SIGNS**

8.25.2022 Cancerous mass on limb. Doing met check to see if clean abdomen. Having Amputation Thursday 8/25

**PATIENT**

Current Medications: None listed.  
 Lab Results: Normal.  
 Date of Previous IntraPet Ultrasound: No previous.  
 Sedation: Not required to complete full diagnostic ultrasound.  
 Stat Report: Not requested.

Sammy Lucas

**SPECIES**

Imaging Performed By: Andi Parkinson, BS, RDMS.

Feline

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

The **urinary bladder** is normal in thickness and the mucosal surface is smooth. The bladder lumen is mildly 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 1- 2 cm, are normal.

DSH

**SEX**

Neutered Male

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 moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

**AGE**

4/12/2013

The **right kidney** is small in size (2.96 cm in length); with a slightly irregular shape. The cortex is mildly hyperechoic. 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****Adrenal Glands**

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

13lbs

**Spleen**

The **spleen** is normal in size (0.75 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.

**INTERPRETED BY**

Andrea Nicastro,  
 DMV, Diplomate  
 DACVIM (Small  
 Animal  
 Internal Medicine)

**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.

**HOSPITAL NAME**

Timonium Animal  
 Hospital

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.

**REFERRING VET**

Dr. Gernhart

**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 ileoceocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

**INVOICE**

11491

**Pancreas**

The right limb of the **pancreas** is visible with minimal deviation from the normal peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat. No distinct focal lesions are

observed. The pancreatic duct is not overtly dilated.

### Free Abdomen

There is no evidence of free fluid. A few prominent colic **lymph nodes** are visualized, the largest measuring 0.59 cm in length. In addition, a few prominent mesentery lymph nodes are seen, the largest measuring 1.13 cm in length. The mesentery surrounding all nodes is mildly hyperechoic.

### Other

A brief echocardiogram reveals no obvious evidence of pericardial effusion.

## ULTRASONOGRAPHIC FINDINGS

### Primary Findings

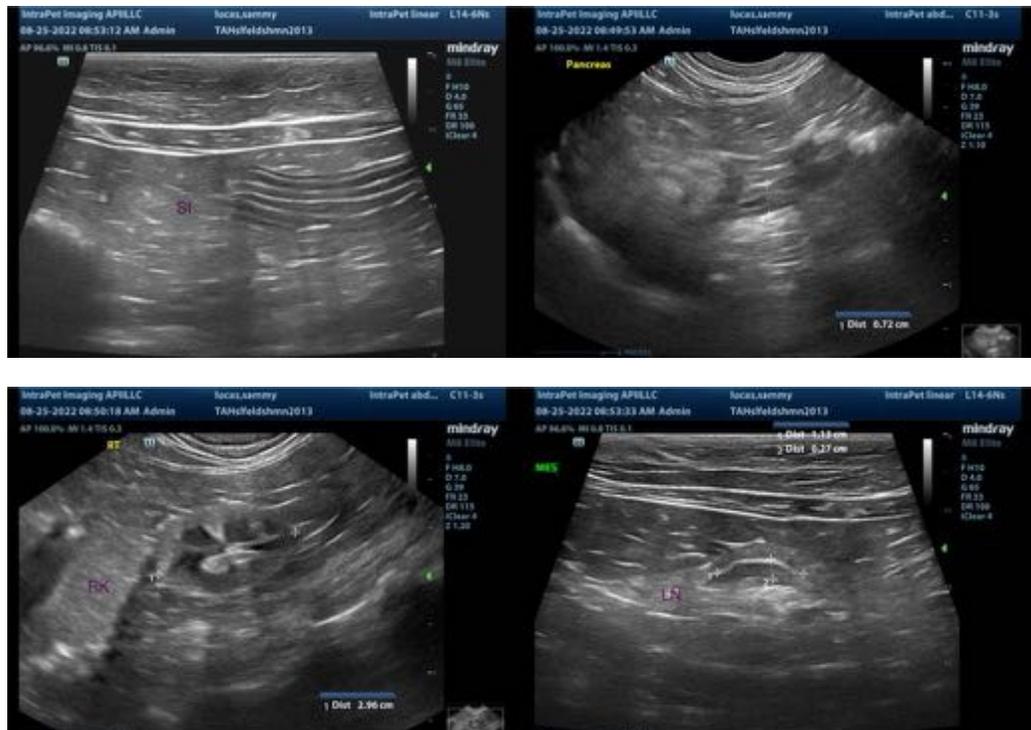
- Bilateral degenerative renal changes, more pronounced on the right side.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

