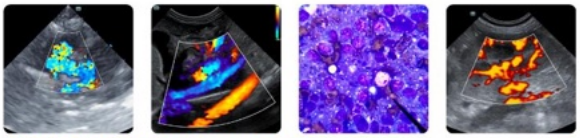


SonoPath www.animalsoundsnw.com info@animalsoundsnw.com 541.357.9423

PATIENT
Kid Horn

SPECIES
Feline

BREED
Domestic shorthair

SEX
Male, neutered

AGE
12 Yrs.

WEIGHT
9 lbs.

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

IMAGING PERFORMED BY
Sara Hansen

HOSPITAL NAME
Faithful Friends AC

REFERRING VET
Dr. Hiett

INVOICE
13328

DATE
11/10/25

PRESENTING CLINICAL SIGNS

History: Clinical Exam Findings: The cat has a firm mass on the neck FNA many fragmented cells, but increased number or mast cells. The cat has a very large abdominal mass. Freely movable in the mid abdomen. Cat has a mass in the cranial ventral thorax (not mediastinal). Cat has lost weight but is eating without vomiting and passing normal stool. ABNORMAL Lab work Values HCT 25%, RBC 5.98, WBC 25,000--92% PMNs, BUN 52, Globulin 5.6, T4 normal as are liver enzymes and electrolytes. Current Medications none Notes to Specialist (if any) Could this be splenic mast cell tumor and would FNA be advised/safe?

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is distended. A small amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone is normal.

The left kidney is mildly enlarged (4.56 cm in length) with an irregular shape. The cortex is hyperechoic relative to the spleen and variably thickened with moderate loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths or hydroureter. Renal vasculature is normal.

The right kidney is mildly enlarged (4.57 cm in length) with an irregular shape. The cortex is hyperechoic relative to the spleen and variably thickened with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths or hydroureter. Renal vasculature is normal.

Adrenal Glands

The region of the left adrenal gland is obscured by the mid-abdominal masses.

The right adrenal gland is normal size (0.43 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is enlarged (1.45 cm in width at the level of the hilus) with swollen peripheral contours. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

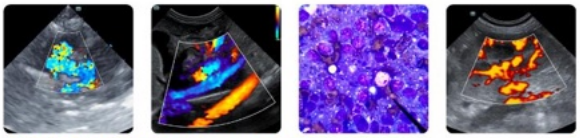
Liver

The liver is subjectively enlarged with swollen peripheral contours. The parenchyma is isoechoic relative to the spleen. A 1.43 x 1.16 cm hyperechoic to heterogeneous cystic nodule is observed on the right side. The remaining parenchyma is relatively homogeneous. Vascular and 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 is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. 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
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.

Lymph nodes
The abdominal lymph nodes are normal/not visible. See also *Other.*

Free Abdomen
The mesentery throughout the abdomen is hyperechoic. Trace free fluid is observed.

Other
In the right cranial quadrant, a 1.99 x 1.89 cm hyperechoic to heterogeneous nodule is visualized. In addition, numerous varying sized hypoechoic to heterogeneous masses are observed throughout the abdomen. Some of the masses are coalescing. One of the largest masses measures >7.3 cm.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

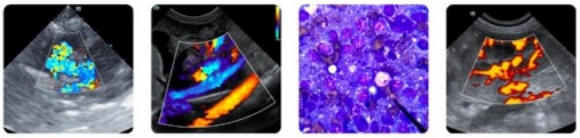
- Numerous abdominal masses, the origins of which are unclear. They may represent enlarged lymph nodes, masses within the mesentery, other. Neoplasia (i.e., round cell tumor, sarcoma, carcinoma) is suspected with a low possibility of an inflammatory process.
- Diffuse peritonitis is present, likely secondary to the abdominal masses.
- The prominent cranial abdominal lymph nodes could be consistent with infiltrative neoplasia or reactive change.

