



PATIENT

Polo Chase

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

18 mos

WEIGHT

10.4 lbs

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

**IMAGING
PERFORMED BY**

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

Waterway AH

REFERRING VET

Dr Amy McCalla

INVOICE

22854

DATE

4-9-26

PRESENTING CLINICAL SIGNS

Initially presented to the ER for vomiting. No diagnostics done at this time. Supportive care given. Presented to Waterway for respiratory distress. Thoracic radiographs reveal a large cranial mediastinal mass.

Abnormal lab-work values: ALT 1.030. ALP 155. CBC reveals a monocytosis. T4 0.8. Feline leukemia and FIV tests pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is 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 (4.04 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. A hyperechoic medullary band is observed adjacent to the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (4.39 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. A hyperechoic medullary band is observed adjacent to the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.45 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 (0.90 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 smooth peripheral contours. The parenchyma is isoechoic- to slightly hyperechoic relative to the spleen, and homogenous in appearance. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.

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.

Gastrointestinal

The gastric lumen is moderately-distended with ingesta. 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 normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.



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Pancreas

A portion of the pancreas is obscured by the gastric distention. In the visualized portions, the pancreas is subjectively normal in size with smooth peripheral contours. The parenchyma is isoechoic relative to surrounding omental fat and homogenous in appearance. The pancreatic duct is not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

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Lymph Nodes

A few prominent mesenteric lymph nodes are visualized (one measuring 0.94 x 0.52 cm). In addition, a 1.65 x 1.24 cm hypoechoic- to heterogenous lymph node is observed in the left- mid-abdomen.

SEX

Free Abdomen

There is no obvious evidence of free fluid

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Thorax

A >10.0 cm heterogenous, lobulated, cranial mediastinal mass is observed. Pleural effusion is noted in both hemithoraces. There is no obvious evidence of pericardial effusion in the visible windows.

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ULTRASONOGRAPHIC FINDINGS

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- Large cranial mediastinal mass. Differentials include lymphoma, thymoma, other.
- The diffuse hepatic parenchymal changes could be consistent with hepatic lipidosis, an inflammatory hepatopathy (i.e., bacterial cholangiohepatitis, lymphoplasmacytic hepatitis, feline infectious peritonitis), infiltrative neoplasia (i.e., lymphoma) and/or other hepatopathy.
- The abdominal lymphadenopathy could be consistent with emerging lymphoma, lymphadenitis, or lymphoid hyperplasia.
- If the patient was fasted for this study, the presence of ingesta within the gastric lumen could suggest delayed gastric emptying.

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*Ultrasound-guided fine-needle aspiration of the cranial mediastinal mass was performed at the end of this study without incident.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- Submission of the cranial mediastinal mass aspirates for STAT cytology is recommended. Depending on the results, consultation with a board-certified oncologist and/or surgeon may be warranted.
- In the meantime, symptomatic care is recommended.

