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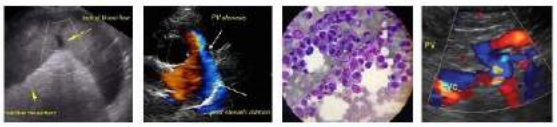

THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT
Garfield Ingram

SPECIES
Feline

BREED
Exotic Shorthair

SEX
Male Neutered

AGE
12 Years

WEIGHT
4.3 kgs.

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

IMAGING PERFORMED BY
Kelly Reshny, RVT

HOSPITAL NAME
Main Street AH

REFERRING VET
Dr. Bruchu

INVOICE
11940kk

DATE
10/1/21

PRESENTING CLINICAL SIGNS

History: - Weight loss - 0.8 kg in 1 month - Decreased appetite - only eating what is hand fed Sept 29 - 2/9 body condition - QAR - M2 muscle mass loss - Normal lung auscultation, no murmur/arrhythmia, no abdominal pain or organomegaly detected - Moderate periodontal disease - Multiple firm, well demarcated subcutaneous masses (ventral neck, dorsolateral neck, thoracolumbar spine T10, T11) - Deep subcutaneous mass left thoracic inlet along thyroid slip Received Cerenia and mirtazapine Sept 29

Abnormal PE/Chem/CBC/UA Results: Mild anemia, hypercalcemia.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended. A 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 (4.13 cm in length) with a normal shape and smooth peripheral contours. A 1.73 x 1.11 cm irregular, hypoechoic to slightly heterogeneous nodule/mass is observed in the lateral cortex with some invasion into the medullary cavity. A scant amount of subcapsular fluid is observed in the region of the nodule. The remaining cortex is homogeneous with a normal 1:3 cortex to medulla ratio and mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, or hydroureter. Renal vasculature is normal.

The right 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 minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.45 cm length; 0.29 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.52 cm length; 0.22 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.54 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 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. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of aggregated, echogenic, mostly gravity-dependent debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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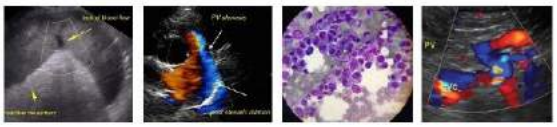

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Gastrointestinal

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 small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

Pancreas

The right limb of the pancreas is isoechoic relative to surrounding omental fat. No obvious pathology is observed. See also "Other" category.

Free Abdomen

There is no evidence of free fluid.

Lymph Nodes

Two irregular medial iliac lymph nodes are visualized (1.42 x 1.10 cm; 1.42 x 1.10 cm). A few 1-1.5 cm sublumbar lymph nodes are also seen.

Other

A 0.70 x 0.52 cm echogenic nodule is observed just medial to the caudal pole of the spleen.

Finally, a few echogenic nodules are seen along the caudoventral wall.

ULTRASONOGRAPHIC FINDINGS

- Left renal mass. Neoplasia (i.e., adenocarcinoma, lymphoma) is considered likely. However, benign pathology (i.e., abscess, granuloma, and other) cannot be excluded.
- The echogenic nodule medial to the spleen may represent a prominent lymph node, or pancreatic or mesenteric nodule.
- Multiple prominent caudal abdominal lymph nodes. Differentials include infiltrative neoplasia (i.e., lymphoma), lymphoid hyperplasia, reactive lymphadenitis.
- The superficial nodules may represent superficial lymph nodes, small tumors, granulomas, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Fine needle aspirates of the medial iliac recommended (if clotting status is appropriate). 25-guage needles should be used. Care should be taken to avoid the major vessels. If cytologic evaluations are inconclusive, surgical biopsies may be necessary to get a definitive diagnosis.
2. A PTH/PTHrP and ionized calcium levels (Michigan State University Veterinary Diagnostic Laboratory is recommended; https://cvm.msu.edu/vdl/laboratory-sections/endocrinology)
3. Consider obtaining two additional thoracic radiographs (VD and Right lateral) with submission for radiology review as there is a miliary pattern which could be consistent with infiltrative neoplasia.

