

**DATE PRESENTING CLINICAL SIGNS**

3/4/22

Presenting Complaint: Lethargic. Not Eating.

PATIENT

Clive Yoffee

History: Date: 03-03-2022 Notes: P has been lethargic, not eating, and weight loss. 2 year ago P had oral tumor removed and was diagnosed with fibrosarcoma. The tumor came back bigger and was removed 2 weeks ago along with 3 teeth. The biopsy came back as a fibrosarcoma. P was given antibiotics and pain medication. P went to rDVM on Tuesday because P has a swelling on neck and rDVM said the lymph node was enlarged and did a biopsy which was sent out. The rDVM said the wound was healing up well. P has a history of diabetes but went into remission in 3 weeks.

SPECIES

Feline

Assessment: Problems:

BREED

DSH

-Decrease Appetite
-Weight loss
-Lethargic
-Swelling of right lymph node

SEX

Neutered Male

DX: Fibrosarcoma
DDX: Fibrosarcoma vs lymphoma vs CKD

AGE

2009

Current Medications: Oral Buprenorphine 0.3mg/ml, Maropitant Citrate (Cerenia) 10mg/mL Solution Injection, Sucralfate Susp 1g/10mL, Gabapentin Suspension 75mg/mL, Convenia <40 lbs [80 mg/ml] Injection, and Buprenorphine 0.6mg/mL.

WEIGHT

10.2 Pounds

Lab Results: Attached.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: IV Propofol.
Stat Report: Not requested.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAMEAnimal Emergency
Hospital

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Corticomedullary mineralization and regional infarcts noted. The right kidney measured 4.4 cm. The left kidney measured 4.55 cm.

REFERRING VET

Dr. Roper

Adrenal Glands**INVOICE**

35950

The **right adrenal gland** was severely mineralized, measuring up to 0.6 cm in width. However, it appeared to have mineralized extension through the phrenic vein and into the vena cava. This is an odd presentation and may represent strongly mineralized carcinoma or a progressive dystrophic mineralization. It may not be overtly neoplastic. Possibly a mineralized thrombus in the phrenic vein. Reactive mesentery noted. The **left adrenal gland** presented similar changes as the right with severe mineralization that also appeared to enter into the phrenic vein. The left adrenal gland measured 0.62 cm.

Spleen

The **spleen** was folded upon itself caudally, uniform parenchyma. No evidence of significant pathology.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed variable thickening and reactive surrounding mesentery. Trace amounts of free fluid noted, likely owing to inflammation and lymphatic congestion. Regional lymphadenopathy noted. Lymph nodes measured up to 1.0 cm x 0.6 cm.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

Cervical

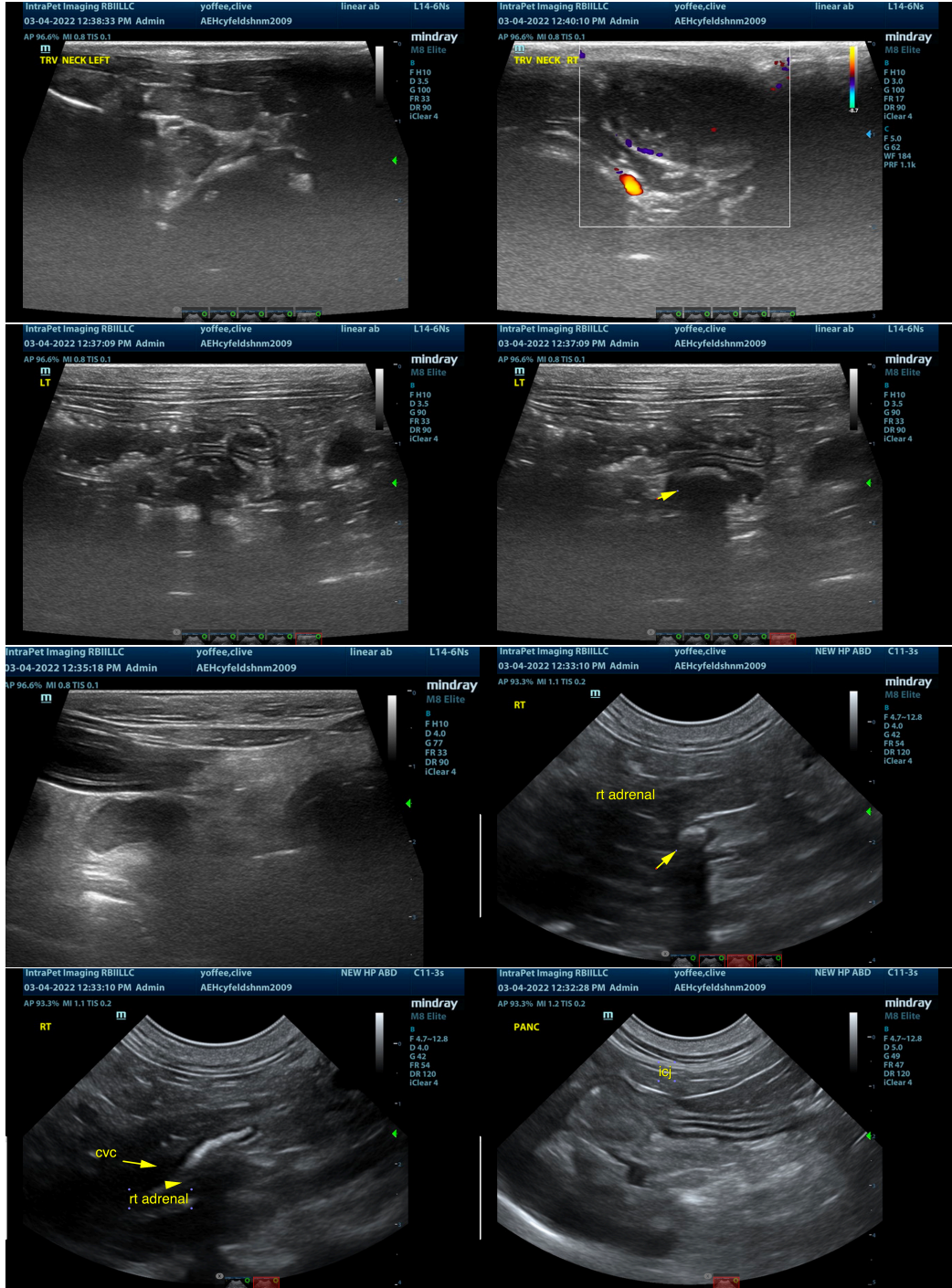
The right cervical region revealed a hypoechoic 2.0 cm x 1.5 cm mixed hypoechoic undifferentiated lesion consistent with adenoma. The left cervical region appeared unremarkable. Uniform thyroid gland and parathyroids. Cervical lymph nodes were prominent on both sides of the neck. However, were uniform and length to width ratio was maintained. These are likely reactive.

