

PATIENT

Mocha Vaughn

SPECIES

Feline

BREED

Maine Coon

SEX

Female Spayed

AGE

8

WEIGHT

13.7 lbs

INTERPRETED BY

Andrea Nicastrò DVM
Diplomate ACVIM
(Sm Animal Internal Med)

**IMAGING
PERFORMED BY**

Andrea Nicastrò DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

Meadowlawn Animal
Svcs Conway

REFERRING VET

Dr Hardee

INVOICE

22795

DATE

4-1-26

PRESENTING CLINICAL SIGNS

History of mediastinal masses diagnosed via ultrasound last year at a different clinic. At that time, the larger mass measured 3.4 x 4.5 cm. The smaller, more complex mass measured 3.5 x 1.9 cm. Some fluid was also noted around the heart. Patient also has a cough. Has gained weight since the previous evaluation. Transient arrhythmia noted on cardiac auscultation. No murmur. History of renal disease, congestive heart failure, pleural effusion, urolithiasis.

Creatine 2.6. BUN 48. ALT 199. USG >1.040, 1+ proteinuria, inactive sediment.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is mildly- to moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal in size (3.74 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (4.01 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.33 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.34 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.72 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 curvilinear peripheral contours. The parenchyma is isoechoic 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. (See "Other" category).

The gallbladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly distended with ingesta and soft, shadowing material. 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 thickness is normal. There is disruption in the normal 1:3 muscularis:



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mucosal ratio in most segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas

The pancreas is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.

Lymph Nodes

The abdominal lymph nodes are normal/not visible.

Free Abdomen

There is no obvious evidence of free fluid.

Other

A >8.0 cm hyperechoic- to heterogenous mass is observed within the cranial- to mid-abdomen. It appears to extend through the diaphragm and into the caudal thoracic cavity.

At least two, large, coalescing cranial mediastinal masses are seen in the visualized portion of the thorax. Some pleural effusion is noted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mass effect in the cranial- to mid-abdomen, which appears to extend cranially into the thoracic cavity.
- Cranial mediastinal masses. Neoplasia (i.e., lymphoma, thymoma, adenocarcinoma, other) is suspected with a lower possibility of a benign process.

Secondary Findings

- Bilateral nonspecific age-related renal changes
- The small intestinal wall changes could be consistent with inflammatory bowel disease or may be a normal variant for this patient.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consider fine-needle aspiration of the cranial mediastinal masses +/- abdominal mass, assuming normal clotting status. Twenty-five gauge-needles should be used. Depending on the results, consultation with a board-certified oncologist may be warranted. A whole-body CT scan may be useful in evaluating the extent of pathology. Further recommendations should be based on the echocardiogram report.



