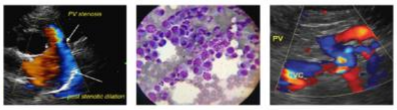


PATIENT

Nico Hinman

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

11 years 6 mos

WEIGHT

10.94 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Potomac Mobile Veterinary Ultrasound

HOSPITAL NAME

Silver Spring AH

REFERRING VET

Dr. Cathy Jarrett

INVOICE

10369

DATE

2/15/22

PRESENTING CLINICAL SIGNS

History: Lost 3 lbs since December, inappetence, and abdominal mass. Currently on SC fluids, Cerenia, and Miratax.

Abnormal PE/Chem/CBC/UA Results: (02/10/2022) HCT 26.8, SDMA 18, Amylase 2434

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. A moderate amount of aggregated echogenic suspended debris is observed within the lumen No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal in size (4.09 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Trace pyelectasia is present. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (4.39 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.65 cm length; 0.35 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (1.00 cm length; 0.42 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.60 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.

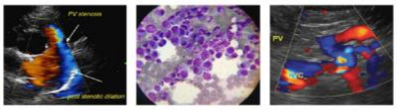
Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

The gall bladder lumen is moderately distended. The wall is thin and smooths. A moderate amount of aggregated echogenic debris is observed within the lumen. The cystic and common bile ducts are normal.

Gastrointestinal

The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is diffusely thickened (up to 1.00 cm), with a few segments which appear to have a loss of the normal layering pattern. In the remaining segments there is a disruption in the normal 1:3



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muscularis to mucosal ratio with a >1: 1 ratio in some areas. The colonic wall is diffusely thickened. (See also "Other" category)

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen

Trace free fluid is observed. Several prominent to enlarged irregular hypoechoic, occasionally cystic lymph nodes are observed at the ileocecocolic junction, the largest measuring 2.21 cm in length. Surrounding mesentery is hyperechoic. A 1.46 cm sublumbar lymph node is also seen.

Other

A >6 cm irregular heterogenous vascular mass with a cavitated region is observed in the midabdominal cavity. Within the cavitated area, echogenic debris is present. The mesentery effacing the serosal surface of the mass is hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

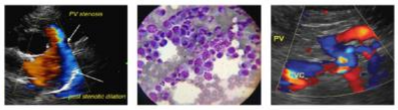
- The origin of the large mid-abdominal mass is unclear. It may be a arising from bowel (i.e., colon), lymph node, mesentery, other. Neoplasia (i.e., lymphoma, carcinoma, sarcoma), is suspected, with a lower possibility of benign pathology. Regional peritonitis is present.
- The abdominal lymphadenomegaly could be consistent with metastatic disease, reactive lymphadenitis, lymphoid hyperplasia, other.
- The bowel changes, particularly the ones where the normal layering pattern is lost, are suspicious for neoplasia (i.e., lymphoma), with a lower possibility of a severe inflammatory process.

Secondary Findings

- Bilateral degenerative renal changes with dystrophic mineralization

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- A fine-needle aspirate of the midabdominal mass is recommended if clotting status is appropriate. A 25-gauge needle should be used. If cytology results are inconclusive, an abdominal exploratory with mass removal or biopsy, along with gastrointestinal biopsies can be considered. Referral to a board-certified surgeon is recommended if surgery is to be pursued due to the potential for perioperative complications. An abdominal CT scan would be useful in presurgical planning.
- Also consider a GI panel including serum cobalamin, folate, TLI and PLI.