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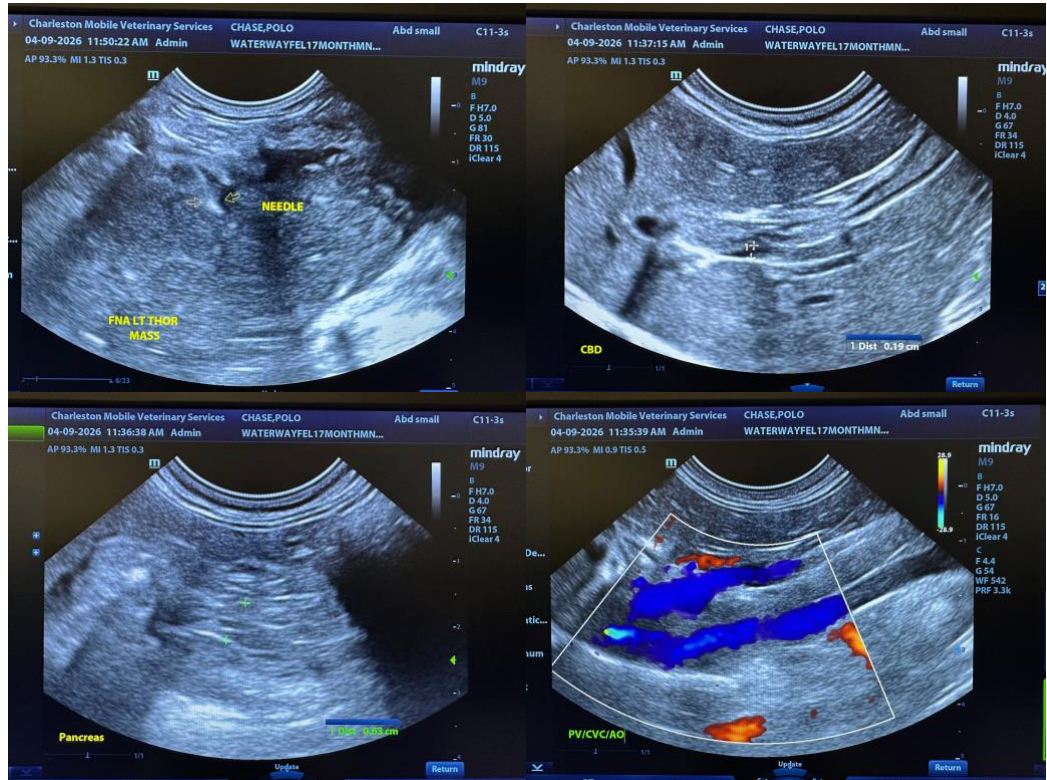
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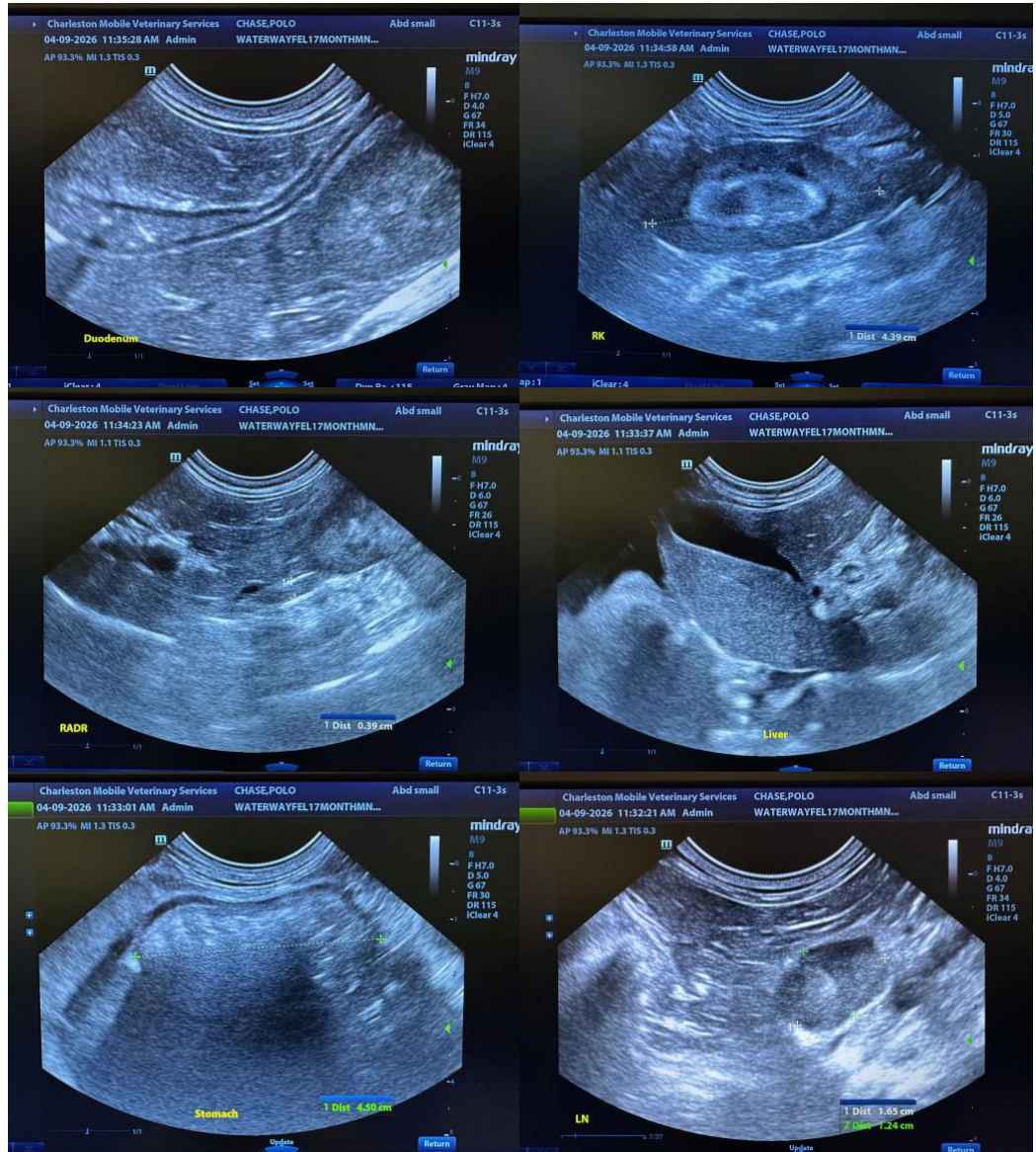
Dr Amy McCalla

