

**DATE**

8/23/21

PRESENTING CLINICAL SIGNS

History: lump at the neck area nonresponsive to antibiotic.

Current Medications: Not provided by the veterinarian.

Lab Results: Not provided by the veterinarian. Pending.

Radiographs: Not provided by the veterinarian. Pending.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: gassed down

Stat Report: not requested

PATIENT

Wooster Roman

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

2/12

WEIGHT

15 lbs

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**HOSPITAL NAME**

Glen Burnie AH

REFERRING VET

Dr. Shah

INVOICE

91430

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 was noted. Ureteral papillae were normal.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 4.18 cm. The right kidney measured 4.07 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.45 cm. The right adrenal gland measured 0.51 cm.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. 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 was noted.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Minor intestinal thickening was noted with remodeled surrounding mesentery.

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.

Cervical Region

The left cervical region revealed a mixed, hypoechoic, undifferentiated 6.0 x 3.3 cm mass. The cervical mass appeared to be soft tissue in origin and was undifferentiated. Multiple, regional lymph nodes were involved. This is not a surgical presentation. This may be thyroid in origin; however, ultrasound-guided FNA of the various portions of the mass are recommended with potential chemoreduction. The right thyroid and parathyroid area were unremarkable.

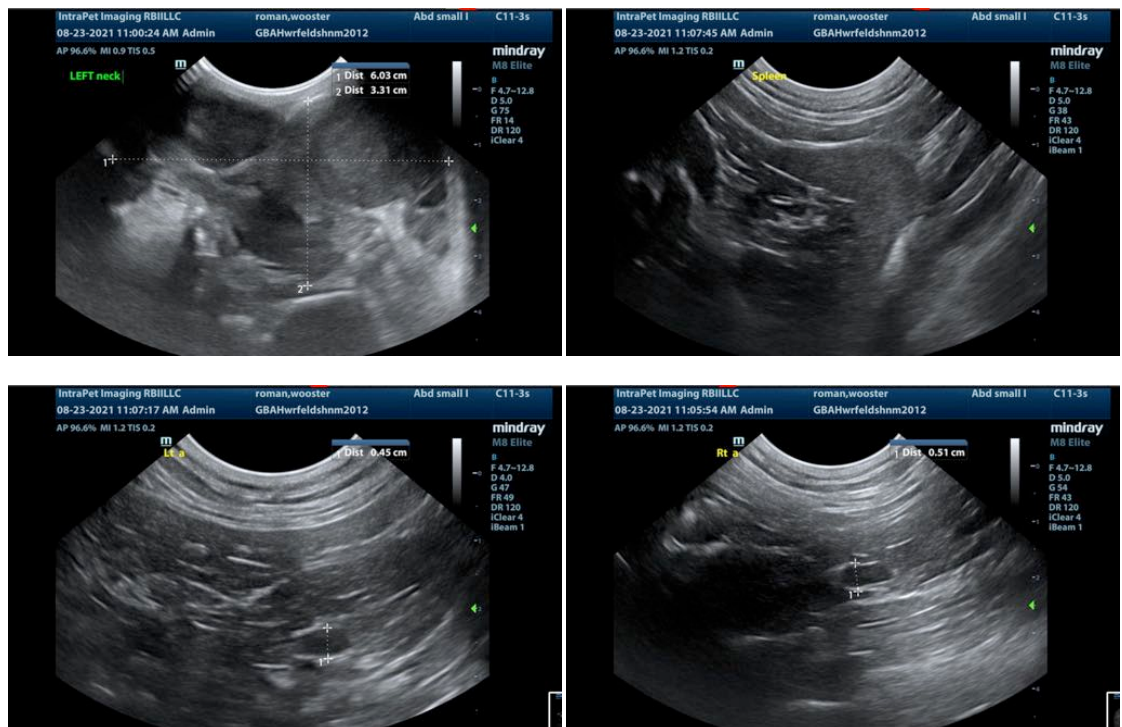
ULTRASONOGRAPHIC FINDINGS

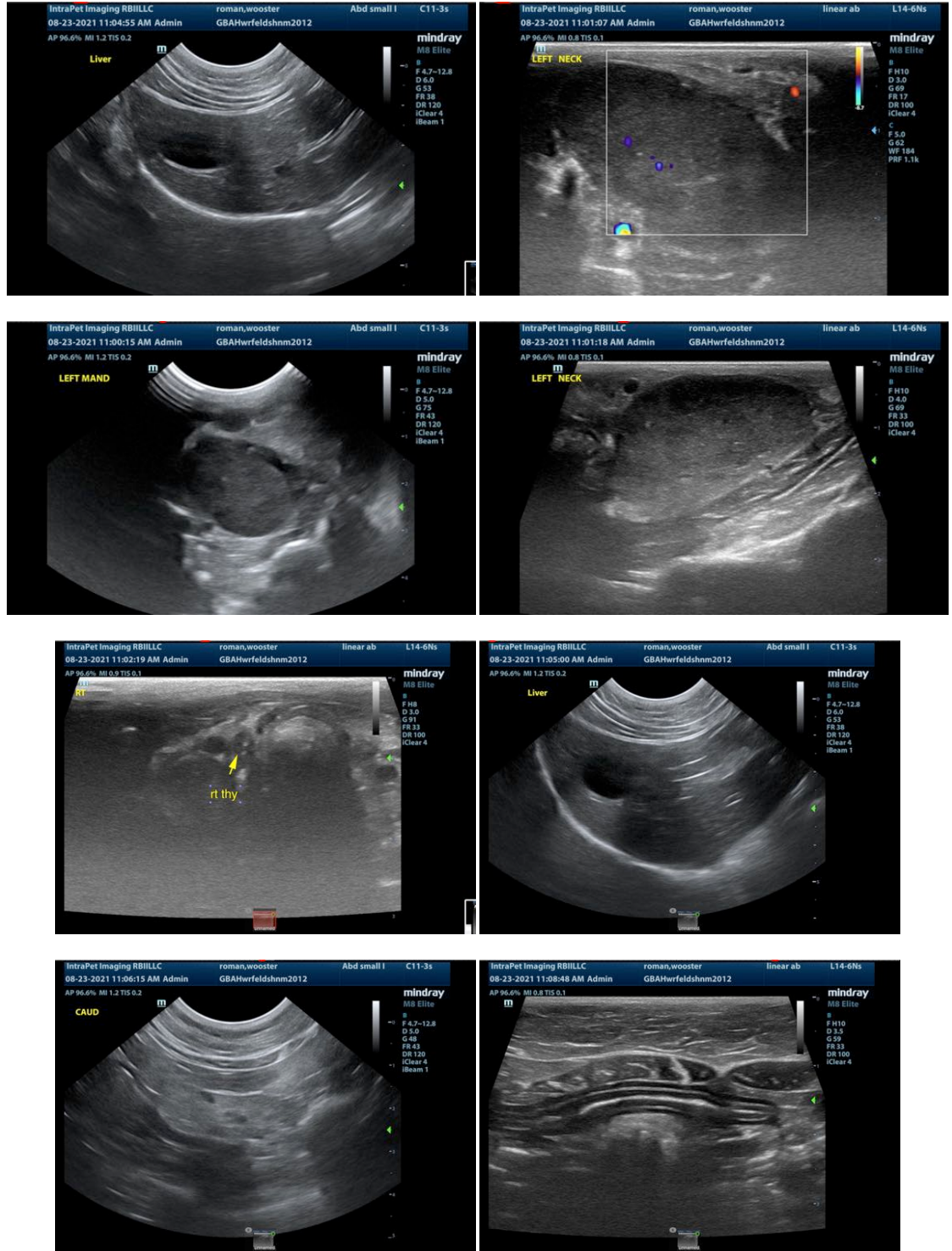
Left cervical mass with regional lymphadenopathy. I suspect thyroid origin. However, lymphoproliferative disease is possible.

Minor intestinal thickening and remodeled mesentery, possible low-grade inflammation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Abdominal palpations warranted. Primary disease appears to be in the cervical region. I suspect left thyroid lobar mass with regional lymphadenopathy; however, FNA is needed to confirm. The undifferentiated mass appears to involve the mandible; however, no overt lytic lesions are noted in the bone. CT of the cervical region would be ideal for complete idea of penetration of the mass. However, this is not surgical. Chemotherapy and/or radiation therapy may be appropriate depending on cytology results.





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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