



PATIENT PRESENTING CLINICAL SIGNS

SPECIES . ine
 Imaging performed by: Danielle Shemanski, DVM, MA
 Referring Veterinarian: Bella DeGelorm DVM,
 Hospital Name: Western New York Veterinary Services
BREED Email Address: Harpersounds.vet@gmail.com
 Phone Number: 585-507-1412
SEX Notes to the Specialist: **ABNORMAL FINDINGS:** Round mass 0.54 x 0.77cm with
 apparent blood flow in caudal right mammary chain just under the nipple. [Slides 8-
 11] Mild lymphadenopathy (colic, mesenteric) - likely incidental or secondary to IBD
AGE NOTE: RDVM is planning a double chain radical mastectomy in one surgery
 according to owner, but I'm worried about dehiscence with that amount of tension.
 Do you recommend removing the affected mammary chain first, then the other one
 5-6 weeks later? Dx made on cytology alone per o

WEIGHT Patient Name: Sophie Goetz
 lbs Species: Feline
 Gender: FS
INTERPRETED BY Age: 14 yrs
 Weight: 14 lbs
 Breed: Domestic Shorthair
 History:

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 MMedVet (Med),
 PhD, Dipl. ECVIM

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HOSPITAL NAME

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REFERRING VET

Dr. Jackie Walker

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DATE

3/4/26

- RDVM REASON FOR REFERRAL:
- RDVM for referral for mammary masses. Sophie is scheduled for a double chain mastectomy on March 19th. The owner would like an abdominal ultrasound prior to surgery to screen for signs of other obvious neoplasia.
- Hx mammary mass: ; <1cm firm and movable SC nodule just lateral to caudal most right nipple & nipple itself seems to contain a hematoma
- Sophie was spayed at approximately 1 year of age. She is 13 now. The mammary mass was discovered on February 17th this year and . An FNA was performed by the rDVM. The owner was told it showed mostly healthy cells with a few cancer cells. The owner reports that the sample from the nipple itself was a hematoma.
- Sophie has gained a couple of pounds recently. She occasionally vomits, which the owner believes is from eating too fast as it is typically undigested food.
- MEDICATIONS:
- None



PATIENT

Abnormal PE/Chem/CBC/UA Results: None

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User Name: WesternNYVSSonoreport

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ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

The urinary bladder is full with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

AGE

years

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

WEIGHT

lbs

Normal renal size (left measured 4.2 cm, right measured 4.3 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. Normal color flow pattern is evident in both kidneys.

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Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.51 cm in width. The right adrenal gland measured 0.52 cm in width.

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Spleen

Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 0.8 cm in width.

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Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

The gallbladder is full containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.



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Gastrointestinal

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen.

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Pancreas

The visible sections of the pancreas are of normal size and echogenic appearance with a regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

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Free Abdomen

AGE

Prominent mesenteric lymph nodes measuring up to 0.5 x 1.0 cm in size, maintaining a normal shape and echogenic appearance.

years

Increased echogenic appearance of the mesentery surrounding the lymph nodes.

WEIGHT

No ascites evident.

lbs

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Mammary Gland

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A rounded, hypoechoic nodule/small mass in the mammary gland measuring 0.5 x 0.6 cm in size.

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Thorax

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Normal appearance of the heart. No pericardial or pleural effusion evident.

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ULTRASONOGRAPHIC FINDINGS

- Mammary nodule/small mass.
- Mesenteric lymphadenomegaly.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the mammary nodule/small mass would be consistent with neoplasia as per the patient's history.

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The most likely etiology for the mesenteric lymphadenomegaly would be reactive hyperplasia with lymphadenitis and infiltrative neoplasia an unlikely differential diagnosis.

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Further assessment would be three view thoracic radiographs and possibly FNA cytology of the mesenteric lymph nodes.

