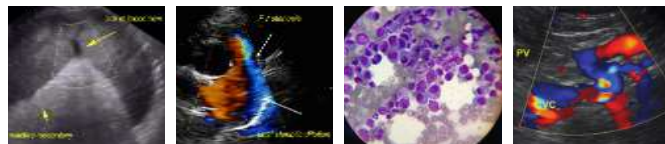


PATIENT	PRESENTING CLINICAL SIGNS
Ramsey Ott	Reason for Visit: EARS History: P IS HERE TO CHECK EARS, ITCHY FOR A FEW MONTHS NOW, O DONT CLEAN EARS AT HOME, CHECK NAILS(MIGHT BE INGROWN), CHECK SPOT UNDER BELLY
SPECIES	Abnormal PE/Chem/CBC/UA Results: Mentation: BAR EENT: Nuclear sclerosis OU. crinkled pinna as previously described with moderate red-brown discharge and stenosis (AD worse than AS). Pruritic. No cough on tracheal palpation. Oral cavity: Heavy dental calculus, resorptive lesions right maxillary arcade as previously noted Lymph Nodes: No peripheral lymphadenopathy Skin: Multiple ingrown nails--on left front paw, ~2mm deep into pawpad/superficially touching pawpad right front paw. 0.5cm firm erythematous dermal nodule left ventrum ilocated halfway between second and third mammary gland.
Feline	CV/Respiratory: Normal heart rate and rhythm, no murmur, pulses strong and synchronous, normal bronchovesicular sounds. Abd/GI: Soft, non-painful. no fluid wave, no palpable masses or organomegaly Uro/Perineum: no lesions or abnormalities Musculoskeletal: BCS = 5/9. Ambulatory x 4, normal gait, normal palpation all 4 limbs Neurological: Alert and appropriate. No deficits noted Testing Performed: Cytology mammary mass Results: Mesenchymal/epithelial neoplasia--suspicious for carcinoma
BREED	Recommendations: thoracic radiographs/bloodwork/wide local excision vs. chain mastectomy Animal Cancer Care Exam: Ramseys was a champ for his visit today! He has been diagnosed with a mixed tumor (mesenchymal/epithelial tumor). It is unclear if this tumor does arise from the mammary tissue and it is possible it arises from the skin or other glandular tissue. I recommend preoperative bloodwork(CBC/Chemistry/Lytes) and full staging (with thoracic radiographs and abdominal ultrasound). Thoracic radiographs were done today and the final radiology report is pending. An abdominal ultrasound has not been scheduled yet as the next available ultrasound appointment here is in 4 weeks. I recommend checking in with your primary care veterinarian to see if it could be done there sooner so that he does not have to wait that long. If that is not possible let us know and we can book it here. The main recommendation is surgery to remove the mass and the 2 mammary glands closer to it. The biopsy of the tissue should help clarify the specific tumor type and also if further treatment such as chemotherapy is warranted depending on the final diagnosis. The prognosis is also dependent on the final diagnosis. You are planning to go back to your primary care veterinarian for the surgery and possibly the abdominal ultrasound. I will call you next week with the final radiology report of the thoracic radiographs taken today. Please let us know if you have any questions or concerns in the interim.
DSH	
SEX	
NM	
AGE	
7 Years, 2 Months	
WEIGHT	
11.43 lbs	
INTERPRETED BY	
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
IMAGING PERFORMED BY	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Michaleen	<i>Urinary System</i>
HOSPITAL NAME	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild particulate nondependent sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.
DPC Veterinary Hospital	
REFERRING VET	The area of the residual prostate appeared normal and free of pathology.
Ward	No evidence of pathology in the area of the aortic trifurcation.
INVOICE	Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and architecture were maintained. Both kidneys exhibited uniform increased cortex echogenicity with mildly enhanced corticomedullary border demarcation. The left kidney measured 4.3 cm in length. The right kidney measured 4.5 cm in length.
48614	
DATE	<i>Adrenal Glands</i>
11-27-21	No overt pathology in the area of the left or right adrenal glands.