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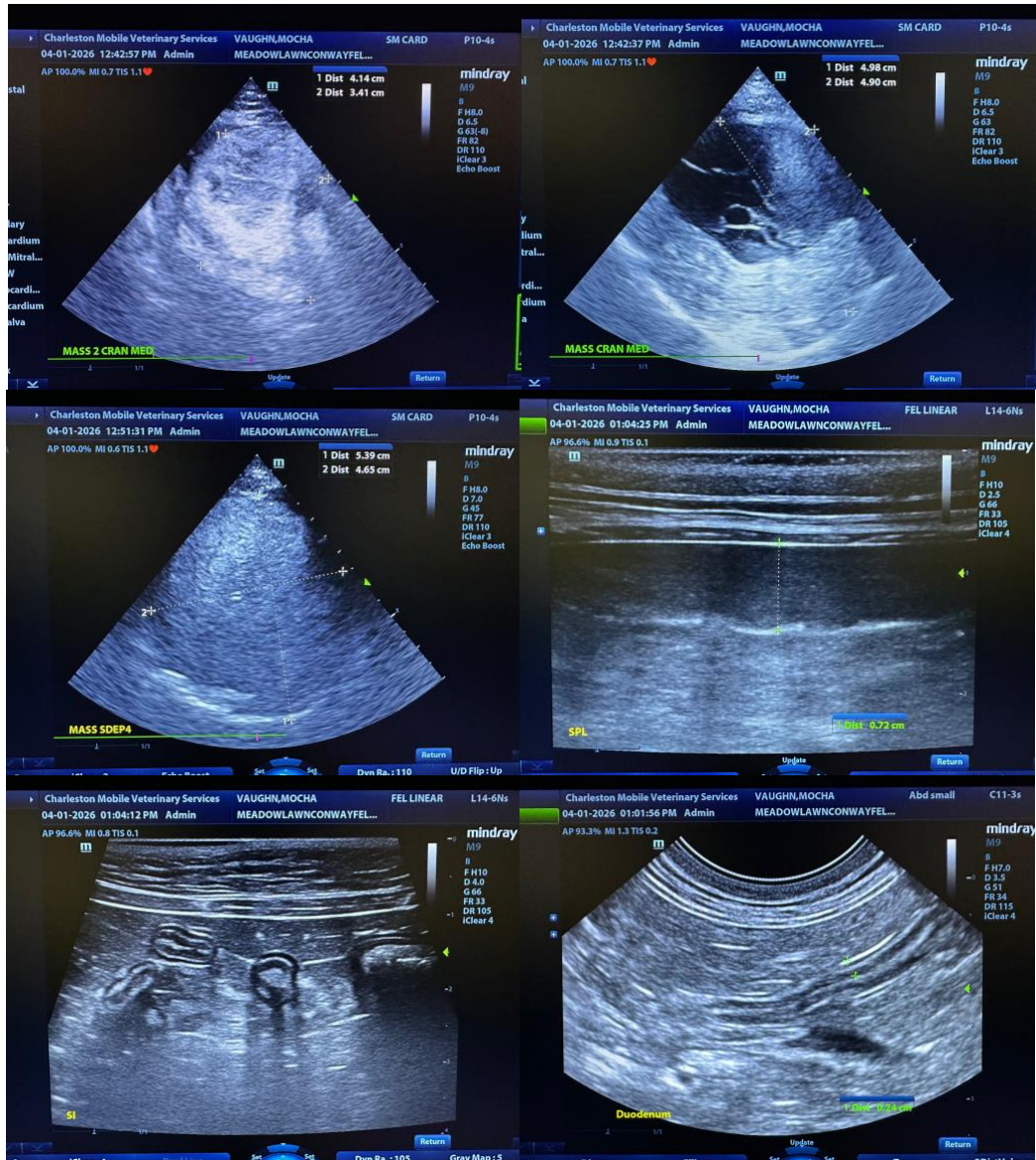
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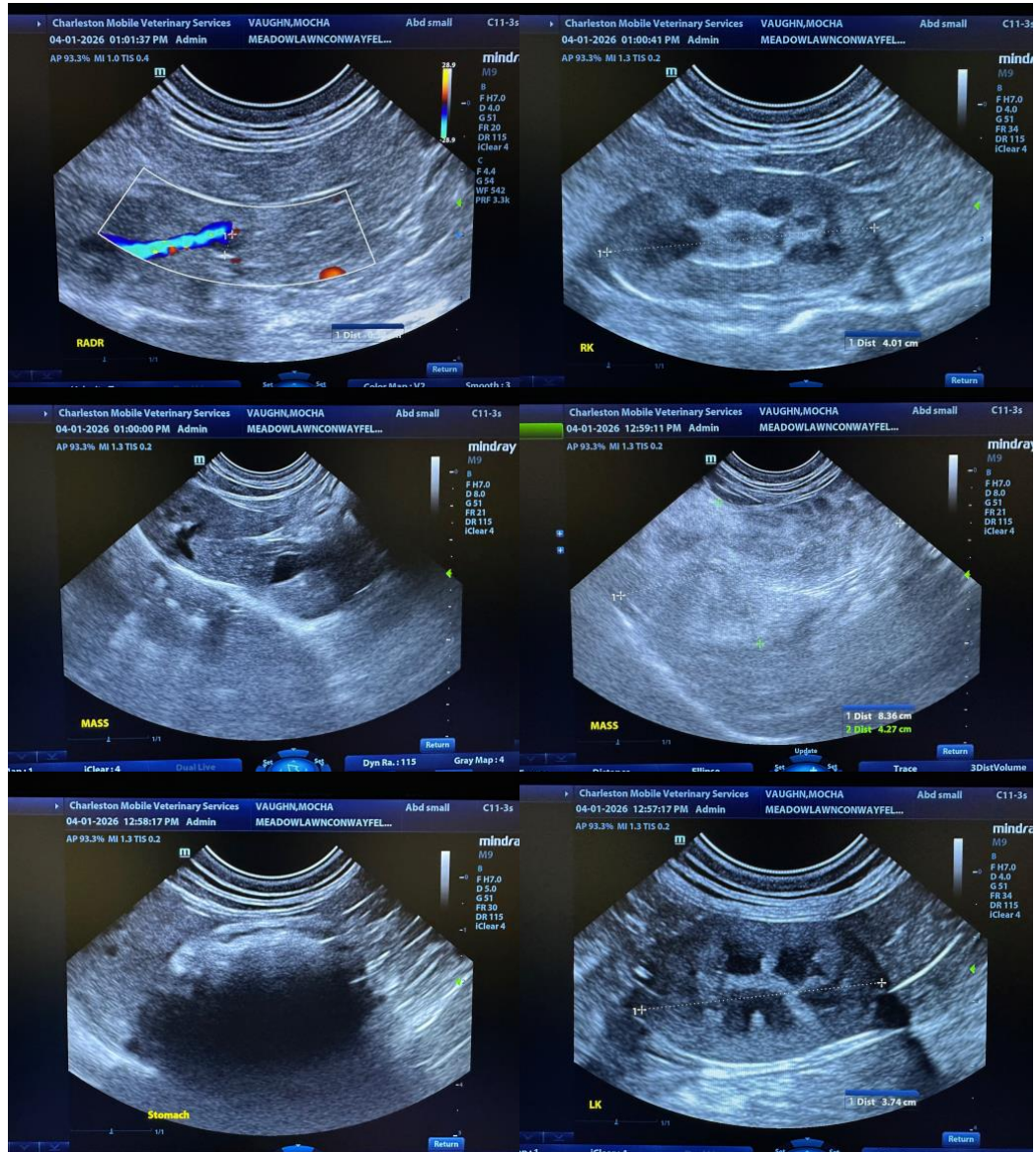
