



PATIENT PRESENTING CLINICAL SIGNS

Zoe Ramos Miraval

History: Assessment for possible metastatic disease.

SPECIES

Feline

Physical Examination: Firm ulcerated mass on the cranial abdominal mammary gland, large and lobulated appearance of the cranial thoracic mammary gland that cover the entire thorax and cranial abdomen.

BREED

DSH

Urinalysis: N/A.

SEX

Intact Female

CBC: N/A.

Serum Biochemistry: N/A.

Radiographic Findings: N/A.

AGE

13 years

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder with a normal thickness and appearance of the wall. Moderate amount of floating hyperechogenic sediment. No uroliths evident.

WEIGHT

7.6#

Normal trigone area, proximal urethra, and iliac blood vessels.

INTERPRETED BY

Remo Lobetti, BVSc,
MMedVet (Med), PhD,
Dipl. ECVIM

Normal right iliac lymph node (0.4 cm), enlarged left iliac lymph node (0.8 x 1 cm) with rounded and hyperechogenic appearance. Ureters not visualized.

Normal renal size (left 3.4 cm, right 3.3 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis and capsule.

IMAGING PERFORMED BY

Dr Gabriel Ferrer, DVM

Reproductive System

N/A.

HOSPITAL NAME

Paseos Veterinary Center

Adrenal Glands

Normal shape, position, echogenic appearance, and size. Left 0.31 cm, right 0.32 cm.

REFERRING VET

Dr Walker, DVM

Spleen

Normal size (0.7 cm) and echogenic appearance. Smooth homogenous parenchyma, regular capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

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Liver

Normal size, echogenic appearance, and portal markings. No nodules or masses evident. Full gall bladder containing normal anechoic bile. Normal thickness and appearance of the gall bladder wall. Normal bile duct.

DATE

6/28/22



PATIENT *Gastrointestinal*

Zoe Ramos Miraval

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (duodenum 0.29 cm, jejunum 0.16 cm, colon 0.16 cm) and peristaltic activity and no distension of the lumen. Ingesta within the stomach.

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Pancreas

BREED

Normal size (right 1 cm, left 0.9 cm) and echogenic appearance. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

DSH

Free Abdomen

SEX

Intact Female

Mesenteric lymphadenomegaly (0.9 x 3.9 cm) with a rounded and hyperechogenic appearance. No ascites.

AGE

13 years

Irregular and cystic appearance of the cranial mammary tissue and solid and hypoechogenic appearance of the caudal mammary tissue. Cranial mass appears to invade into the abdominal cavity but may be artifactual because of the size of the masses. FNA taken from the caudal mammary tissue.

WEIGHT

7.6#

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Mesenteric and iliac lymphadenomegaly.
- Mammary masses

Secondary Findings:

- Age-related renal changes.
- Urinary bladder sediment.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the mammary tissue would be neoplasia and mammary gland hyperplasia, the latter hormone-dependent dysplastic change in the mammary gland that occurs within 2 weeks after estrus or after progestin treatment. The enlarged glands are often erythematous and some of the skin may become necrotic and ulcerated.

Etiologies for the lymph nodes would be reactive, hyperplasia, lymphadenitis, and infiltrative neoplasia.

Further assessment/therapy needs to be based on the results of the FNA cytology but could include urinalysis and FNA cytology of the lymph nodes. Biopsy of the mammary tissue may be required for a final etiological diagnosis.

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IMAGES

Left iliac lymph node



Mesenteric lymph node





PATIENT

Mammary tissue

Zoe Ramos Miraval

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DSH

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Intact Female

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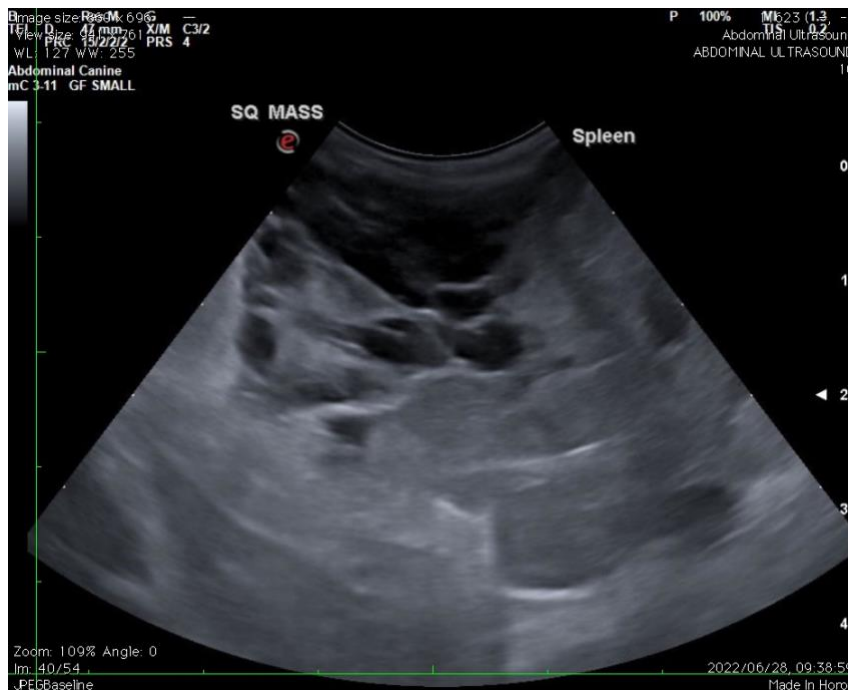
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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