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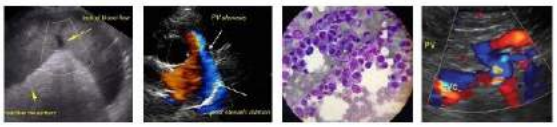

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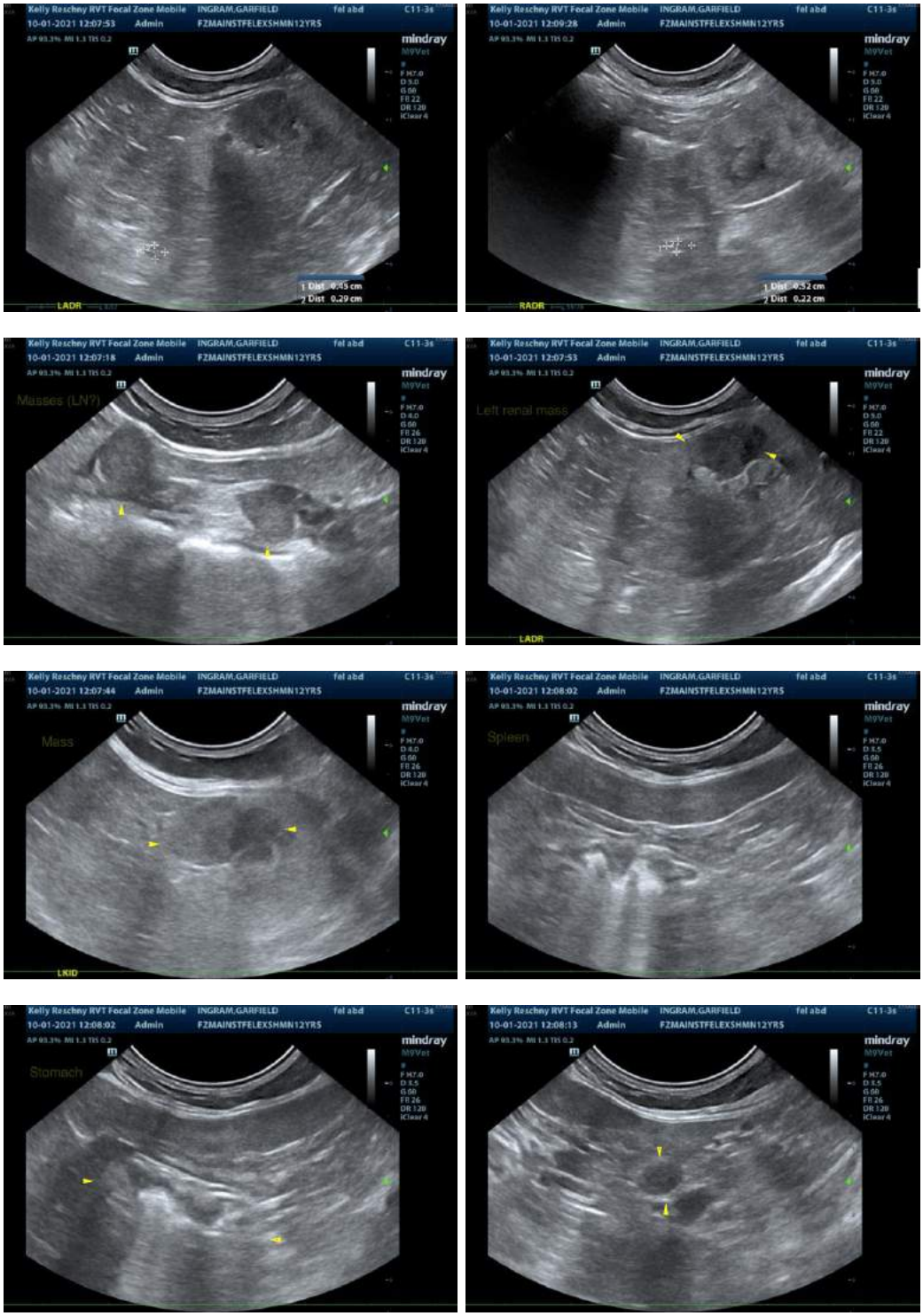

