

**DATE PRESENTING CLINICAL SIGNS**

5/2/22

Presented for severe upper respiratory congestion. Radiographs showed opacity cranial mediastinum and TFAST scant pleural effusion around heart.

PATIENT

Winston Aherne

Current Medications: Started 4/28- Convenia, Cerenia nasal drops, Prednisolone, Imuquin. Gabapentin 100mg in am.

Lab Results: Mild changes likely stress leukogram, mild elevation Glob,Tbili.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

SPECIES

Feline

BREED

Domestic shorthair

SEX

Male, neutered

AGE

10/28/2014

WEIGHT

11.2 lbs.

INTERPRETED BY

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 Diplomate ACVIM
 (Small Animal Internal
 Medicine)

HOSPITAL NAME

Eastern AH

REFERRING VET

Dr. Sole

INVOICE

13288

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 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 (4.18 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (4.48 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

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

The right adrenal gland is borderline enlarged (0.51 cm width) with a normal shape and smooth peripheral contours. An ill-defined hyperechoic area is observed within the parenchyma. Surrounding vasculature appears normal.

Spleen

The spleen is enlarged (1.27 cm in width at the level of the hilus) with irregular, scalloped peripheral contours. The parenchyma is diffusely mottled, with a "moth-eaten" appearance. No distinct focal lesions are observed. Splenic vasculature is normal with no evidence of thrombosis.

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 smooth. A small amount of aggregated echogenic debris is observed within the lumen. The cystic and common bile ducts are normal.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. 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 thickness is normal

with a normal layering pattern. An approximately 4 cm irregular hypoechoic to heterogeneous mass is arising from the descending colonic wall at the level of the cystourethral junction. The mesentery effacing the serosal surface of the mass is hyperechoic. The remaining colonic wall appears normal. No obstructive disease is noted.

Pancreas

The base and limbs of the pancreas are visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

Trace free fluid is observed. A 1.15 cm hypoechoic gastric lymph node is visualized. Surrounding mesentery is hyperechoic. In the region of the mesenteric root, a >6 cm mass effect is involving the lymph nodes. The nodes in this region are variable in size, rounded and hypoechoic. Surrounding mesentery is hyperechoic.

ULTRASONOGRAPHIC EXAMINATION OF THE THORAX

A 1.78 cm irregular hypoechoic to heterogeneous cranial mediastinal mass/lymph node is visualized.

A brief echocardiogram reveals no obvious evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