PATIENT	<i>Spleen</i>
Ramsey Ott	The spleen exhibited subjective borderline enlargement measuring 1.0-1.1 cm width in the mid spleen. Subtle asymmetrical medial capsule contour was present with maintained finely textured homogeneous parenchyma. No splenic masses or nodules were noted. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.
SPECIES	
Feline	
	<i>Liver / Gallbladder</i>
BREED	
DSH	The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.
SEX	
NM	<i>Gastrointestinal</i>
	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. The gastric body wall width measured 0.24 cm.
AGE	
7 Years, 2 Months	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The duodenum wall width measured 0.24 cm and the jejunum wall width measured 0.22 cm. The ileocolic wall width measured 0.30 cm.
WEIGHT	
11.43 lbs	Normal visible colon wall layers were present with apparent formed feces in lumen.
	<i>Pancreas</i>
INTERPRETED BY	
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.
IMAGING PERFORMED BY	<i>Free Abdomen</i>
Michaleen	No omental masses, lymphadenopathy, or peritoneal effusion were present.
HOSPITAL NAME	ULTRASONOGRAPHIC FINDINGS
DPC Veterinary Hospital	<ul style="list-style-type: none"> • Mild urinary bladder sediment. • Nonspecific uniformly increased renal cortex echogenicity - patient variant, potential for interstitial nephrosis. • Subjective borderline splenomegaly.
REFERRING VET	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Ward	The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.
INVOICE	
48614	Overall, no overt evidence of intraabdominal metastasis from the mixed tumor.
DATE	The borderline splenomegaly was not overtly consistent with neoplastic or metastatic criteria with considerations including patient variant, benign hyperplasia, hematopoiesis, incidental splenitis, splenomegaly owing to sedation, if clinically applicable.
11-27-21	



PATIENT

Ramsey Ott

Sonographic monitoring of the abdomen, based on oncology recommendations, would be appropriate +/- assuming normal clotting status, ultrasound guided FNA of the spleen primarily to ensure only benign changes are present.

