



PATIENT

Tilly Zell

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

9/2/2020

WEIGHT

3.76kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

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

HOSPITAL NAME

Blue Pearl Mt. Pleasant

REFERRING VET

Dr. Shannon Graham

INVOICE

10696

DATE

4/7/22

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Tilly is a 1yo FS DLH who presents to the ER as a DT for pleural effusion. O states yesterday and today she has been extremely lethargic and last night woke up to her struggling to breathe. She has a hx of upper respiratory issues but other than that has been healthy UTD on vx, e/d normally.

Abnormal lab work values: CBC, chem- unremarkable

Current Medications: Past 24 hours: Cerenia, Dex SP, Ketamine, Midazolam, Torbugesic

Radiographic Findings: Thoracic and abdominal rads- pleural effusion and cranial mediastinal mass

(images sent post thoracocentesis- removed 100 ml serosanguinous)

Fine Needle Aspirates: Client approved Sedation and FNA Consent

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder is distended. A small 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 2 cm, are normal.

The left kidney is normal size (3.60 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 hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (4.01 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 hydronephrosis. Renal vasculature is normal.

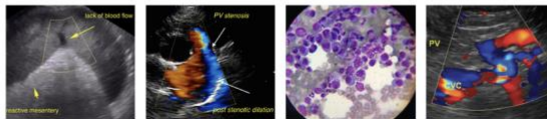
Adrenal Glands

The left adrenal gland is normal size (0.37 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.39 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.54 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.



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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 portal vein to caudal vena cava ratio is approximately 1: 1.

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal.

Gastrointestinal

The gastric lumen is moderately 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 thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

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

There is no obvious evidence of free fluid. A few prominent mesenteric lymph nodes are visualized, the largest measuring 1.50 cm in length. Surrounding mesentery is mildly hyperechoic.

ULTRASONOGRAPHIC EVALUATION OF THE THORAX

A 5.14 x 3.56 cm irregular, echogenic mass is observed in the cranial- to mid-thorax. Two-three prominent-to-enlarged mediastinal lymph nodes (the largest measuring 2.06 cm in length) are also seen. Some irregular, enflamed fat is present. A small to moderate amount of echogenic free fluid is present. A brief echocardiogram reveals no evidence of pericardial effusion or obvious chamber enlargement.

**An ultrasound-guided fine-needle aspirate of the thoracic mass was performed at the end of the study without incident.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Thoracic/mediastinal mass with mediastinal lymphadenopathy, Top differentials include lymphoma and thymoma.



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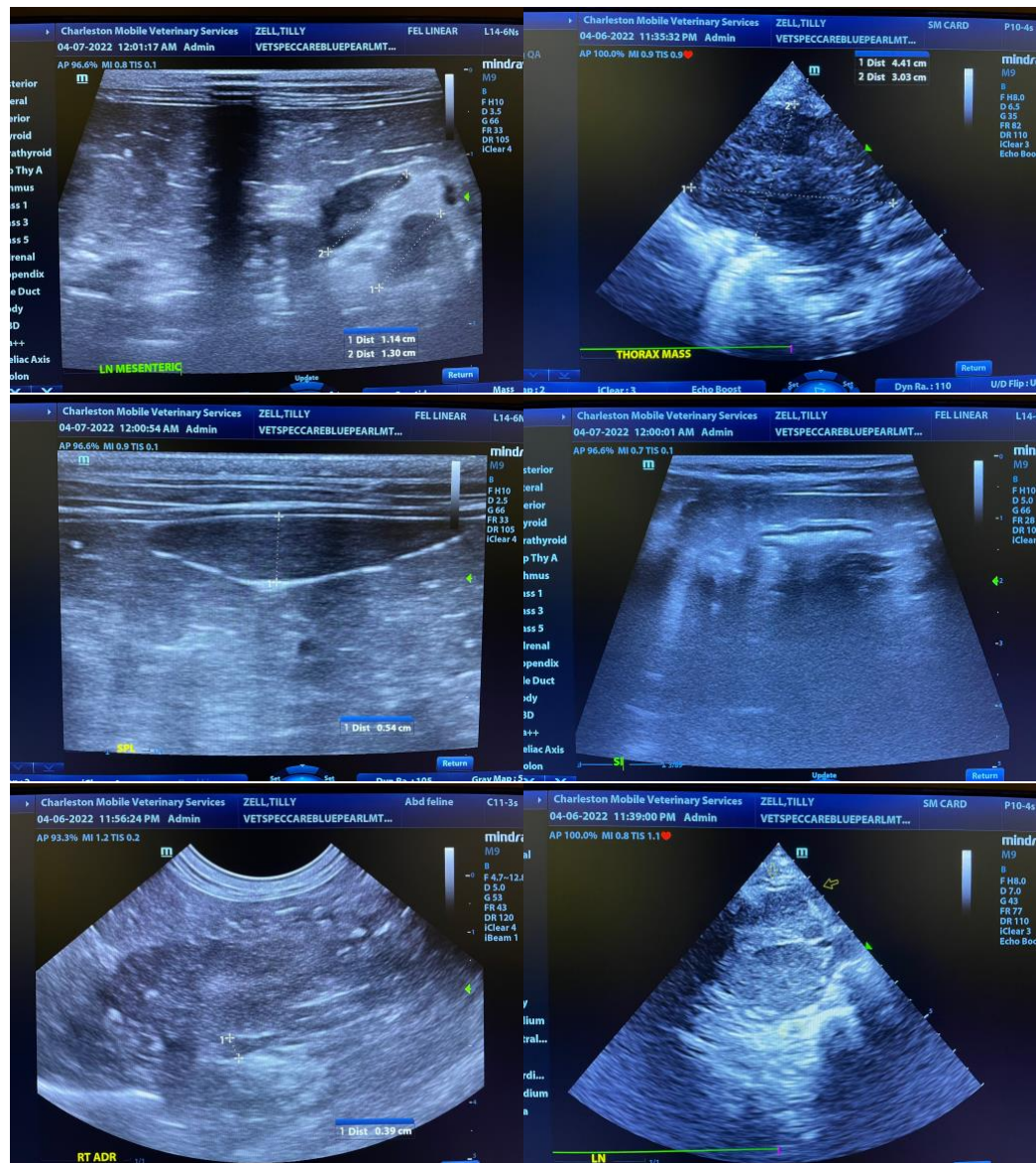
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- The pleural effusion is likely secondary to the thoracic mass.
- The mesenteric lymphadenopathy could be consistent with infiltrative neoplasia (i.e., lymphoma). Alternatively, reactive change is possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further treatment recommendations should be based on cytology results from the thoracic mass. Consultation with a board-certified oncologist may be warranted





