

**PATIENT**

Bascom Anderl

**SPECIES**

Feline

**BREED**

DSH

**SEX**

SF

**AGE**

11 years

**WEIGHT**

10 lbs.

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

Sarah Pender, CVT

**HOSPITAL NAME**

SVS Imaging QC

**REFERRING VET**

Dr. Stacy Kula

**INVOICE**

13814

**DATE**

5/5/22

**PRESENTING CLINICAL SIGNS**

Rapidly growing mass in the 4th and 5th teat.

Abnormal PE/Chem/CBC/UA Results: Cytology of mass revealed mammary adenoma but more likely mammary adenocarcinoma

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

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Prominent to hypoechoic medial iliac lymph node adjacent to the iliac trifurcation was present measuring 1.9 cm x 0.88 cm and exhibited borderline to mild abnormal width: length ratio (approximately 0.5).

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.2 cm in length. The right kidney measured 4.4 cm in length.

**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 0.42 cm width.

**Spleen**

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. 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. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. The spleen measured 0.82 cm width.

**Liver/ Gallbladder**

The liver exhibited generalized enlargement. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with mild gallbladder debris. The gallbladder was otherwise normal. The cystic and common bile ducts were normal.

Transdiaphragmatic view revealed comet tail lung pattern, which is echogenic sound wave interface with microconsolidations within the caudal lung field. The lung field should not be visualized by sonogram unless pathology is present. Chest radiographs are recommended to rule out alveolar/lung

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disease such as neoplasia, thromboembolic disease, chronic inflammatory disease with microconsolidation.

***Gastrointestinal*****SPECIES**

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate ingesta exhibiting subtle progressive distal acoustic shadowing. The stomach was otherwise normal.

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained echogenic, nonshadowing ingesta consistent with normal food without signs of ileus, obstruction or foreign material.

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

***Pancreas*****AGE**

11 years

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 were evident.

***Free Abdomen*****WEIGHT**

10 lbs.

No omental masses or peritoneal effusion were present. No obvious evidence of omental lymphadenopathy was noted.

Enlarged, hypoechoic to mild mixed echogenic inguinal lymph node vs. mammary mass was noted in the inguinal space caudoventral to the urinary bladder, measuring approximately 3.9 cm x 2.3 cm.

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

**ULTRASONOGRAPHIC FINDINGS**

- Hypoechoic mildly enlarged medial iliac lymph node
- Hypoechoic to swollen inguinal lymphadenopathy vs. mammary mass
- Nonspecific hepatomegaly
- Mild gallbladder debris
- Mild age-related kidneys

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given the clinical concern for likely mammary adenocarcinoma, the prominent to hypoechoic medial iliac lymph node is concerning for early lymphatic metastasis, although non-neoplastic etiologies such as hyperplasia or lymphadenitis are possible. If significant inguinal lymphadenopathy is present, ultrasound-guided FNA, as well as screening hepatic FNA, assuming normal clotting status and using a 25-gauge needle, is recommended. Oncology consultation is suggested.