SPECIES

Feline

BREED

DSH

SEX

NM

AGE

7 Years, 2 Months

WEIGHT

11.43 lbs

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Michaleen

HOSPITAL NAME

DPC Veterinary
Hospital

REFERRING VET

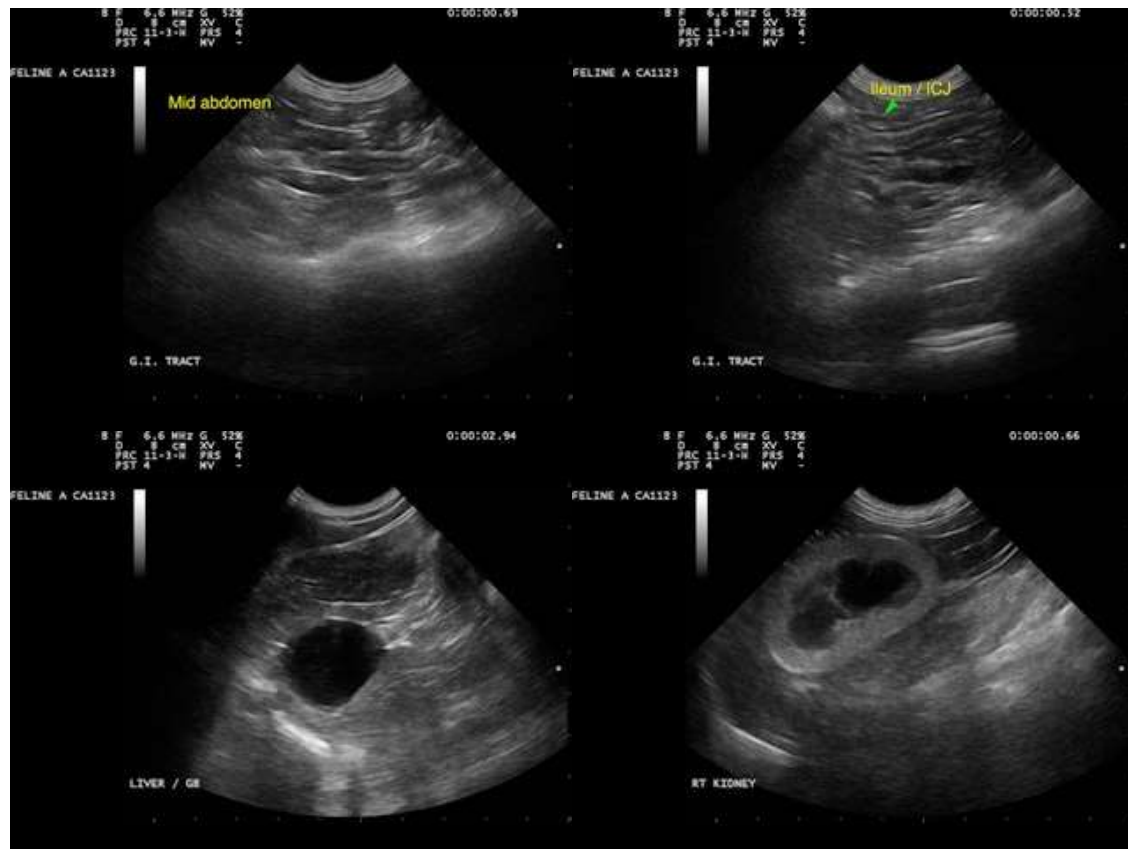
Ward

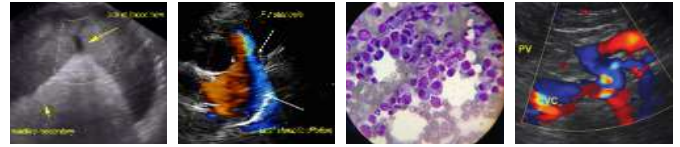
INVOICE

48614

DATE

11-27-21





PATIENT

Ramsey Ott

SPECIES

Feline

BREED

DSH

SEX

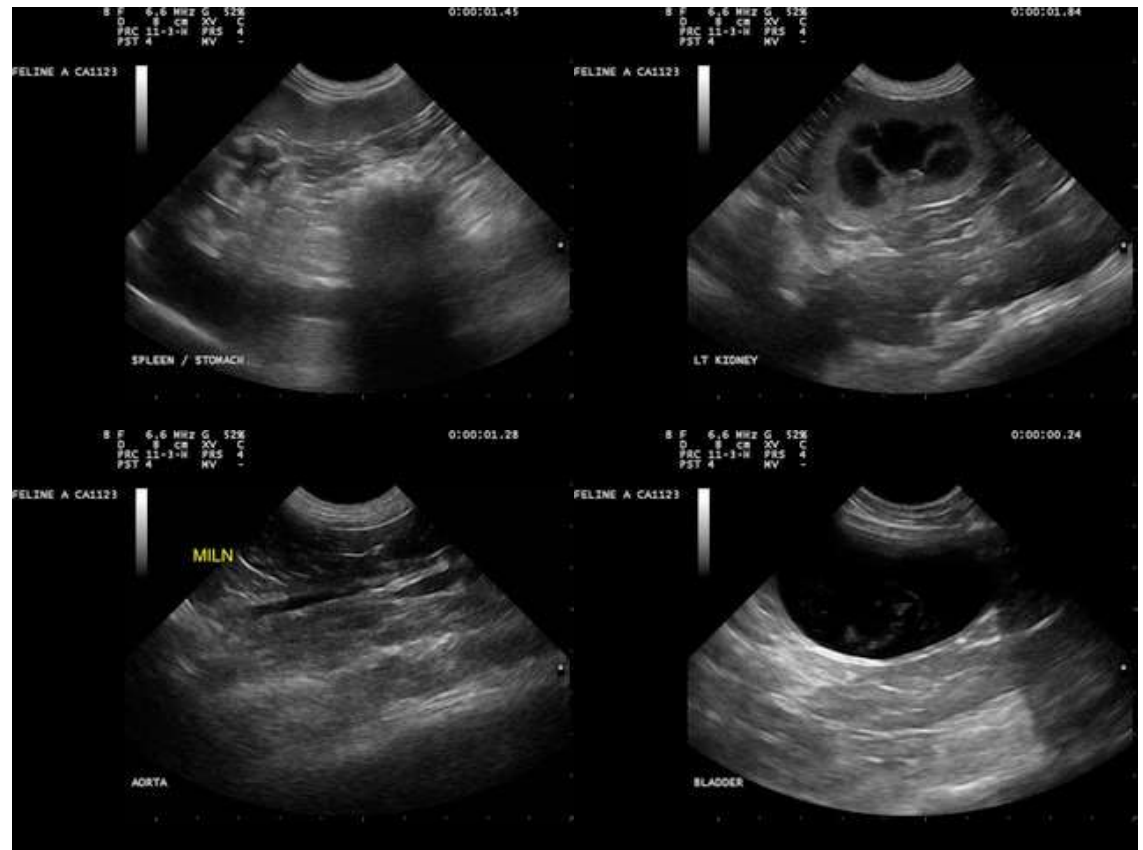
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AGE

7 Years, 2 Months

WEIGHT

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INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Michaleen

HOSPITAL NAME

DPC Veterinary
Hospital

REFERRING VET

Ward

INVOICE

48614

DATE

11-27-21

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com