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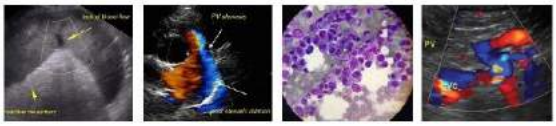

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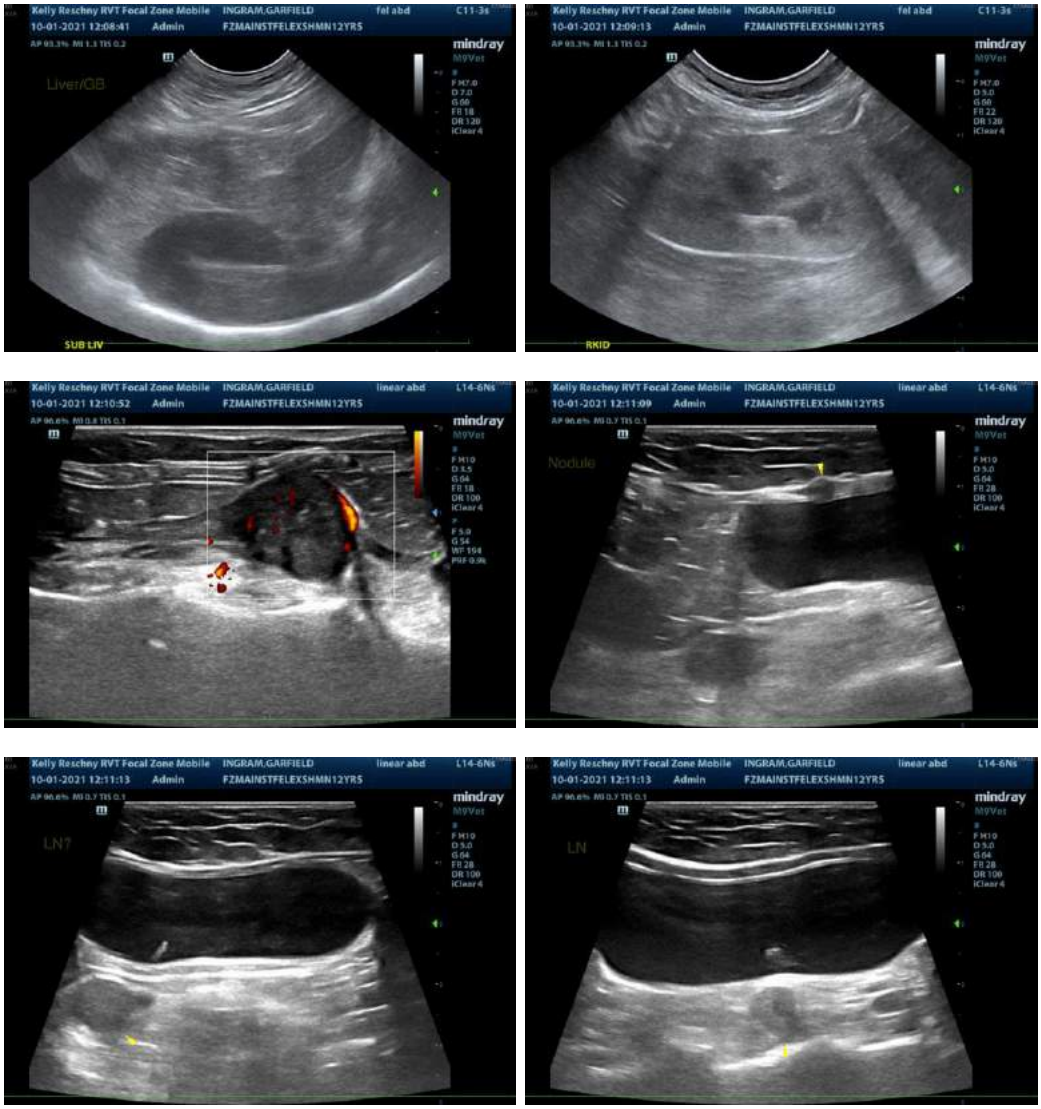

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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