Secondary Findings:

- 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 cystic hepatic nodule in the right liver likely represents a biliary cystadenoma or cystadenocarcinoma.
- The bilateral renal changes could be consistent with chronic interstitial nephritis or emerging neoplasia.
- The splenomegaly could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, splenitis, antigenic stimulation or infiltrative neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consider fine needle aspiration of one of the abdominal masses (assuming normal clotting status). Given the history of mast cell disease, the patient should be pre-treated with diphenhydramine to reduce the potential risk of mast cell degranulation associated with aspiration. Depending on cytology results, consultation with a board-certified oncologist should be considered.



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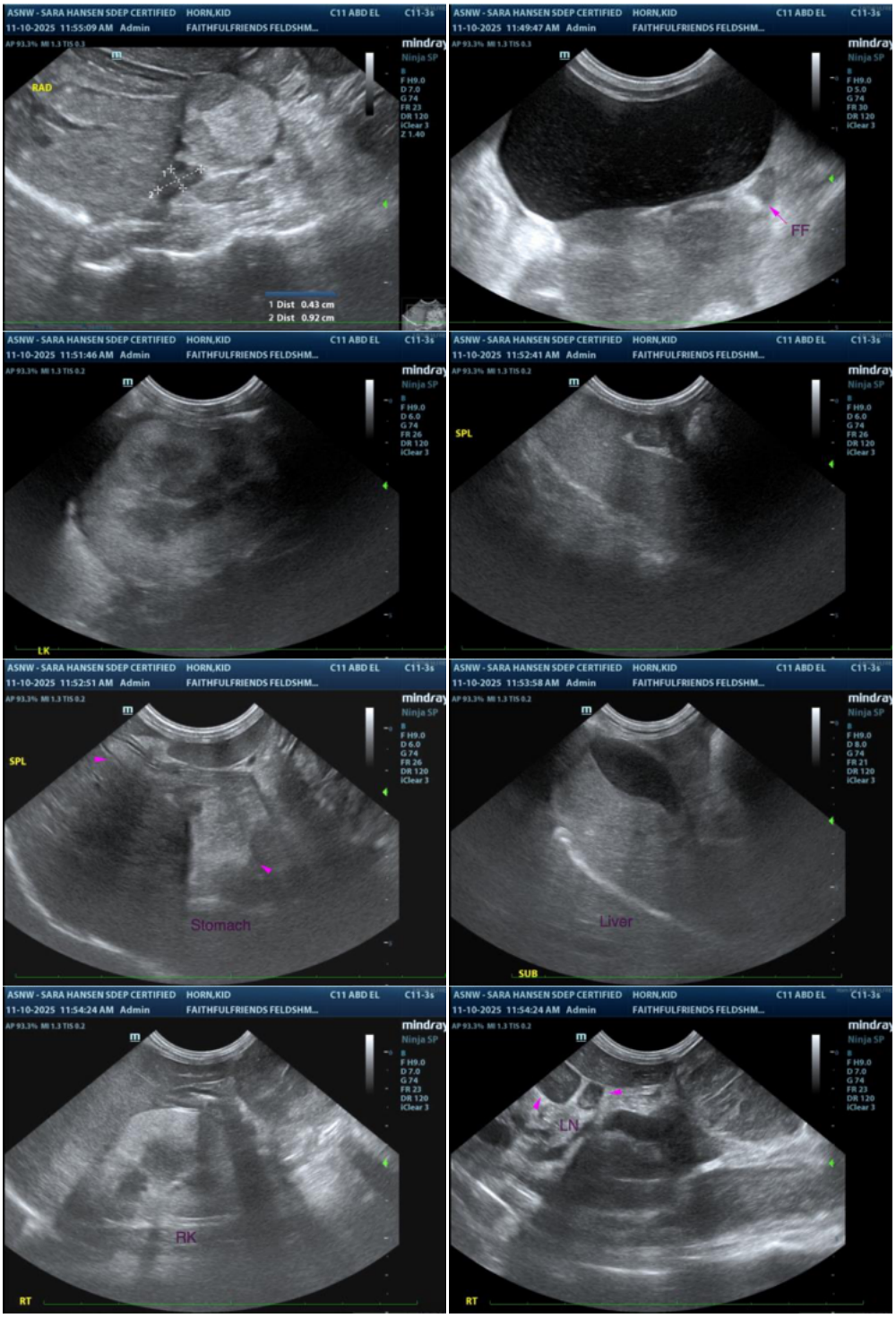

