

**DATE PRESENTING CLINICAL SIGNS**

3/4/22

Presenting Complaint:n Referral for Continued Care. Trouble Breathing.

PATIENT

Sophie Dobry

History: Date: 03-03-2022 Notes: P has been having respiratory distress that has gradually got worse for the past week. P went to rDVM and chest xray showed collapse trachea and mass present under chin. P has hyperthyroidism and is on Methimazole. P had a T4 done in September and thyroid levels were normal.

SPECIES

Feline

Assessment: Problems:
-Trouble breathing -Mass under mandible.

BREED

DSH

DDX: CHF vs Lymphoma vs Metastatic Cancer vs Collapse trachea

SEX

Spayed Female

Current Medications: Butorphanol 10mg/mL (Per mL) 0.1 Convenia <40 lbs [80 mg/ml] Inj. 1 Terbutaline caplets 0.625mg 1 Pantoprazole (Protonix) 40mg/vial Injection (Per mL) 1.3 Maropitant Citrate (Cerenia) 10mg/mL Solution Injection (Per mL) 0.52 Butorphanol 10mg/mL (Per mL) 0.1 Furosemide (Lasix) 50mg/mL Injection (Per mL) 0.29

Lab Results: Attached. Hyperglycemia (163). Glucose 153

AGE

10 Years

Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

WEIGHT

11.4 Pounds

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**INTERPRETED BY**Eric Lindquist, DMV
DABVP, Cert. IVUSS**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

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. The left kidney measured 4.38 cm. The right kidney measured 4.22 cm. Slight infarct noted at the dorsal cortex of the right kidney.

HOSPITAL NAMEAnimal Emergency
Hospital**Adrenal Glands****REFERRING VET**

Dr. Roper

The regions of the **adrenal glands** were unremarkable.**INVOICE**

35951

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The spleen was folded upon itself caudally. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

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

Some stasis was noted in the **stomach** with overdistention. Some fluid filled small intestine noted as well as excessive GI gas.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

Other

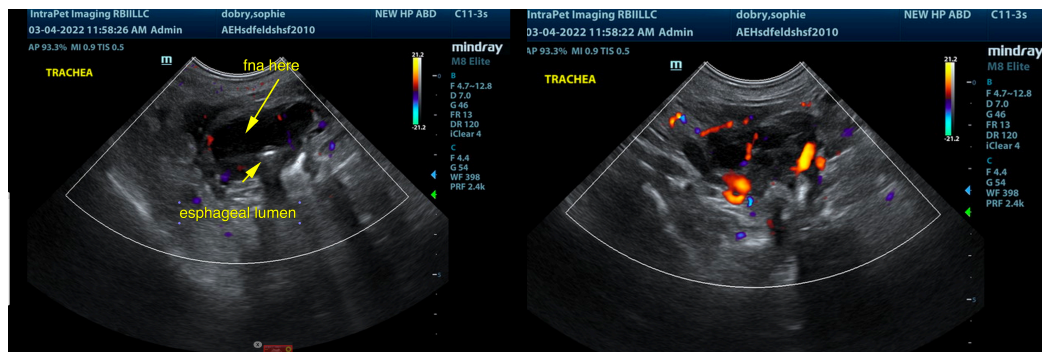
The area of the trachea revealed an expansive mixed hypoechoic mass, involving the esophagus. The mass is completely undifferentiated and extended for approximately 5.0 cm. The mass measured approximately 2.5 cm at maximum width. It avulsed or derived from the wall of the esophagus and impinged upon the trachea. The mass appeared to extend into regional tissues and regional lymph nodes. Cervical lymph nodes were also enlarged.

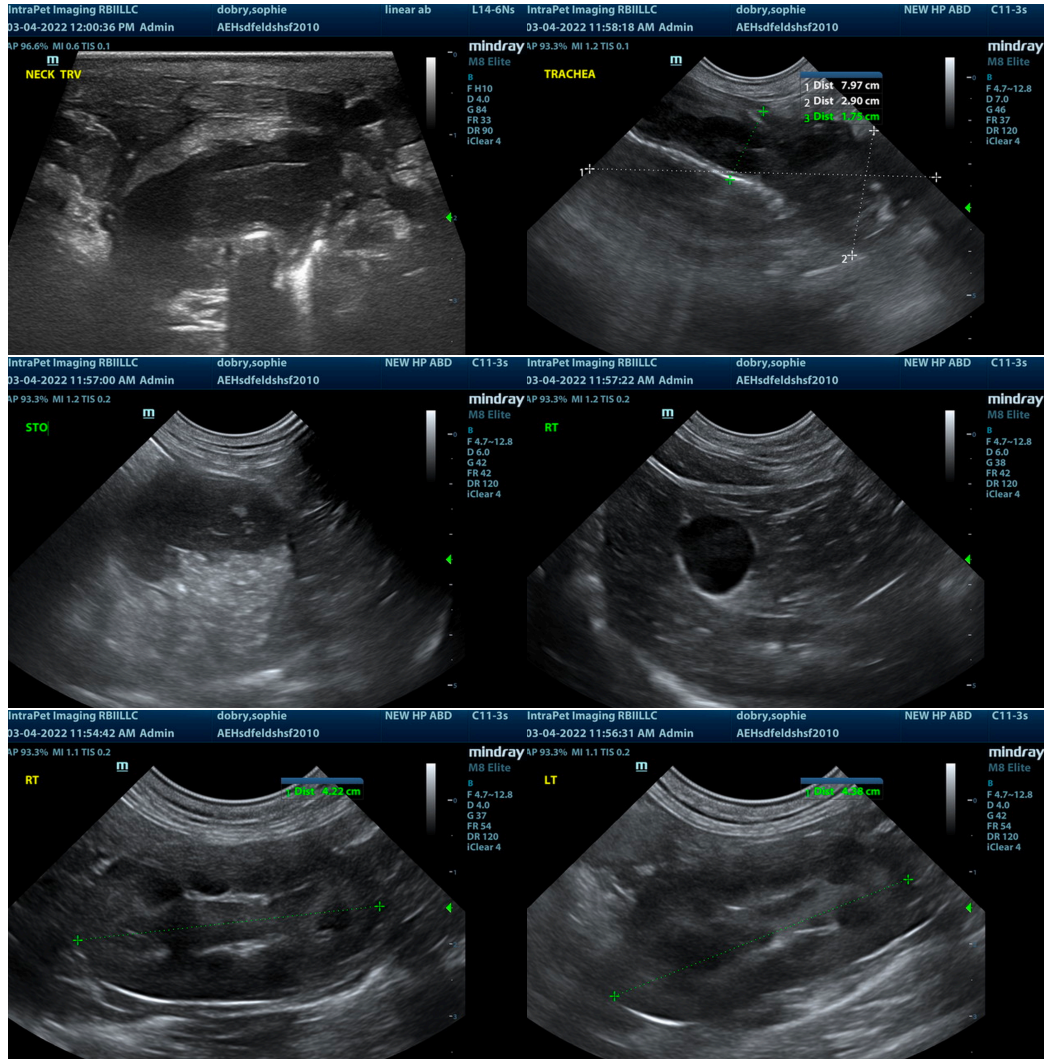
ULTRASONOGRAPHIC FINDINGS

- Esophageal mass with regional lymphadenopathy - suspect round cell neoplasia or possible carcinoma.
- Geriatric abdomen with minor gastric stasis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA of the esophageal mass followed by chemotherapeutic intervention recommended.





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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