

**PATIENT**

Patches Wymer

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FI

**AGE**

8yr

**WEIGHT**

8.3lb

**INTERPRETED BY**R. McKenzie Daniel,  
DVM, DABVP  
(Canine and Feline)**IMAGING  
PERFORMED BY**

Amy Mayhew LVT

**HOSPITAL NAME**SVS Imaging  
Michigan**REFERRING VET**

Dr. Craig

**INVOICE**

12948ag

**DATE**

02/13/2023

**PRESENTING CLINICAL SIGNS**

Presented for ultrasound and met check on 2/13/23.

Abnormal PE/Chem/CBC/UA Results: 1. BAR- fractious, hissing, growling, reactive to touch during exam- limited ability to examine due to behavior, unable to obtain blood samples or vaccinate safely. Recommend P return with gabapentin premed- reviewed will cause sedation but is used to address P's anxiety with visits. 10. Able to palpate large irregular mammary mass- largest on left mid mammary chain, smaller mass on right mid mammary chain. Reviewed findings with O- greatest concern is for mammary neoplasia, higher risk with intact female, reviewed risk for metastatic disease. Recommend thoracic rads, AUS, OHE, mastectomy (pending met check), rec. FNA of mass as initial diagnostic, but will need full biopsy to confirm if malignant neoplasia vs reactive/inflamed tissue O has had negative experience post-op with cat spay performed elsewhere in the past of which the cat wasn't eating for 5 days, which is why she has waited to spay Precious and Patches. Reviewed OHE is major abdominal surgery, reviewed risks for bleeding, friable tissue, incisional dehiscence/self trauma, anesthesia risks, may affect appetite, additional tx may be needed if P not eating post-op. Recommend e-collar post op, will need to be monitored closely for 2 weeks after OHE, recommend spaying when not in heat if possible

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild to moderate non-dependent particulate sediment. The sediment may indicate cellular debris / protein, crystalline debris, lipid, or mucus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 3.4 cm in length. The right kidney measured 3.4 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy.

No overt pathology associated with the uterus or area of the bilateral ovaries.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.44 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.26 cm width.

**Spleen**

The spleen exhibited normal size and a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. A solitary subtle non-disruptive hypoechoic nodule was present in the medial parenchyma measuring 0.35 cm in diameter. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The spleen measured 0.72 cm in width at the level of the hilus.

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**Liver/Gallbladder**

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.

**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate ingesta exhibiting progressive distal acoustic shadowing with no signs of ileus, obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained segmental non-shadowing ingesta/chyme with no signs of ileus, obstruction or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.

**Pancreas**

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.

**Free Abdomen**

No omental masses or peritoneal effusion was present.

A solitary mildly enlarged uniform hypoechoic inguinal lymph node exhibiting abnormal width: length >0.5 cm measuring 1.1 cm x 0.75 cm was present.

**ULTRASONOGRAPHIC FINDINGS**

- Mild inguinal lymphadenopathy
- Subtle non-disruptive splenic nodule-incident focal hyperplasia, hematopoiesis, splenitis or similar, potential for emerging primary or metastatic neoplasia cannot be definitively excluded
- Gastrointestinal ingesta-probably post prandial presentation
- Overtly normal uterus and bilateral ovaries

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No obvious evidence of intra-abdominal neoplastic or metastatic criteria although sonographic monitoring of the subtle splenic nodule for evidence of progression is recommended. The inguinal lymphadenopathy, although non-specific, may be concerning for early metastasis given the presence of mammary masses.

Assuming normal clotting status, an inguinal lymph node FNA for screening cytology is warranted for further staging pending mammary mass FNA/biopsies.

IMAGING PERFORMED BY

SVS Mobile Imaging MI 734-637-7711  
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**SonoPath**  
Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