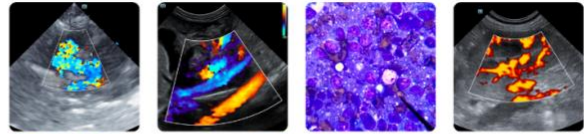
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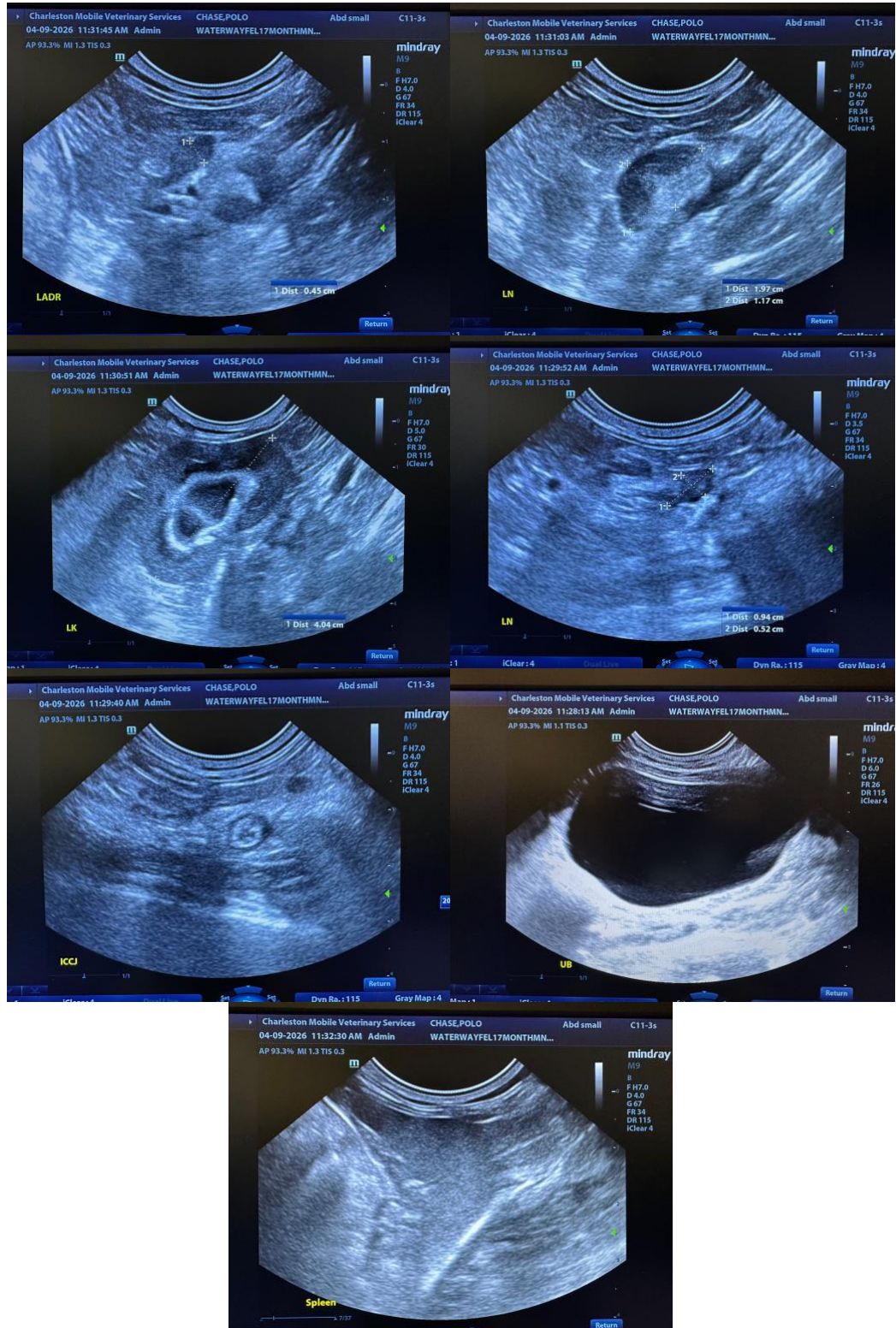
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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