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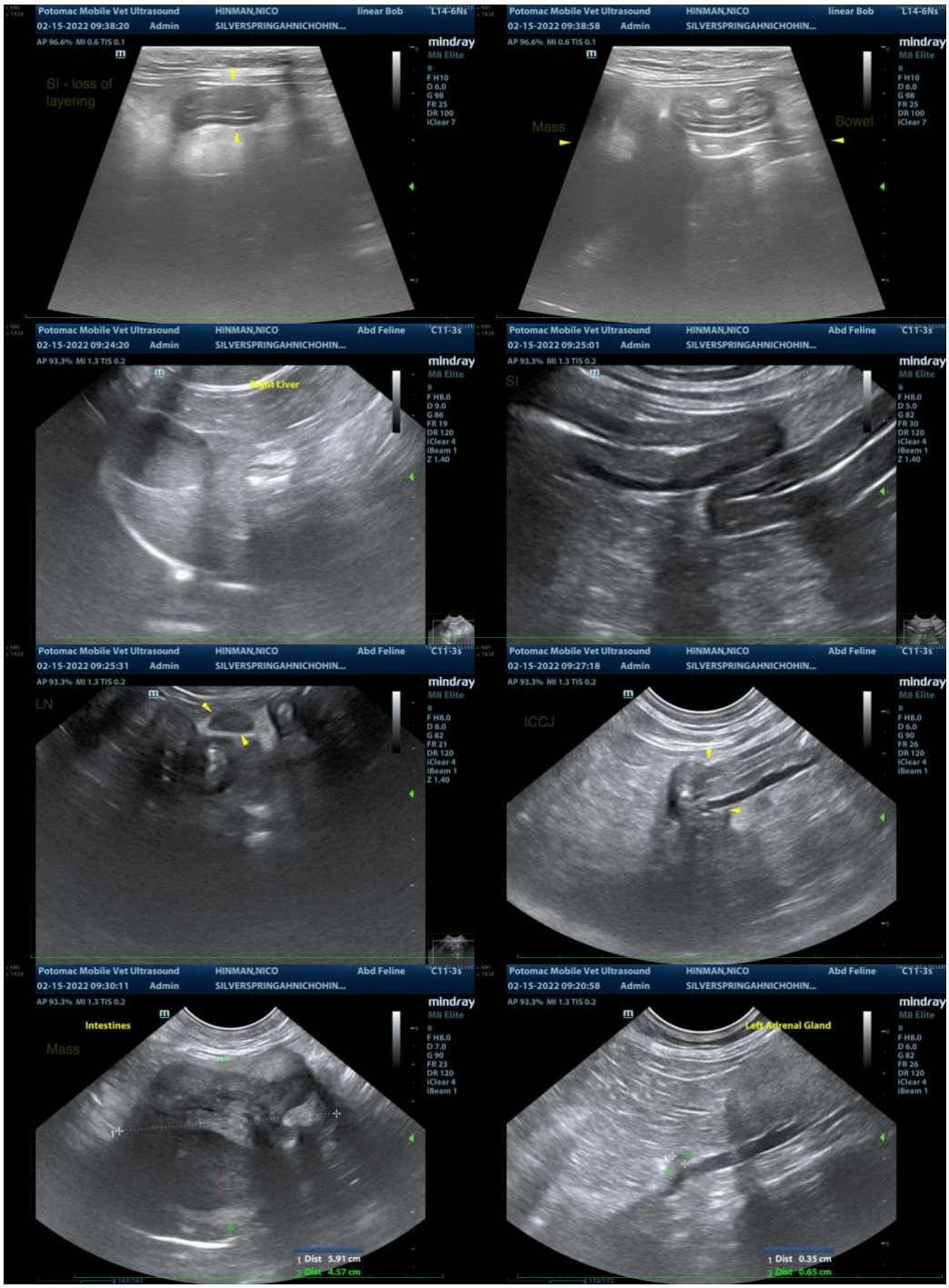

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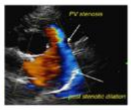
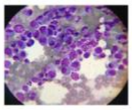
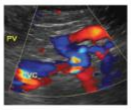