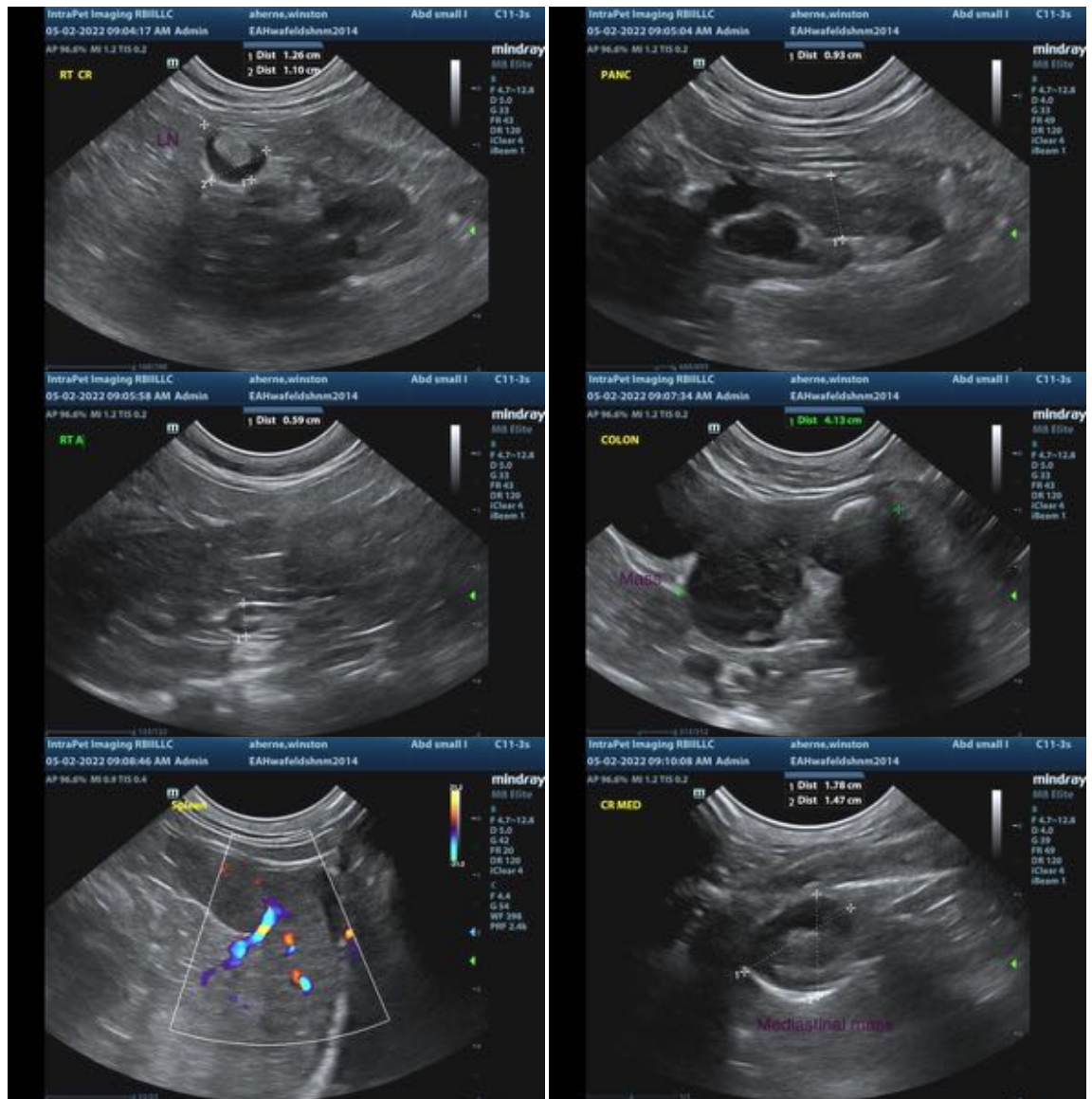
- Descending colonic wall mass. Neoplasia (i.e., lymphoma, adenocarcinoma) is considered likely with a lower possibility of a severe inflammatory process (i.e., pyogranulomatous). Regional peritonitis is present.
- The mass effect at the mesenteric root is most consistent with infiltrative neoplasia (i.e., round cell tumor). However, pyogranulomatous lymphadenitis cannot be excluded. The prominent gastric lymph node could be consistent with infiltrative neoplasia, reactive lymphadenitis or lymphoid hyperplasia.
- The splenic parenchymal changes are also concerning for infiltrative neoplasia (i.e., round cell tumor) with a lower possibility of a benign process (i.e., lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation).
- Mediastinal lymphadenopathy, most consistent with infiltrative neoplasia with a lower possibility of reactive change.

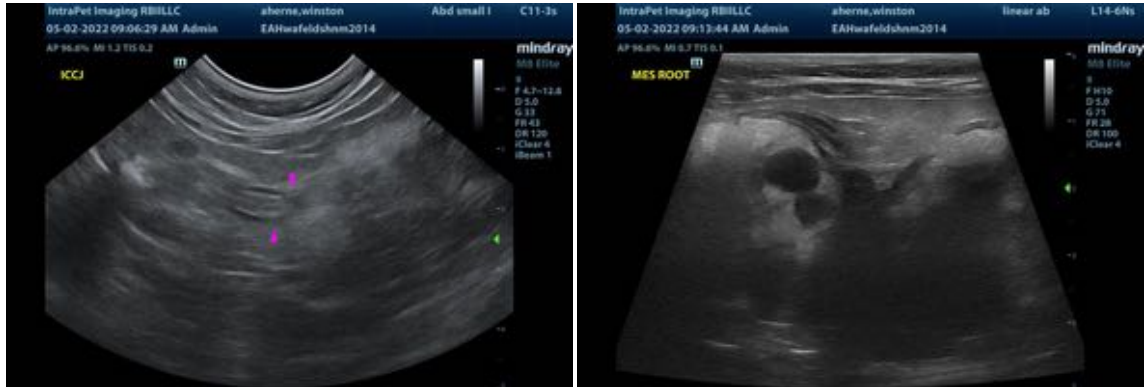
Secondary Findings:

- Bilateral chronic renal changes.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- The right adrenal findings are most consistent with benign age-related incidental changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for cardiopulmonary status.
- Fine needle aspirates of the colonic wall mass and mass effect at the mesenteric root are recommended, if clotting status is appropriate. If cytology results are inconclusive, surgical biopsies may be necessary to get a definitive diagnosis.





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.

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