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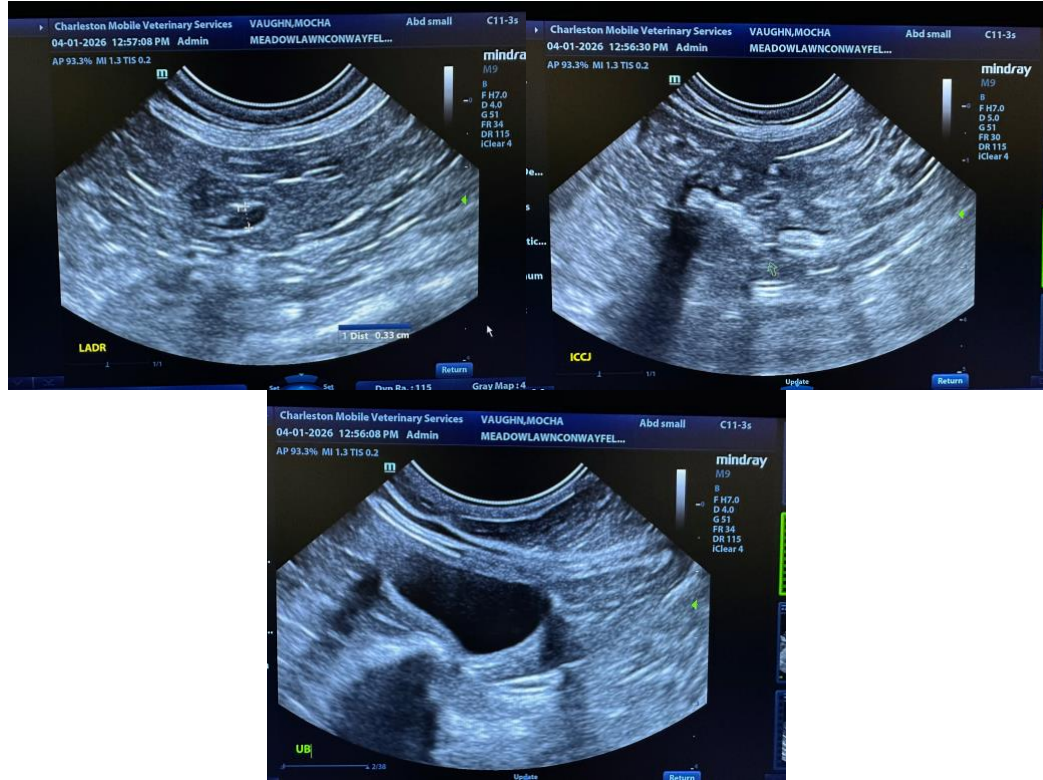
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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