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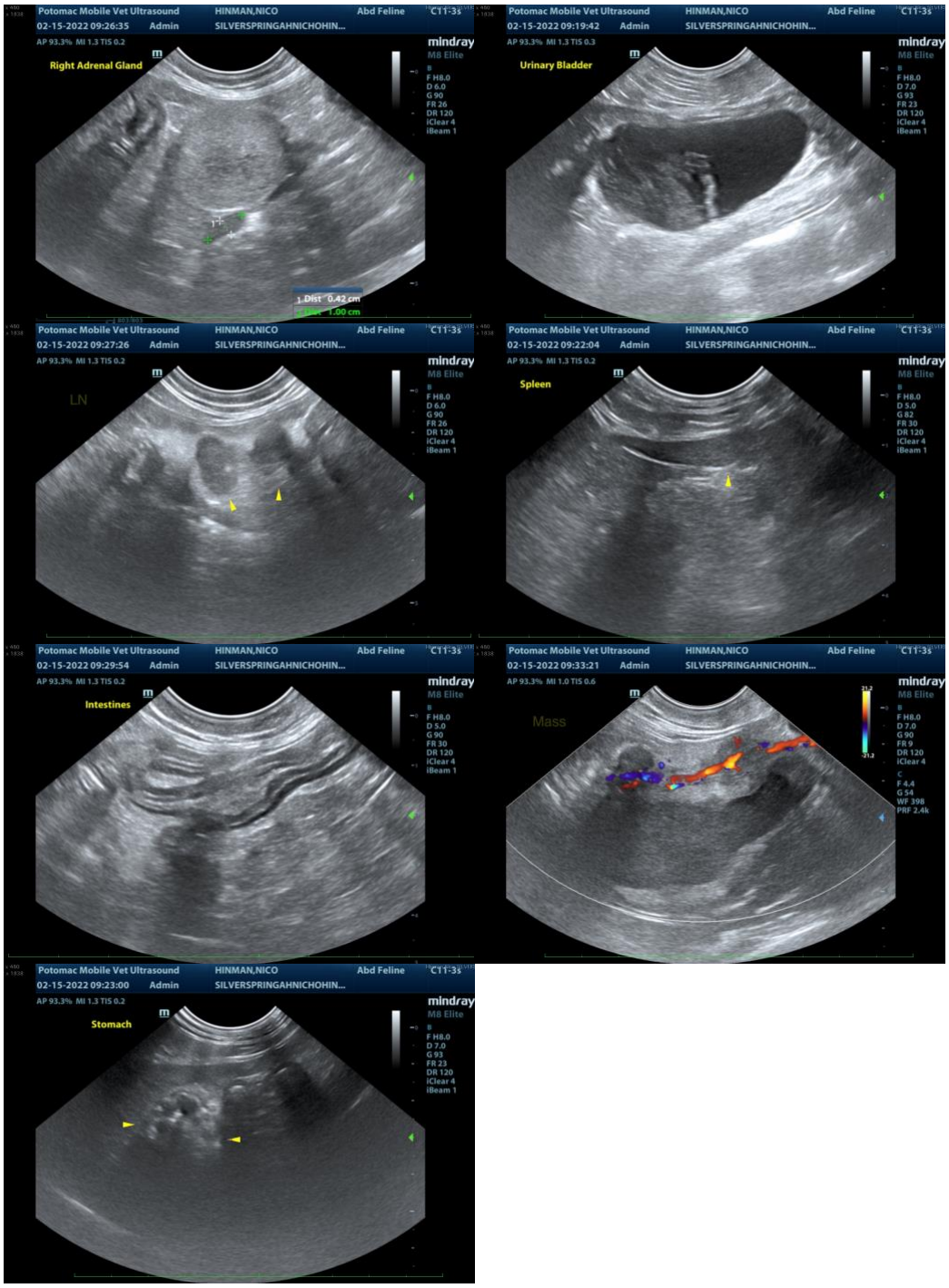

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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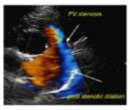
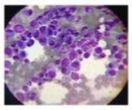
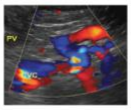

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