



PATIENT

Ferrari Sumagena

PRESENTING CLINICAL SIGNS

History: 2 month weight loss (1-2lbs) Controlled hyperthyroid.

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: Walnut sized firm mass palpable at base of ventral neck/thoracic inlet, midline, adhered. CBC is unremarkable. BUN is 46. Normal creatinine. T4 is 4.0.

BREED

Domestic shorthair

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Cervical region

A 2.70 x 2.60 cm heterogeneous mass is observed within the subcutaneous tissues of the ventral neck. There are foci of mineralization and a few small, ill-defined, cavitated areas within the mass.

SEX

Female spayed

Urinary System

The urinary bladder is mildly distended with anechoic urine. The wall is normal in thickness with an irregular mucosal surface. No cystic calculi are observed. The region of the trigone, and the visible portion of the proximal urethra are normal.

AGE

23 Years

The left kidney is normal size (3.56 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 hydronephrosis. Renal vasculature is normal.

WEIGHT

9 lbs.

The right kidney is normal size (3.51 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

INTERPRETED BY

Andrea Nicastro, DVM,
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(Small Animal Internal
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Adrenal Glands

The left adrenal gland is normal size (0.49 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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

IMAGING PERFORMED BY

Dr. Mandeville

Spleen

The spleen is subjectively normal in size (0.63 cm in width at the level of the hilus) with scalloping of the medial contour. There is appropriate echogenicity and echotexture. No focal lesions are observed.

Splenic vasculature is normal.

HOSPITAL NAME

Louise Mandeville

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen with minor changes consistent with age-related remodeling. No focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion. The gall bladder is mildly distended. The wall is normal in thickness. A small to moderate amount of suspended echogenic debris is observed within the lumen.

REFERRING VET

Dr. Mandeville

INVOICE

11795kk

Gastrointestinal

The gastric lumen is distended with ingesta. 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 segmentally dilated with chyme. The small intestinal wall is normal in thickness with a normal layering pattern and

DATE

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appropriate mural detail. There is thickening of the submucosal layer in some segments. Discreet masses are not identified. The ileocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

SPECIES

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Pancreas

The left limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

BREED

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Free Abdomen

There is no evidence of free fluid. A chain of prominent, hypoechoic lymph nodes is observed along the length of the descending colon. Surrounding mesentery is hyperechoic. In addition, a few prominent lymph nodes are observed at the ileocolic junction. A prominent epigastric node is also seen.

SEX

Female spayed

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Mass in the region of the ventral neck. Neoplasia (i.e., sarcoma, thyroid carcinoma, other) is suspected with a lower possibility of a severe inflammatory process.

Secondary Findings:

- The abdominal lymphadenopathy could be secondary to lymphoid hyperplasia, reactive lymphadenitis, or infiltrative neoplasia.
- Bowel pattern consistent with inflammatory bowel disease with potential for emerging lymphoma.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- The hepatic changes are consistent with age-related parenchymal remodeling and are not considered clinically significant at this time.
- Bilateral, age-related renal changes with right dystrophic mineralization.
- The urinary bladder wall changes may be artifactual due to lack of luminal distension. Alternatively, cystitis may be present. Correlation with clinical findings is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
2. A fine needle aspirate of the mass in the ventral neck is recommended (if clotting status is appropriate). A 25-gauge needle should be used. A cervical CT scan would also be useful to determine the invasiveness of the mass, particularly if surgical removal is to be considered.
3. If gastrointestinal signs are present, consider a malabsorption panel +/- fine needle aspirates of the prominent abdominal lymph nodes, if accessible.

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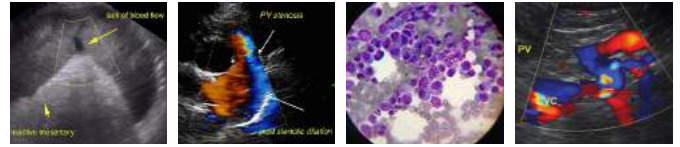
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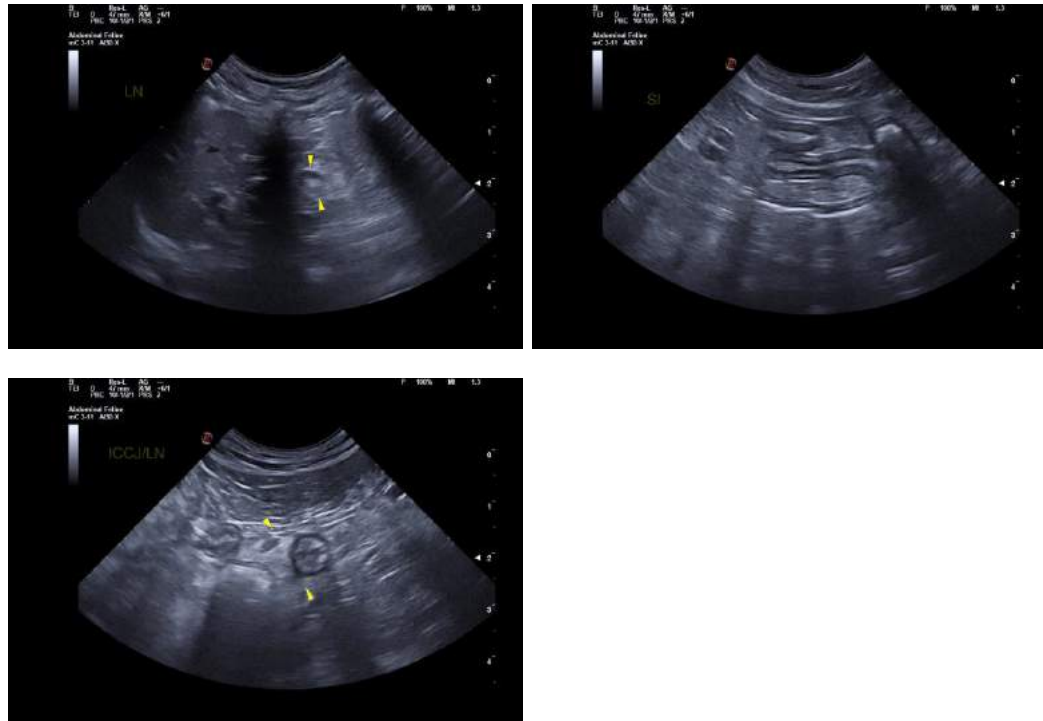
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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