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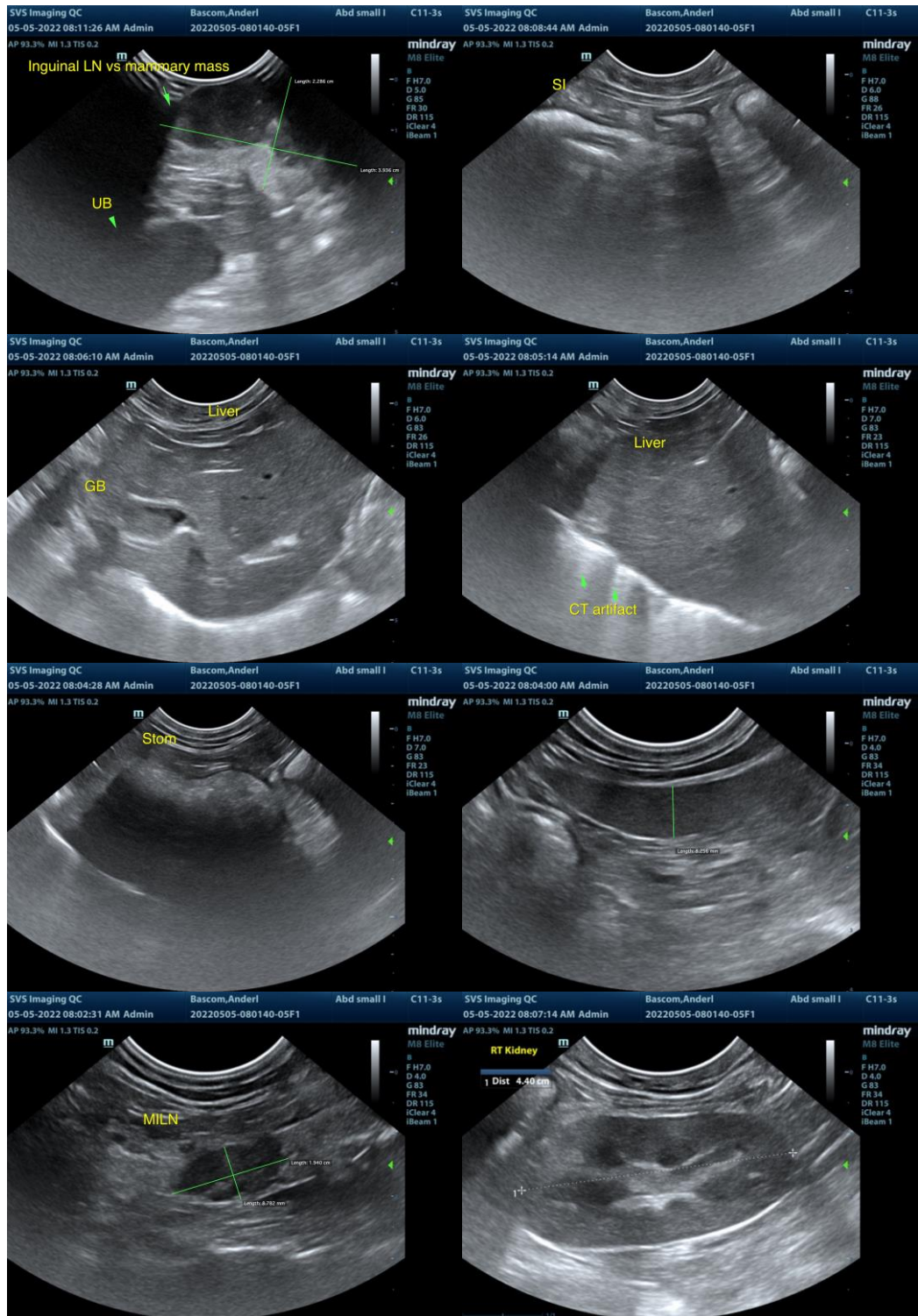
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IMAGING PERFORMED BY

svsmobileimaging.com 309-737-3070



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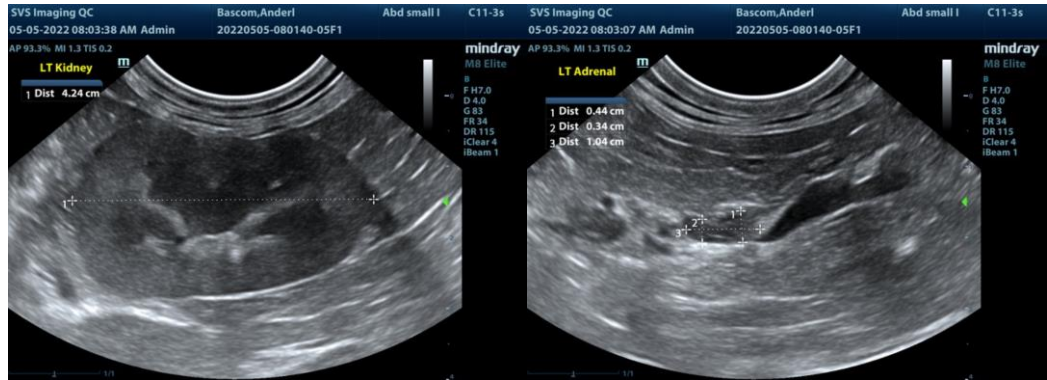
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**INTERPRETED BY**

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