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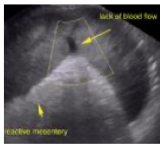
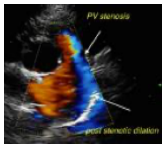
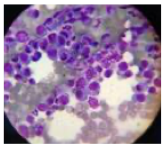
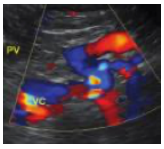

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1-800-838-4268 info@sonopath.com

PATIENT

Ottis Van Winkle

SPECIES

Feline

BREED

Ragdoll

SEX

Neutered Male

AGE

2 years

WEIGHT

5 kg

INTERPRETED BY

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

IMAGING PERFORMED BY

Dr. Becky Callihan
Animal Emerg Care

HOSPITAL NAME

Animal Emerg Care

REFERRING VET

Dr. Kris Johnson
Animal Emerg Care

INVOICE

12190

DATE

2.10.23

PRESENTING CLINICAL SIGNS

History: wt loss (used to be 16# per O), so went to RDVM today for that. O thinks he hasn't been eating well and has been lethargic for about a week. O hasn't noticed any abnormal vomit in household, only small amount seen a few days ago. He's indoor only w/ another cat his age, usually very energetic (but maybe hard to tell who's eating and who's vomiting). RDVM felt something in abdomen she thought was a bunch of intestines (he has hx of always finding balls of yarn to carry around) and sent here for exploratory sx. He had fever of 104 at RDVM today. No blood work done, no tx done yet, but rads taken and sent to us. Originally from cattery in Kansas City, had some kind of internal parasite when they got him, took meds for per O.

Abnormal PE/Chem/CBC/UA Results: O: QAR but not depressed. T = 103.4 at presentation. Increased skin tent. MM pink, nothing under tongue. Lymph nodes, EENT, thoracic auscult WNL. Has a huge, firm mass-like structure palpated in mid-abdomen, cannot feel obvious intestines. Lactate 1.3. CBC: mild neutrophilia, low platelets (suspect clumping/machine error?). FeLV/FIV = neg/neg

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 1-2 cm, are normal.

Left kidney

(No images provided)

The right kidney is normal in size (3.92 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

(No images provided)

Spleen

The spleen is normal in size (0.89 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is prominent in size with normal curvilinear peripheral contours. The parenchyma is hyperechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion.

The gall bladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No cholelithsare observed. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is minimally fluid-distended. The gastric wall appears normal in thickness with a normal layering pattern. The visible small intestinal segments are normal in thickness with a normal layering pattern and appropriate mural detail. appropriate mural detail. The colonic wall is normal.

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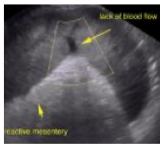
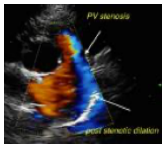
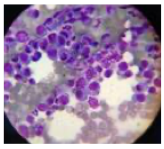
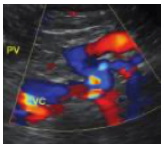

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Pancreas
(See "Other" category).

Free Abdomen
The mesentery throughout the abdomen is hyperechoic. Trace free fluid is observed.

Lymph nodes
(See "Other" category).

Other
An approximately 8.00 cm multi-lobulated hypoechoic-to-heterogenous mass is present in the cranial- to midabdominal cavity. Surrounding mesentery is hyperechoic. Also, a 2.00 cm mass is seen cranial to the large midabdominal mass. It is unclear whether this lesion is an extension of the larger mass, or if this is a separate lesion. In addition, a 2.00 cm heterogenous mass is observed in the mid- to caudal abdomen.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

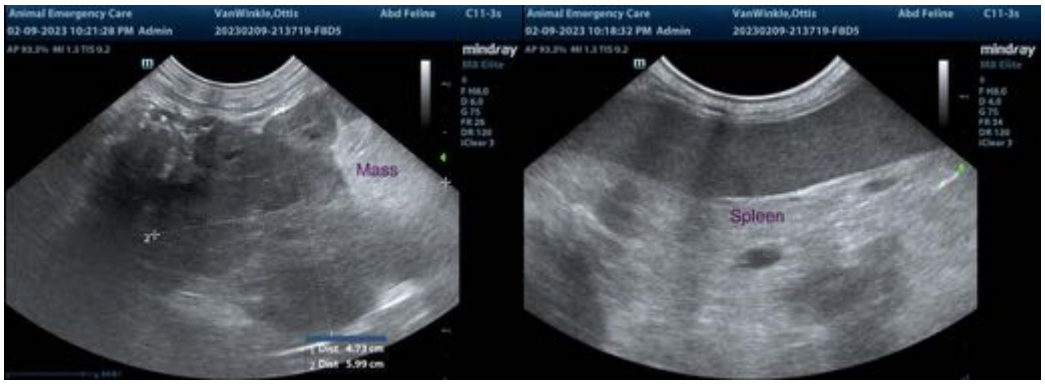
- A large cranial- to midabdominal mass, the origin of which is unclear. It may be arising from lymph nodes, mesentery, pancreas, bowel, other. Neoplasia (i.e., round cell tumor, carcinoma, sarcoma) is highly suspected with a lower possibility of a severe inflammatory process. The smaller cranial abdominal mass may represent an enlarged lymph node, a separate mass in the mesentery, an extension of the larger mass, other. The caudal abdominal mass appears separate and may represent a metastatic lesion or an enlarged lymph node.