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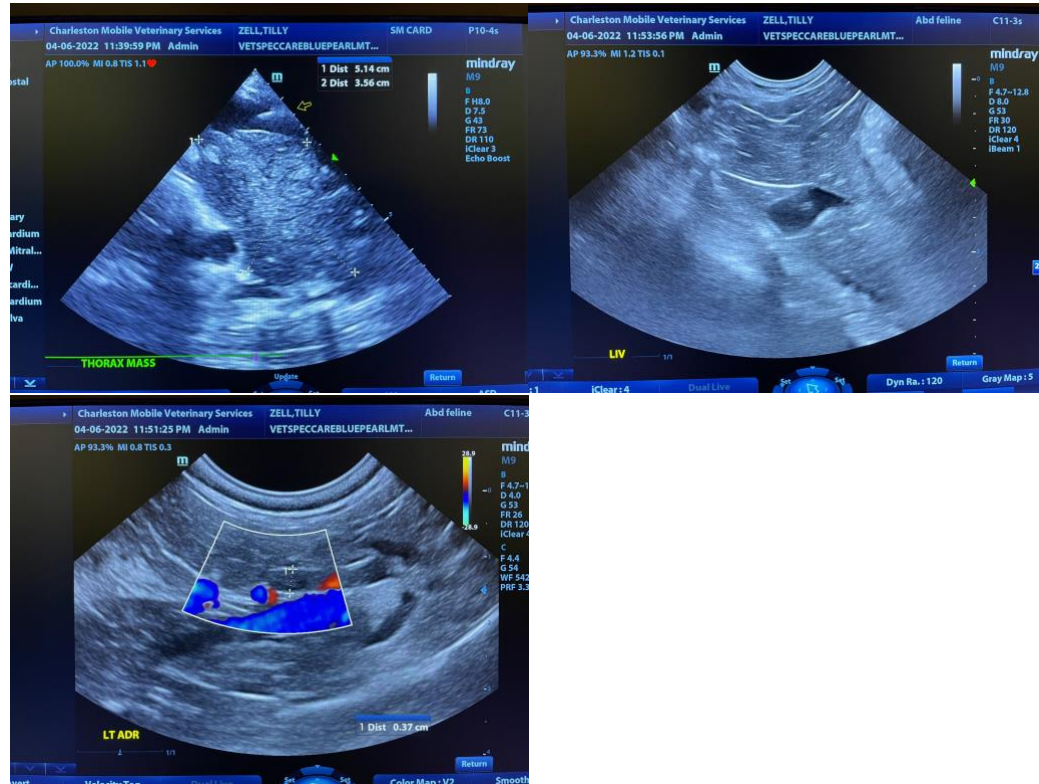
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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