

**DATE PRESENTING CLINICAL SIGNS**

9/10/21 Weight loss.

PATIENT Current Medications: Felimazole 2.5mg po QD

Lab Results: Elevated Ca++

Daisy Heffner Date of Previous IntraPet Ultrasound: No previous

Sedation: sedation utilized

Stat Report: not requested

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

2006

WEIGHT

10.9 Pounds

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

Festival Vet Clinic

REFERRING VET

Dr. Long

INVOICE

25317

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.

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 3.46 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 0.52 cm. The right kidney measured 3.39 cm with pinpoint mineralizations.

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 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. Duplicated gallbladder noted, which is a normal variant and not pathologica.

Gastrointestinal

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable.

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. The pancreas measured up to 0.8 cm.

Other

Subcutaneous to deep fascia and muscularis mass noted in this patient with echogenic fibrotic changes, strongly concerning for fibrosarcoma. Given the position of the mass, vaccine history should be evaluated, as this may be vaccine related. The margins were ill-defined.

Rapid view of the heart revealed no evident pathology. Trace pericardial effusion noted, yet non-cardiogenic.

The thyroid lobes revealed hypoechoic parathyroids, measuring 0.23 cm x 0.19 cm. Minor parenchymal remodeling noted. A focal, hypoechoic left thyroid nodule was noted measuring 0.34 cm x 0.19 cm without capsular expansion. The left thyroid lobe measured 1.9 cm x 0.32 cm. The right thyroid lobe was uniform and measured 1.69 cm x 0.36 cm.

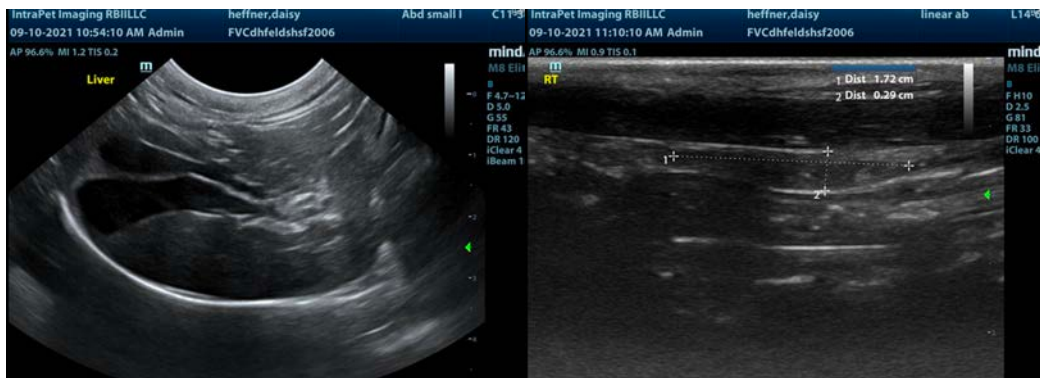
ULTRASONOGRAPHIC FINDINGS

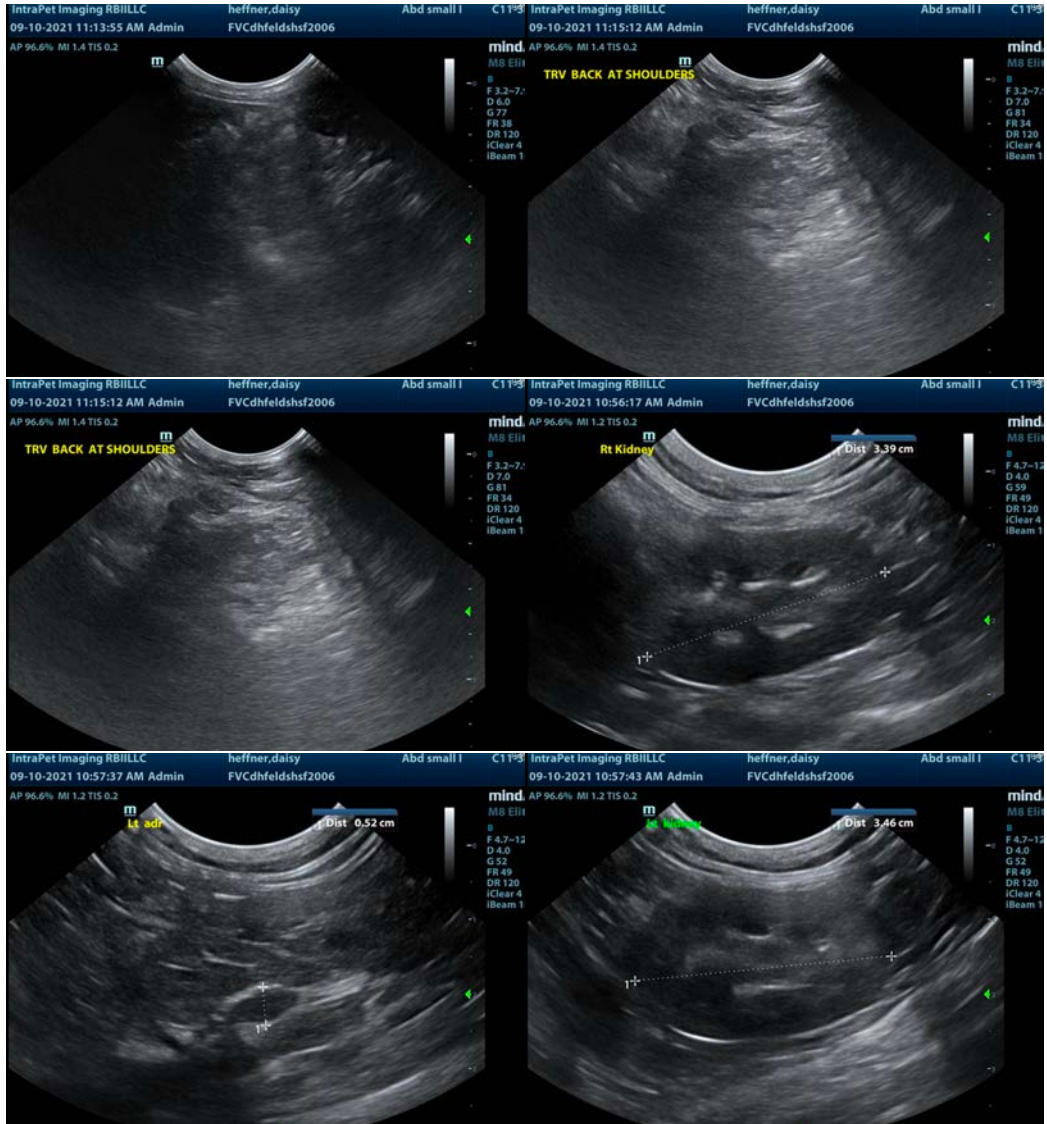
- Geriatric abdomen
- Left thyroid nodular changes, non-expansive – thyroid adenoma possible, however the changes are equivocal
- Normal parathyroids
- Intrascapular/connective tissue mass – suspect sarcoma
- Trace pericardial effusion

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA of the larger thyroid nodule could be considered in the mid body of the left thyroid lobe. Differentials include hyperplasia versus emerging adenoma.

20-gauge FNA with ultrasound guidance of the intrascapular/connective tissue mass would be appropriate for further definition. Fatty granuloma between the shoulders is a potential. Clean margins will likely be difficult to obtain from a surgical standpoint.







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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