Secondary Findings

- The hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider a fine-needle aspirate of the large abdominal mass (if clotting status is appropriate). A 25-gauge needle should be used. If the cytology results are inconclusive, biopsies may be necessary to get a definitive diagnosis. An abdominal CT scan would be useful in in further characterizing the abdominal masses.



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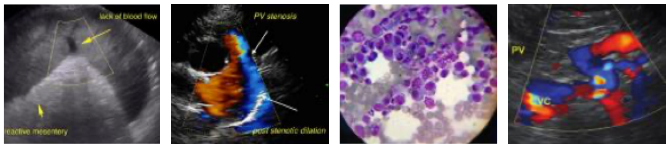

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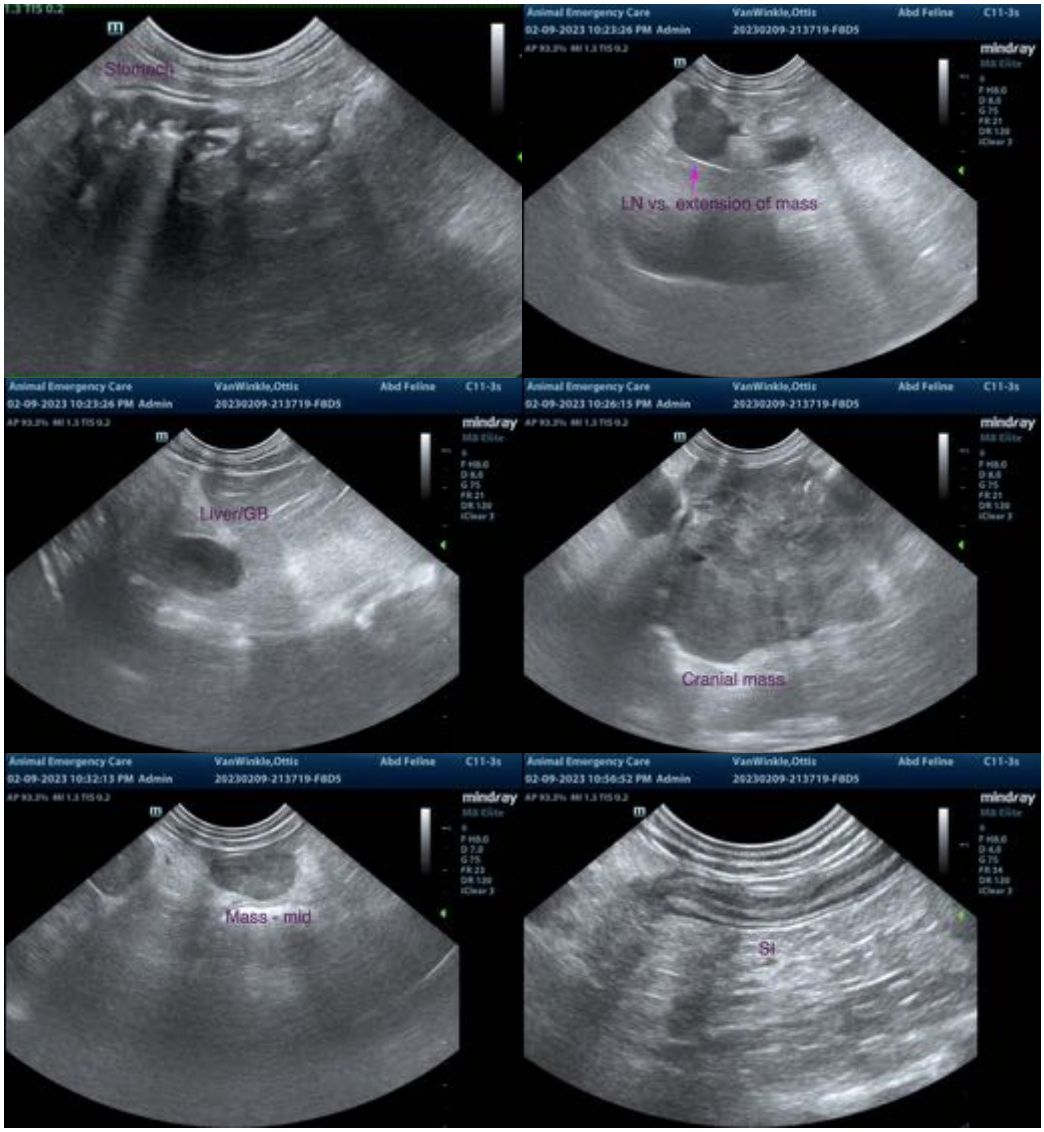

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.
Andrea Nicastro, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com