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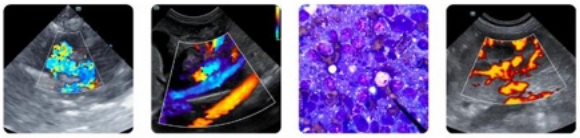

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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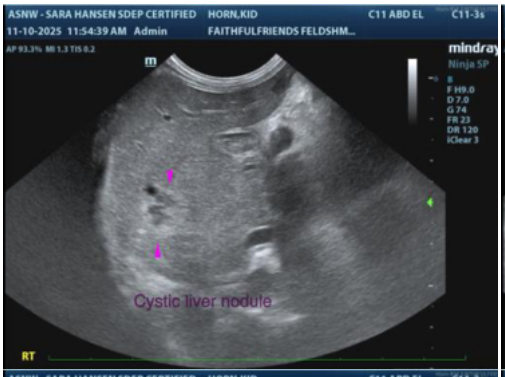

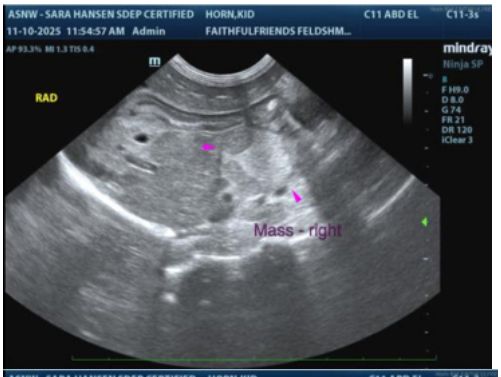

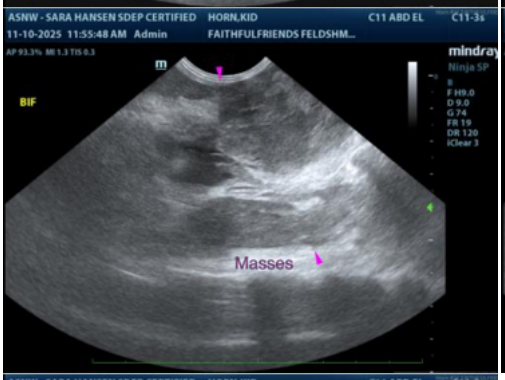

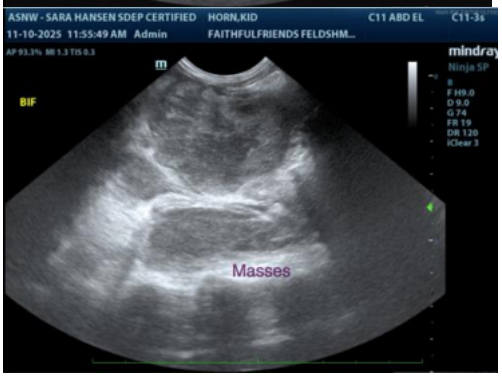

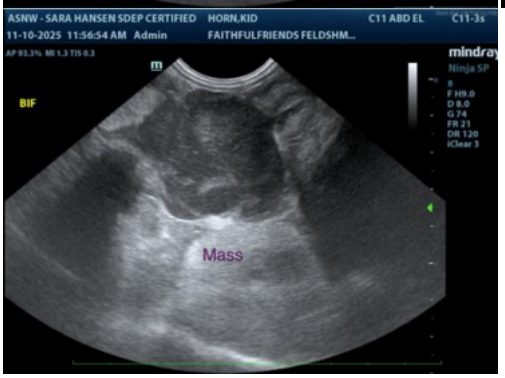

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com