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Patient: Charlie, 15 Yrs. 5 Mos., Neutered Male, Shorthair, Domestic

### **Oncology Appointment Summary**

Appointment Date: Tuesday, October 6, 2020

Body Weight: 3.46 kilograms

#### **Discharge Instructions:**

I will call when I get Charlie's needle aspirate test report, most likely on Thursday.

#### **Reason For Visit:**

Abdominal mass

#### **Diagnosis and Problem List:**

Colon mass: r/o lymphoma, mast cell cancer, carcinoma, other less common cancers

decreased appetite, weight loss  
prednisolone (2.5 mg once daily) for 2 weeks in late September-early October 2020  
ultrasound guided fine needle aspirate cytology pending 10/6/20  
Heart murmur

#### **Diagnostics:**

Abdominal ultrasound: see report below; colon mass

ultrasound guided fine needle aspirate of colong mass: cytology sample to Idexx

We discussed that the recent use of prednisolone may negatively impact the accuracy of this diagnostic test. It may take at least 2 weeks (or longer) for the effects of prednisolone to wear off and no longer impact test accuracy. Waiting that amount of time will likely result in Charlie getting weaker and sicker.

#### **Treatment:**

Propofol sedation (18 mg IV to effect) for procedure

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We briefly discussed the most common treatments for intestinal/colon cancers: chemotherapy (lymphoma and mast cell cancer) and/or surgery (carcinoma, some mast cell cancers and some colonic lymphomas).

Thank you for allowing me this opportunity to care for Charlie. Our hospital is open 24 hours a day, in the event of an emergency. If you have any questions, please feel free to call.

Sincerely,

Timothy A. Rocha, DVM, DACVIM-Oncology

#### **ULTRASONOGRAPHY**

**STUDY:** for patient # 428085

Patient: **Charlie**  
Breed: **Shorthair, Domestic**  
Sex: **Neutered Male**  
Age: **15 Yrs. 5 Mos.**

#### **FINDINGS:**

**Liver:** Diffusely hyperechoic with homogeneous parenchyma  
**GB:** WNL  
**Spleen:** WNL  
**Kidneys:** (L= 4.2 cm ;R= 3.5 cm) cortices are hyperechoic and subjectively thickened  
**Adrenal Glands:** (L= 4.5 mm ;R= 5.2 mm) WNL  
**U Bladder:** WNL  
**GI:** There is 3.0 cm x1.8 cm intramural semicircular asymmetric area of wall thickening associated with the mid portion of the descending colon. The distal portion of the colon is collapsed while the proximal portion contains a large amount of stool.  
**Pancreas:** Mildly enlarged (1.4 cm)  
**Lymph nodes:** Iliac lymph nodes are easily visualized (4 mm)  
**Prostate:** WNL

#### **Comments:**

There is a scant amount of abdominal effusion.  
All other systems non-remarkable.

Procedures: 2x22 G FNA of the mass was obtained with ultrasound guidance.

#### **INTERPRETATION:**

- Scant amount of abdominal effusion
- Changes in the liver compatible with a chronic/vacuolar hepatopathy or less likely tumor infiltration
- Chronic renal changes bilaterally.
- Mass associated with the descending colon compatible with a neoplastic process. Consider lymphoma or colonic carcinoma as potential differentials. No evidence of regional lymphadenopathy.

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