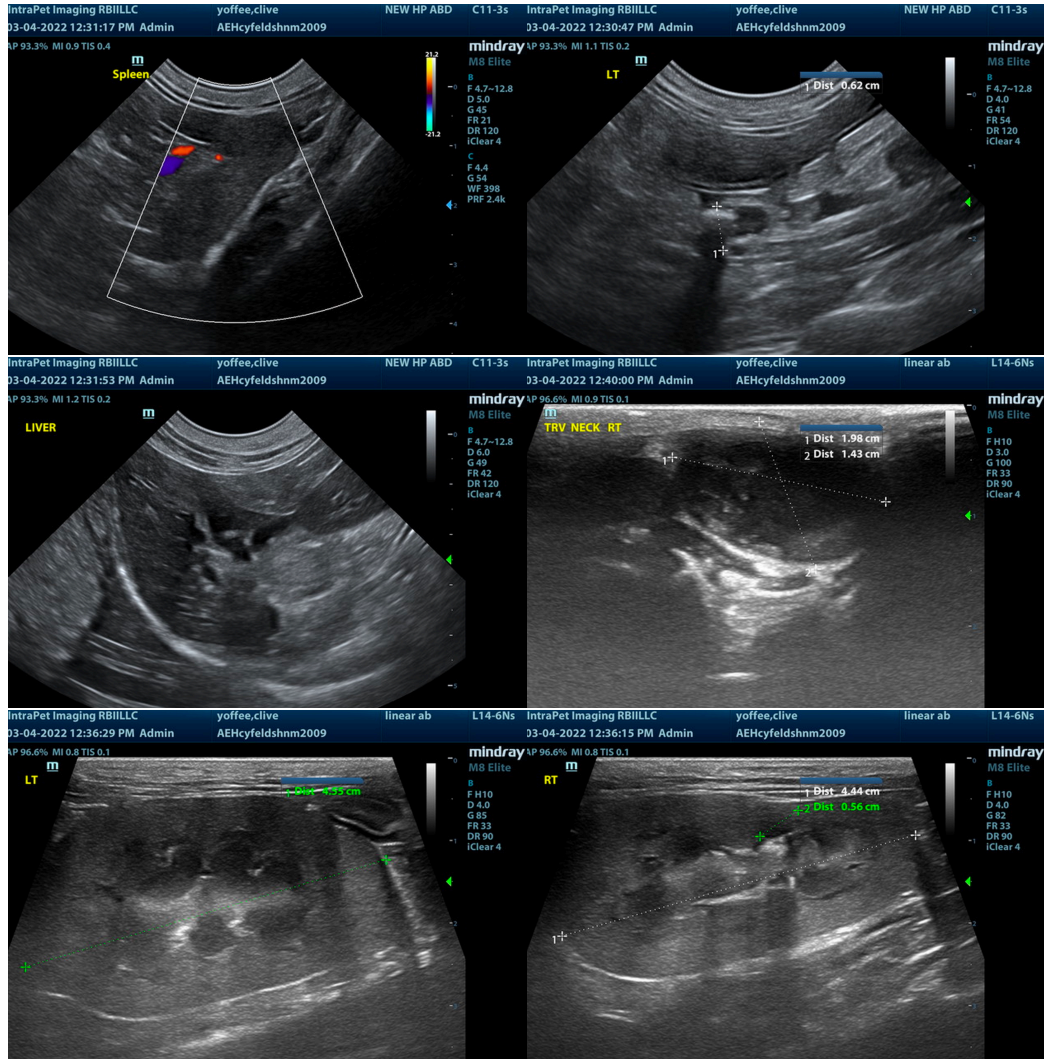
ULTRASONOGRAPHIC FINDINGS

- Mineralized adrenal glands with propagation into the phrenic vein, and vena cava on the right
- Mesenteric lymphadenopathy and inflammatory component
- Variable intestinal thickening – inflammatory bowel with reactive mesentery and lymphadenopathy versus emerging round cell neoplasia.
- Age related renal changes with infarcts and mineralization

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNAs of the mesenteric lymph nodes, cervical mass and regional LNs are recommended. The right cervical mass was undifferentiated, architecture was disrupted, and the exact origin could not be completely defined. But the lesion does appear surgically resectable as long as the regional LNs and mesenteric LNs are found to be non-neoplastic upon FNA. Comparison to prior biopsy samples should provide adequate staging.





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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