1-800-838-4268 info@sonopath.com SonoPath.com

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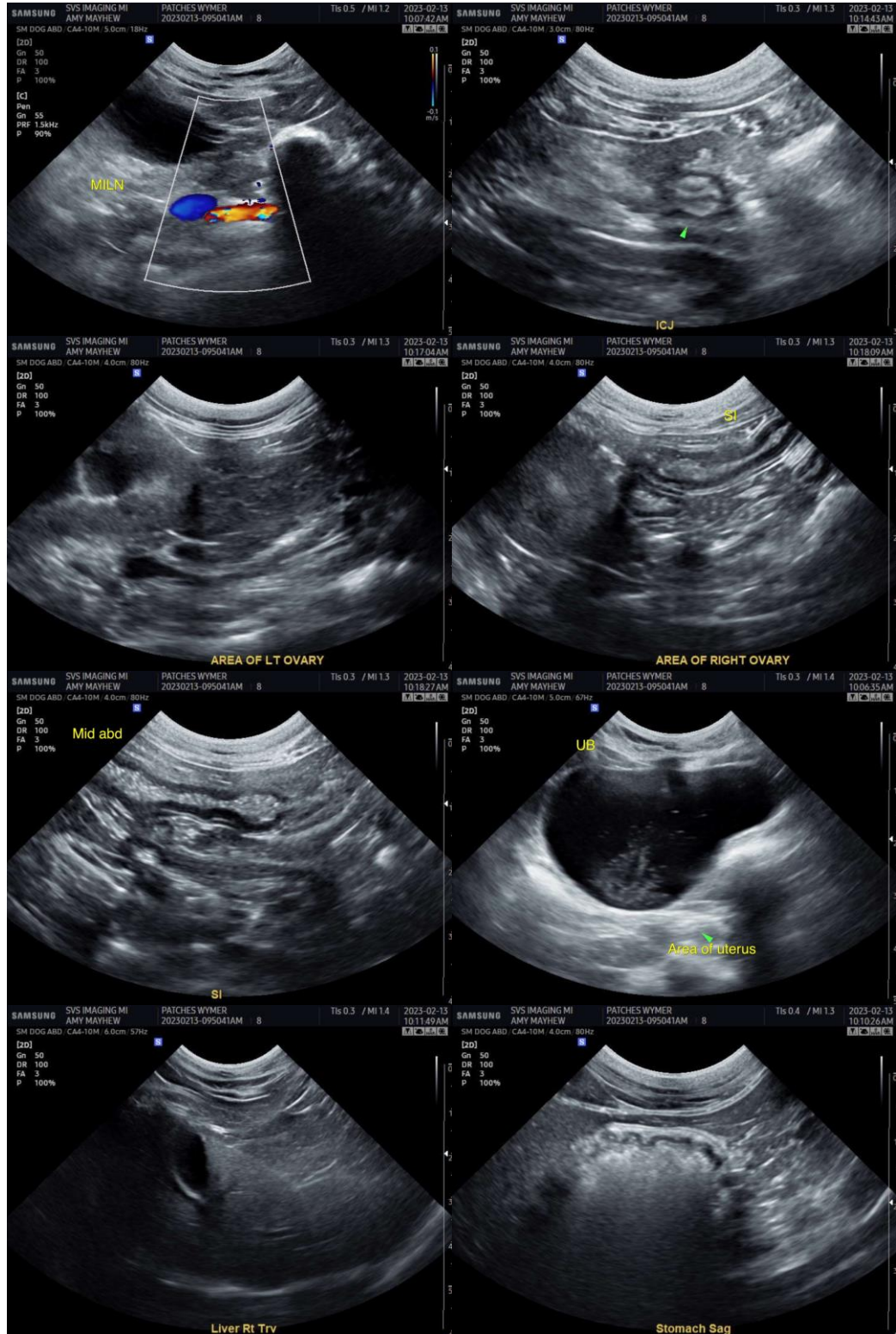
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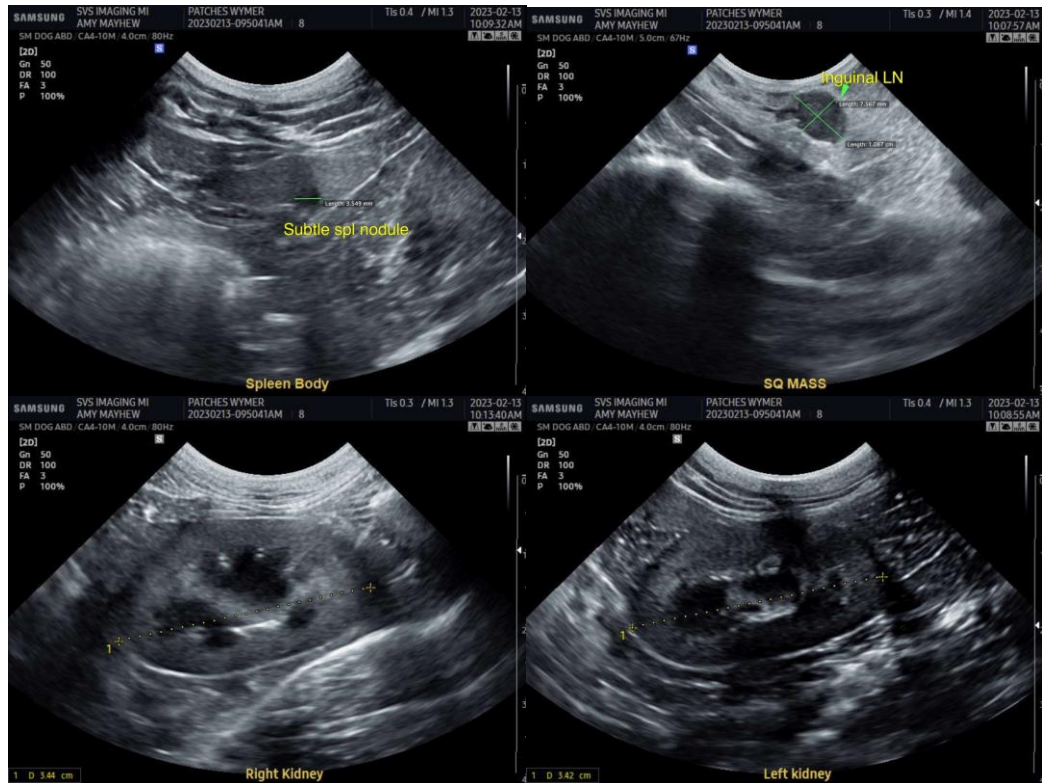
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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