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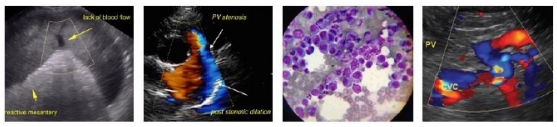

THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Thor Murray Mink

SPECIES

Feline

BREED

Kurilian Bobtail

SEX

Neutered Male

AGE

13 Months

WEIGHT

9 Pounds

INTERPRETED BY

Andrea Nicastro, DMV, Diplomate DACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

The Maples AH

REFERRING VET

Dr. Kazienko

INVOICE

37121

DATE

4/25/22

PRESENTING CLINICAL SIGNS

Chronic nasal discharge and upper respiratory illness. Has been on Fortiflora and Viralys in past. Not eating well, weight loss, jaundiced, thin. Thought could feel abdominal mass.

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 scant amount of suspended echogenic 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 1-2 cm, are normal.

The left kidney is normal size (5.20 cm in length); normal shape and architecture with 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.

The right kidney is normal size (5.08 cm in length); normal shape and architecture with 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

The region of the adrenal glands is evaluated. No obvious pathology is observed.

Spleen

The spleen is enlarged in size (1.41 cm in width at the level of the hilus) with swollen peripheral contours. Using the high frequency probe, the parenchyma appears mottled. No distinct focal lesions are observed. Splenic vasculature is normal with no evidence of thrombosis.

Liver

The liver is subjectively prominent in size with slightly swollen peripheral contours. The parenchyma is hypoechoic relative to the spleen, and is homogeneous in appearance. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The gall bladder is contracted. Luminal contents are minimal. The wall is normal in thickness. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. In a few segments, the small intestinal wall is thickened up to 0.39 cm with loss of the normal layering pattern. In other segments, there is disruption of the normal 1:3 muscularis/mucosa ratio with an otherwise normal layering pattern. The colonic wall is normal. There is no evidence of an obstructive pattern. (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.

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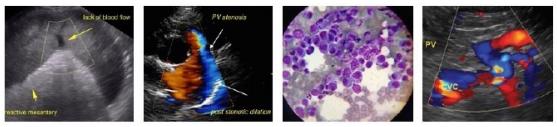

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Free Abdomen

The mesentery throughout the abdomen is hyperechoic. A small amount of anechoic free fluid is observed.

Lymph Nodes

See "other" category.

Other

A > 6.0 cm, irregular, echogenic mass effect is observed in the mid abdominal region.

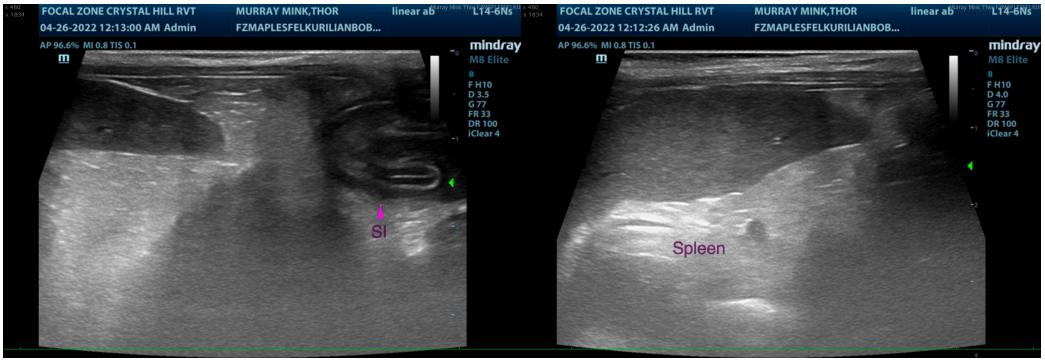
ULTRASONOGRAPHIC FINDINGS

- The origin of the mass effect in the mid abdominal region is unclear. It is suspected to be arising from lymph nodes. However, a bowel origin cannot be completely excluded. Neoplasia (i.e., lymphoma) is suspected with a lower possibility of a severe inflammatory process (i.e., pyogranulomatous).
- The bowel segments that exhibit loss of normal layering pattern are also concerning for infiltrative neoplasia (i.e., lymphoma) with a lower possibility of severe pyogranulomatous inflammation.
- Diffuse peritonitis is present, likely secondary to the mass effect and bowel pathology.
- The splenic parenchymal changes could be consistent with infiltrative neoplasia (i.e., round cell tumor), lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation.

*An obvious cause for the patient's jaundice is unclear. This finding in conjunction with the mild hepatomegaly could suggest hepatic lipidosis, an inflammatory hepatopathy, or emerging neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Baseline lab work including CBC/Chem panel, urinalysis and T4 is recommended if not already performed.
- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Fine needle aspirates of the mid abdominal mass and spleen can be considered if clotting status is appropriate. If cytology results are inconclusive, surgical biopsies of the mass and GI tract may be necessary to get a definitive diagnosis.



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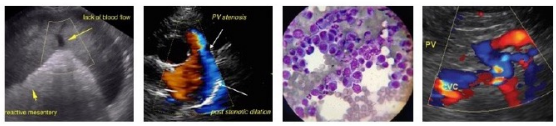

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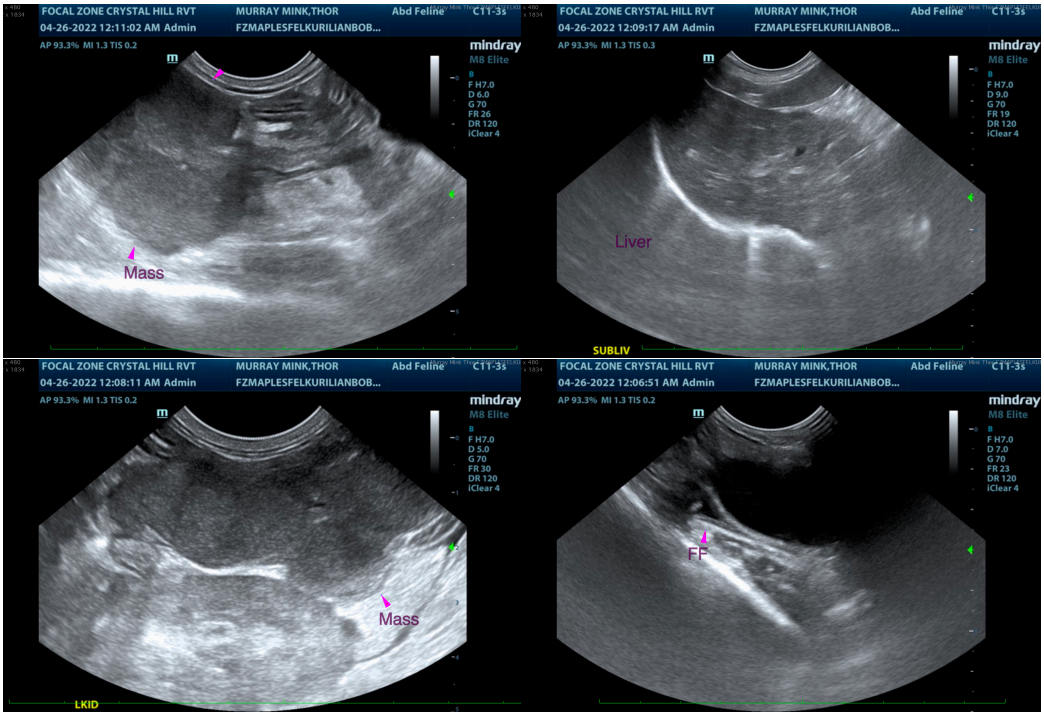

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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