

**DATE PRESENTING CLINICAL SIGNS**

7/19/22

PATIENT

Junja Kennedy

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

7/18/08

WEIGHT

4.6 kg

INTERPRETED BYBeth Johnson, DVM
DACVIM**IMAGING PERFORMED BY**

Andi Parkinson RDMS

HOSPITAL NAME

Banfield Towson

REFERRING VET

Dr. Lewis

INVOICE

39671

History of weight loss and large mass on left side. QAR, mm pale pink and moist, Wt: 4.60 kg BCS: 3/9, Eyes: Grossly appropriate., Ears: Unremarkable., Nasal and Oral Cavity: No nasal discharge. Dental Condition Score 2/4, mild tartar, mild gingivitis, PLN: WNL. Heart/Lungs: no murmurs or arrhythmias. pulses strong and synchronous. Eupneic, lungs clear. Abdomen: large (approximately 8 cm) and firm mass palpated left flank/inguinal area of abdomen. U/G: normal external genitalia. No discharge. Musculoskeletal: ambulatory x4 with no appreciable lameness. Generalized muscle wasting Integument: 8cm firm mass L lateral flank/inguinal area; seborrhea. Neuro: Appropriate mentation. Full neurologic exam not performed. Rectal: Not performed.

Current Medications: Clavamox Drops 1 ml PO BID starting 7/18 pm
Lab Results: Chemistry and T4 normal, RBC count 20.34, WBC count elevated, predominantly neutrophils. Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

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 (4.22 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 (3.85 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 normal in size (0.43 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.49 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

The 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). No focal nodules or masses are observed. 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. No focal lesions are observed. 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 visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with very echogenic reverberation artifact from intraluminal gas. There is no evidence of obstruction, foreign material or infiltrative disease; however, complete visualization of far wall is partially inhibited by gas. Pyloric outflow tract appears patent.

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 free peritoneal effusion noted in these images.

There is no apparent lymphadenopathy noted in these images.

There is a large, heterogeneous, partially cavitated vascular mass that is reported to originate from the left hind medial leg/inguinal area.

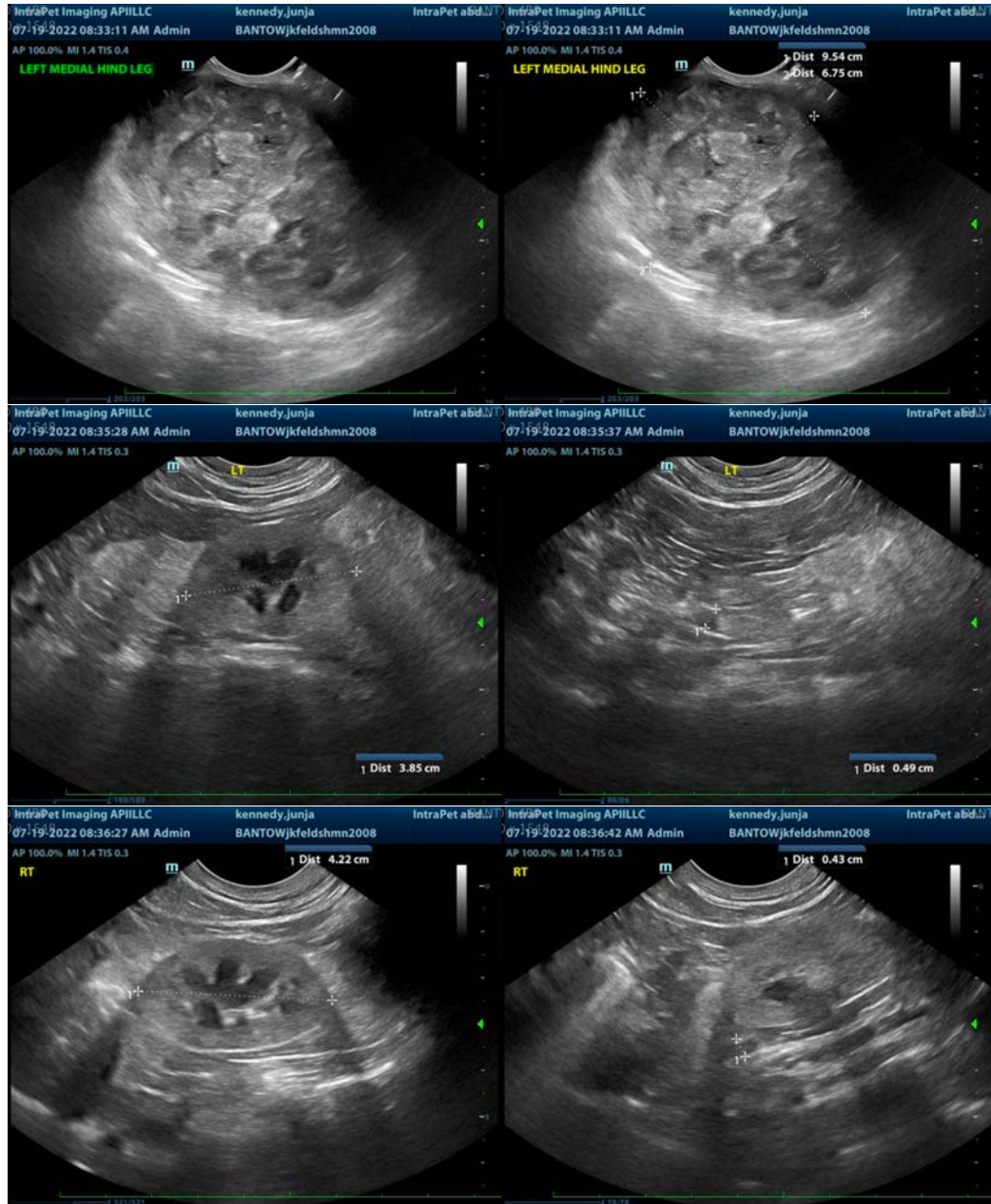
ULTRASONOGRAPHIC FINDINGS

- Vascular, heterogeneous left hind medial leg mass – top differential is infiltrative neoplasia such as a sarcoma. Benign abscess, granuloma, other cannot be ruled out, but is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations include:

- Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.
- Fine needle aspirate or biopsy of the left mass is recommended if patient's coagulation status is appropriate.
- Ultimately, surgery to remove the mass is indicated, and a pre-surgical planning CT scan could be considered if elected by the surgeon.



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.

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