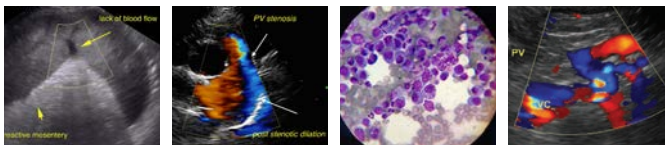
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT
Mocha Jenkins

SPECIES
Feline

BREED
DLH

SEX
Spayed Female

AGE
12.5 Years

WEIGHT
4.67 Pounds

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Dr. Trudeau

HOSPITAL NAME
Petworks VH

REFERRING VET
Dr. Trudeau

INVOICE
38728

DATE
6/15/22

PRESENTING CLINICAL SIGNS

Mocha presented on June 2nd for evaluation of 2 hard lumps on her abdomen that had been present for about 2 weeks. One lump is to the R of midline and is 1cm diameter, and one lump is on midline, and about 1cmx0.5cm, and some tissue seems to be connecting it to the L mammary glands. FNAs were done on both, both came back as epithelial neoplasia with inflammation and necrosis, possibly mammary cancer due to the location
Abnormal PE/Chem/CBC/UA Results: CBC/Chem - WNL FNA - suspect mammary cancer

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The right kidney is normal in size (3.67 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

The left kidney is normal in size (3.41 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

The right adrenal gland is unable to be visualized in these images.

The left adrenal gland is normal in size (0.22 cm at the cranial pole and 0.23 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

Spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). Multifocal well-demarcated hyperechoic homogenous nodules are present. Splenic vasculature appears normal.

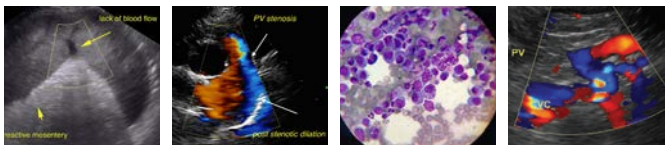
Liver

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. A 1.0 cm x 0.5 cm hypoechoic nodule is noted in the left liver with no disruption of normal curvilinear architecture appreciated. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.



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The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no evidence of peritoneal effusion. Sublumbar lymph nodes are large in size and round to irregular in shape, measuring 1.3 cm x 1.7 cm, and are hypoechoic in appearance.

PRIMARY FINDINGS

- Sublumbar lymphadenopathy – most concerning for metastatic disease, given appearance. Reactive nodes are possible, but considered less likely.

SECONDARY FINDINGS

- Well defined, hypoechoic liver nodule in the left liver – differentials include both benign changes such as nodular hyperplasia as well as infiltrative neoplasia or metastatic neoplasia, but neoplasia is considered less likely.

- Hyperechoic hepatomegaly – most consistent with benign steroid (endocrine) hepatopathy or reactive or idiopathic hepatopathy. Infiltrative neoplasia such as round cell neoplasia is also possible, but considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations include:

- A fine needle aspirate of the sublumbar lymph nodes, if possible, and if patient's coagulation status is appropriate.

- Follow up consultation with an oncologist and or surgeon regarding mammary mass removal and follow up chemotherapy, etc.

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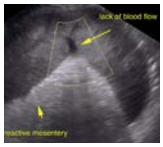
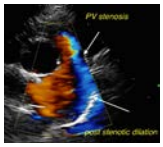
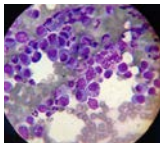
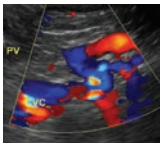

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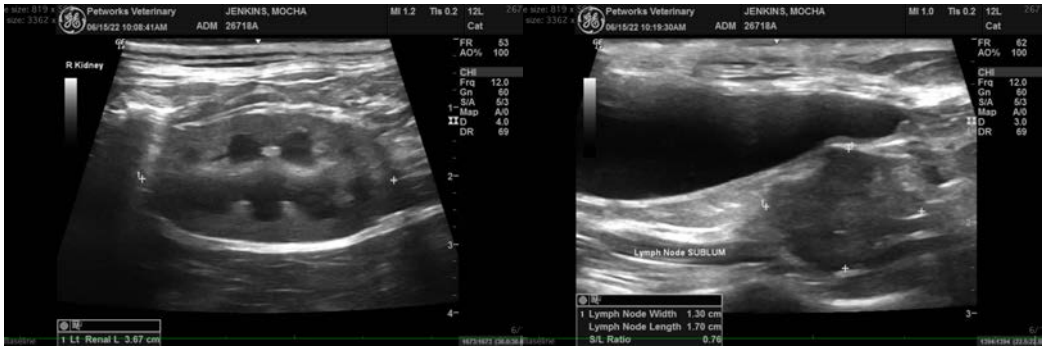

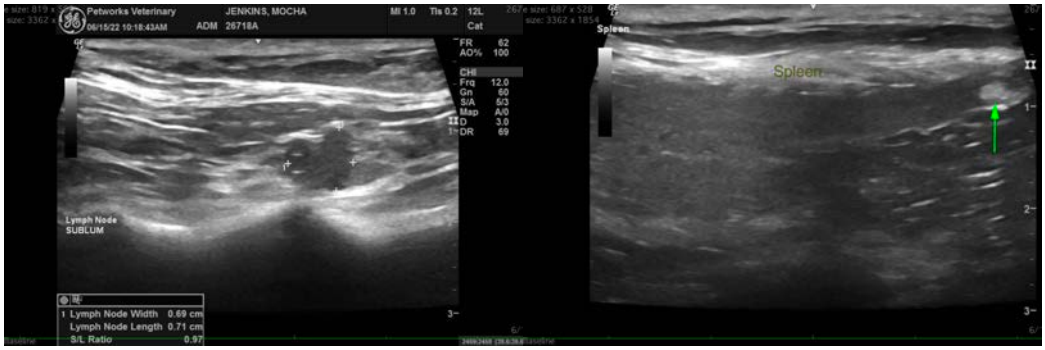

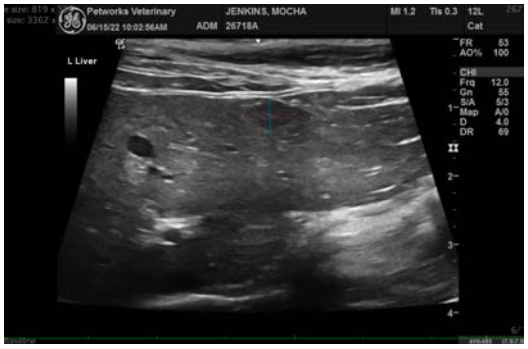

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM, DACVIM
Beth.Johnson@sonopath.com