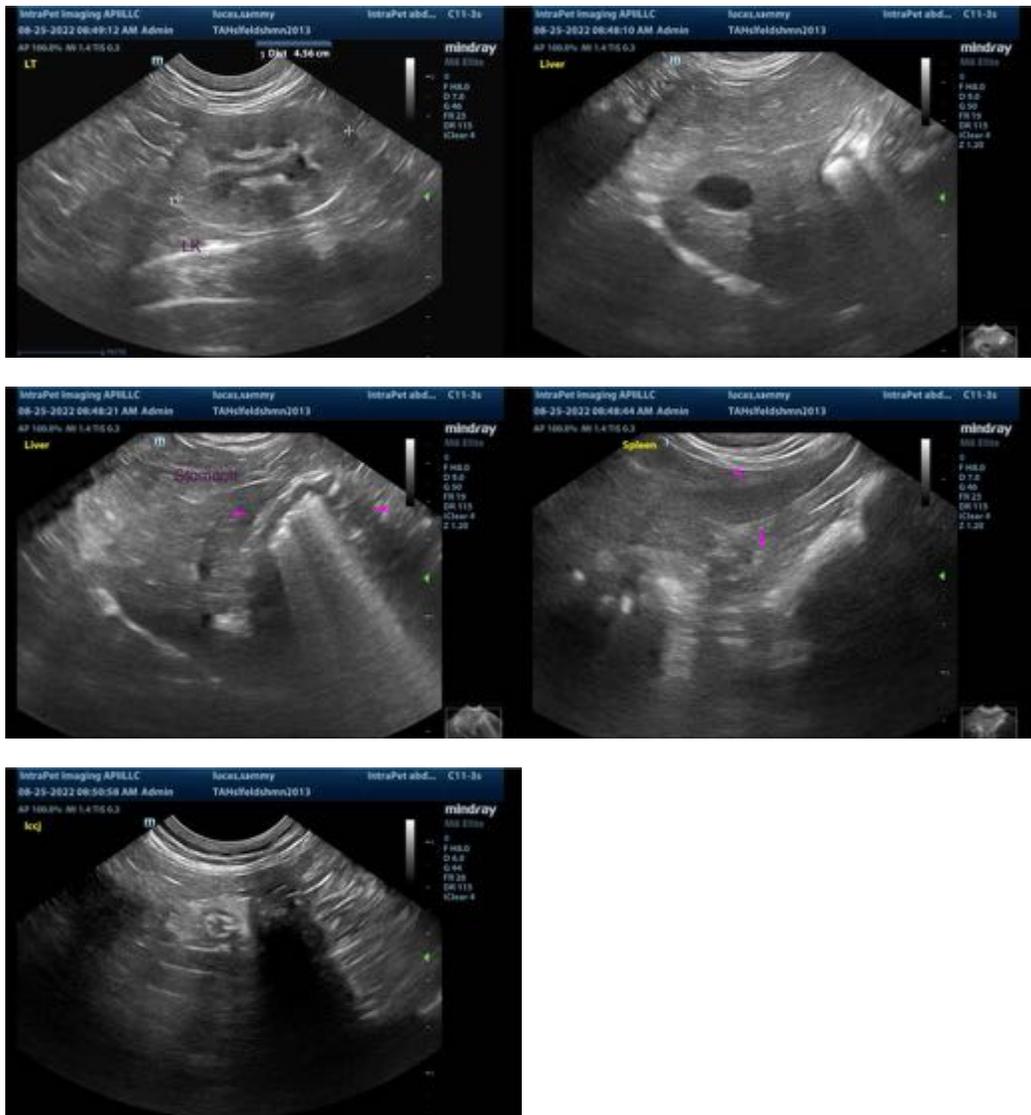
\*There is no obvious evidence of metastatic disease in the abdomen.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Three-view thoracic radiographs are recommended to assess for pulmonary metastatic disease, if not already performed.

Depending on the histopathology results from the limb mass, consultation with a board-certified oncologist can be considered.





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.

**Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)**  
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