Consultation with the surgeon would be recommended for the mammary neoplasia



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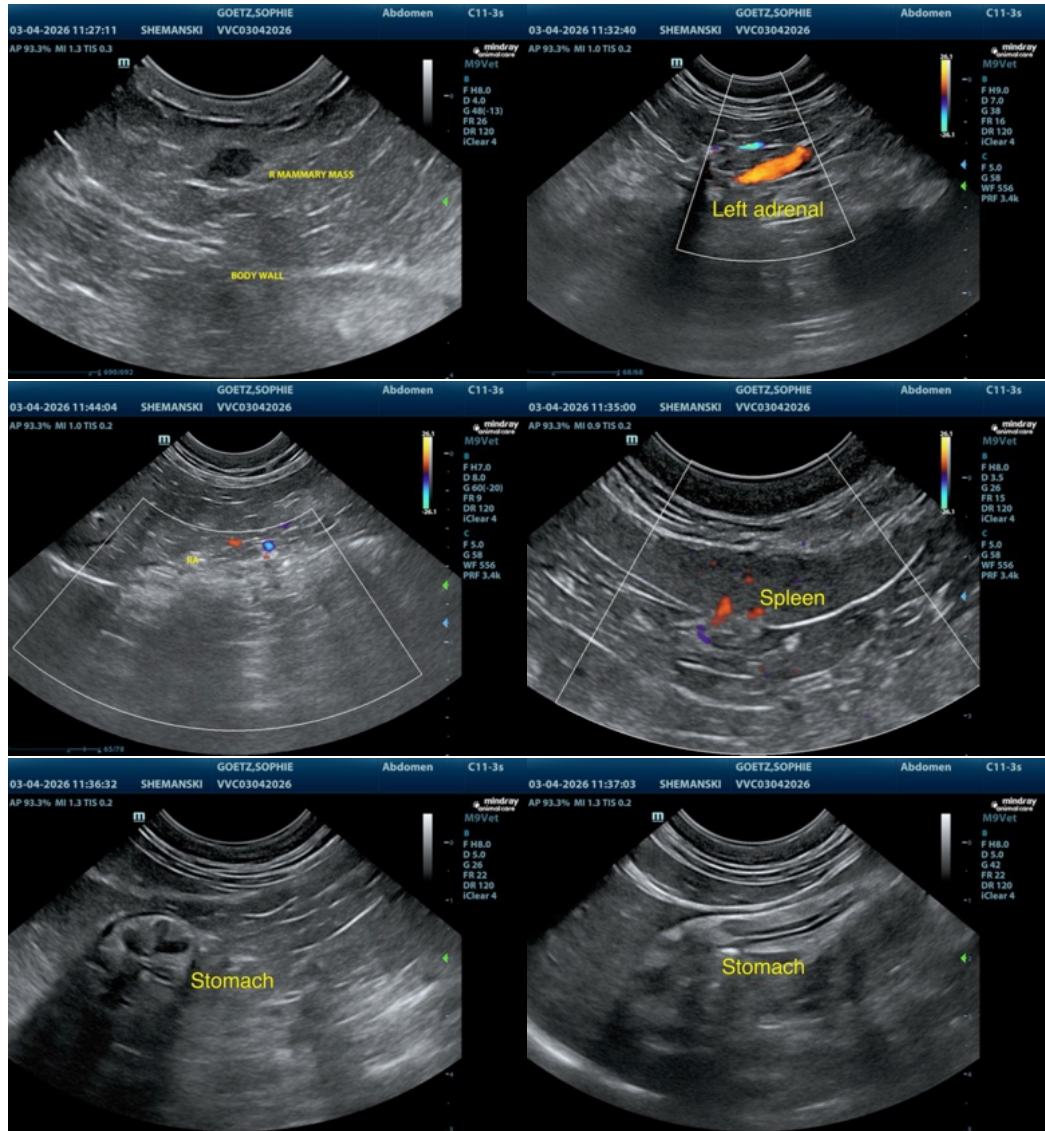
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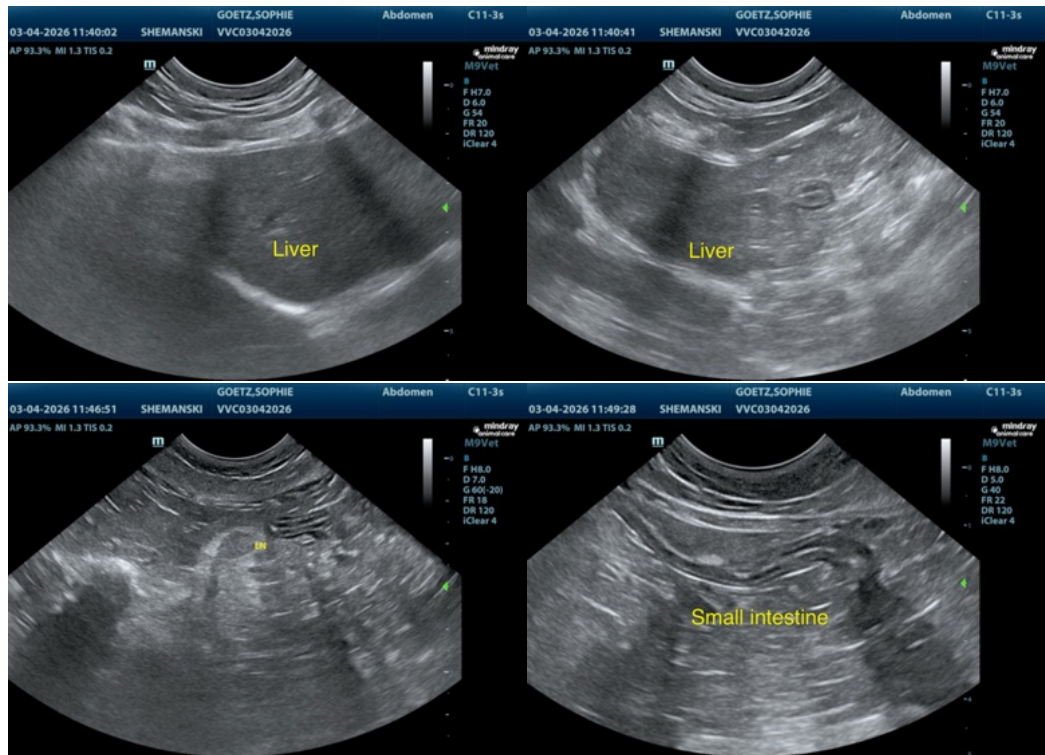
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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