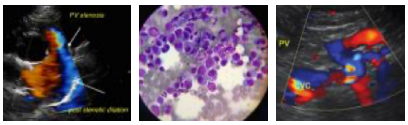
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE

5/31/22

PATIENT

Chester Scheiner

SPECIES

Feline

BREED

Maine Coon

SEX

Male, neutered

AGE

3/10/2014

WEIGHT

12 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Perry Hall AH

REFERRING VET

Dr. Miller

INVOICE

13449

PRESENTING CLINICAL SIGNS

Patient presents for evaluation of PU/PD and weight loss. On PE, cardiac murmur grade 3/6 PMI sternal. 3 pound weight loss noted since 2019. Cardiac murmur is historical for this patient. BP 120mmHG.

Current Medications: Felimazole 2.5mg BID.
Lab Results: Recently diagnosed hyperthyroid (medication starting on 5/25/22). Murmur is historical and was present before diagnosis of hyperthyroidism. Increased total bilirubin and slightly increased SDMA.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Declined.
Imaging Performed By: Stephanie Pearce RDCS, RVT.

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 with mostly anechoic urine. 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 (4.12 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (4.29 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (xxx cm length; 0.32 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.38 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.78 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 hypoechoic relative to the spleen. A few small hypoechoic nodules are observed on the right side. 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 moderate amount of mostly gravity-dependent echogenic debris is observed within the lumen. 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 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 is normal to mildly thickened (up to 0.32 cm) with a normal layering pattern and appropriate mural detail. There is disruption in

the normal 1:3 muscularis: 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 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

A small amount of free fluid is present. Several enlarged rounded hypoechoic lymph nodes are observed including those in the right cranial quadrant and at the mesenteric root, the largest measuring 5.72 cm in length. Surrounding mesentery is hyperechoic.

ULTRASONOGRAPHIC EXAMINATION OF THE CHEST

A moderate amount of pleural effusion is present. In addition, a 2.47 x 1.83 cm irregular hypoechoic mass is observed within the mediastinum.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

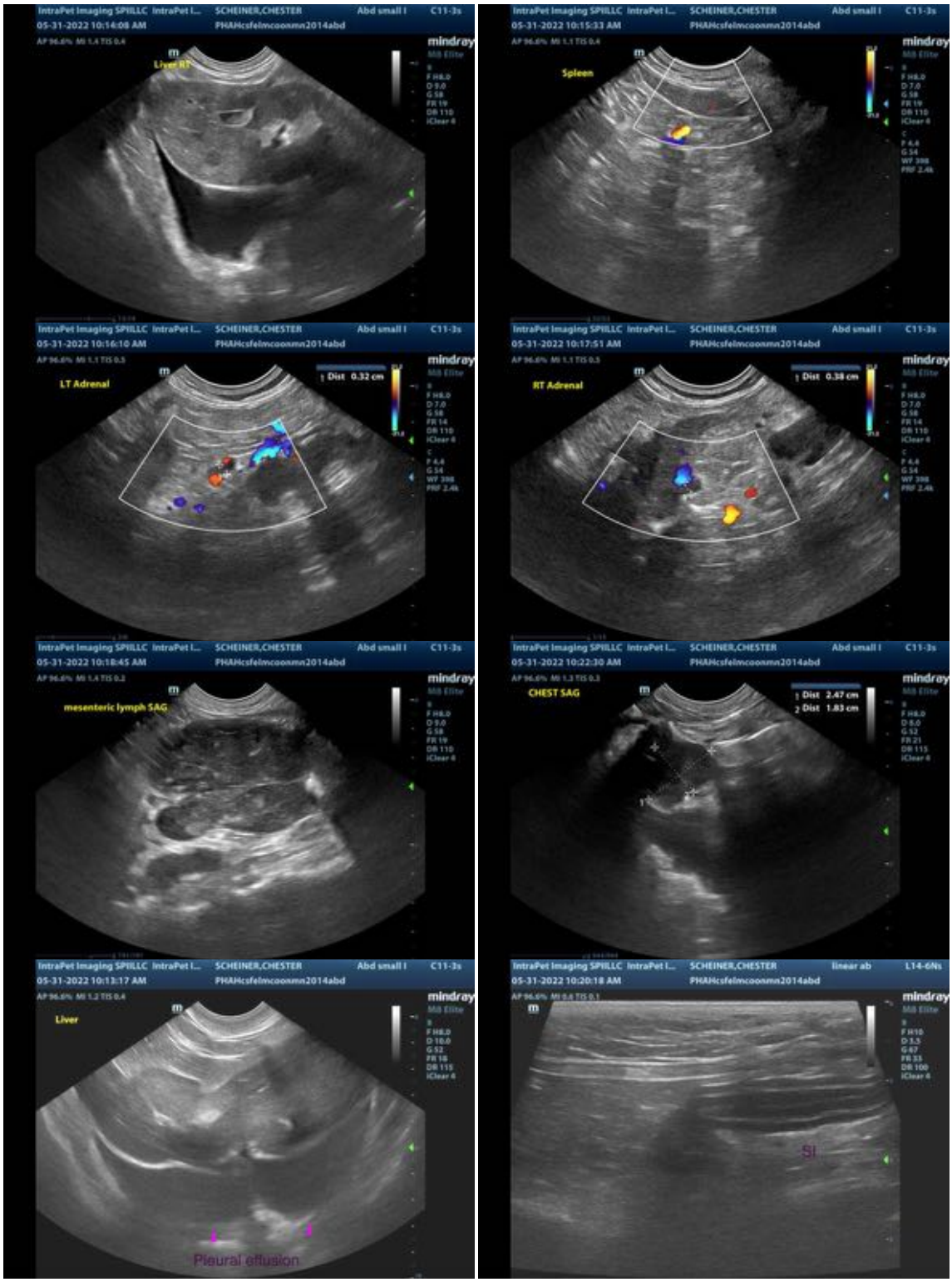
- Mediastinal mass. Neoplasia is suspected. Lymphoma is the top differential. Other differentials include thymoma, ectopic thyroid tissue, other.
- The pleural effusion may be secondary to neoplasia, congestive heart failure (if applicable), other.
- The abdominal lymphadenopathy is concerning for infiltrative neoplasia. Lymphoma is the top differential. However, pyogranulomatous lymphadenitis cannot be excluded.
- Ascites.

Secondary Findings:

- Bilateral, chronic age-related renal changes.
- The hypoechoic hepatic nodules may represent inflammatory foci, neoplastic disease, granulomas, other.
- The small intestinal wall changes could be consistent with inflammatory bowel disease or emerging lymphoma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Fine needle aspirates of the mesenteric lymph nodes are recommended if clotting status is appropriate.
- Also consider submission of the pleural and/or abdominal fluid for fluid analysis and cytology.



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 ACVIM (*Small Animal Internal Medicine*)
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