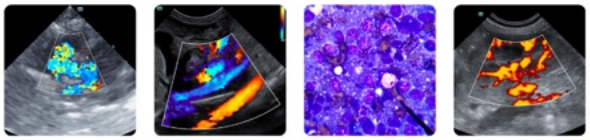


PATIENT

Darby Takacs

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

16 ½ years

WEIGHT

9.5 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Jen Amidon

HOSPITAL NAME

The Pet Hospital of Stratford

REFERRING VET

Dr. David

INVOICE

71063

DATE

1/29/26

PRESENTING CLINICAL SIGNS

- Pt presented 3 days ago for not wanting to eat for a couple days and sleeping more.
- BW showed increased liver values, SDMA and Calcium, rest of renal values at high end of normal
- r/o cause of hypercalcemia

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended. The urinary bladder wall is thin and smooth. The urine is anechoic. The bladder neck and proximal urethra have a normal appearance. No uroliths are identified, and there is no ultrasonographic evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size, measuring 2.80×1.85 cm. Cortical thickness is 0.27 cm in the sagittal plane. The right kidney is normal in shape and size, measuring 3.19×1.72 cm. Cortical thickness is 0.26 cm in the sagittal plane. Renal cortical echogenicity is within normal limits. The corticomedullary ratio is normal, and corticomedullary definition is preserved. No pyelectasia, nephroliths, or hydronephrosis are identified. Color Doppler evaluation demonstrates a normal vascular pattern.

Adrenal Glands

Both adrenal glands have a normal shape and echogenicity. The left adrenal gland measures 0.29 cm at the cranial pole and 0.26 cm at the caudal pole. The right adrenal gland measures 0.29 cm at the cranial pole and 0.27 cm at the caudal pole.

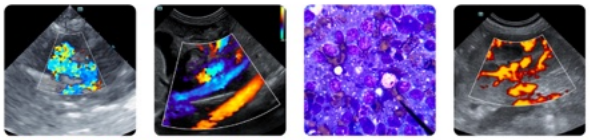
Spleen

Splenic thickness measures 1.29 cm, with subjectively rounded margins. The splenic parenchyma appears markedly hypoechoic, with a subtle, poorly defined honeycomb-like pattern, although assessment is limited and would benefit from evaluation with a higher-frequency linear transducer. The splenic capsule is smooth and regular. Splenic vasculature appears normal.

Liver

The liver is subjectively increased in size, with sharp margins and a regular contour. Hepatic parenchyma is homogeneous and hyperechoic relative to falciform fat and the renal cortex, with a normal echotexture. No hepatic lymphadenopathy is identified.

The gallbladder lumen is normally distended. The gallbladder wall is thin. A moderate amount of biliary sludge is present. The common bile duct measures between 1.85 mm and 1.25 mm.



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Gastrointestinal

The stomach is empty and moderately folded, with preserved wall layering and a mural thickness of 1.36 mm. The pylorus measures 3.05 mm.

Duodenal wall thickness measures 2.37 mm. Jejunal wall thickness measures 2.29 mm. Ileal wall thickness ranges from 1.80–1.85 mm. Wall layering is preserved throughout. The ileocecal junction measures 3.41 mm, with muscularis measuring 1.42 mm.

The colon contains formed fecal material within the descending segment; wall thickness is not recorded.

Pancreas

Pancreatic thickness ranges from 5.19–7.83 mm. Pancreatic parenchyma is hypoechoic relative to the adjacent omental fat. The pancreatic duct measures 1.13 mm. No ultrasonographic evidence of active inflammation of the surrounding peripancreatic fat is identified.

Peritoneal Cavity

A mild amount of abdominal effusion is present between the hepatic lobes. Abdominal lymph nodes are not visualized, and the surrounding regions appear unremarkable. The iliac trifurcation appears normal.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Markedly hypoechoic spleen with rounded margins and subtle honeycomb-like pattern.
- Subjective hepatomegaly with diffuse increased echogenicity.
- Small perihepatic abdominal effusion.

SECONDARY FINDINGS

- Mild hypoechoic pancreas with mild pancreatic duct dilation.
- Moderate biliary sludge.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The marked splenic hypoechogenicity, associated with rounded margins and a subtle honeycomb-like pattern, is abnormal and raises concern for an infiltrative splenic process, such as a lymphoproliferative or inflammatory disease. Although the ultrasonographic appearance is not pathognomonic, this pattern is not typical of benign reactive splenomegaly in cats, particularly when considered alongside the presence of hyperglobulinemia and hypercalcemia. Feline splenic mast cell tumor and splenic lymphoma are therefore considered the most likely differential diagnoses.

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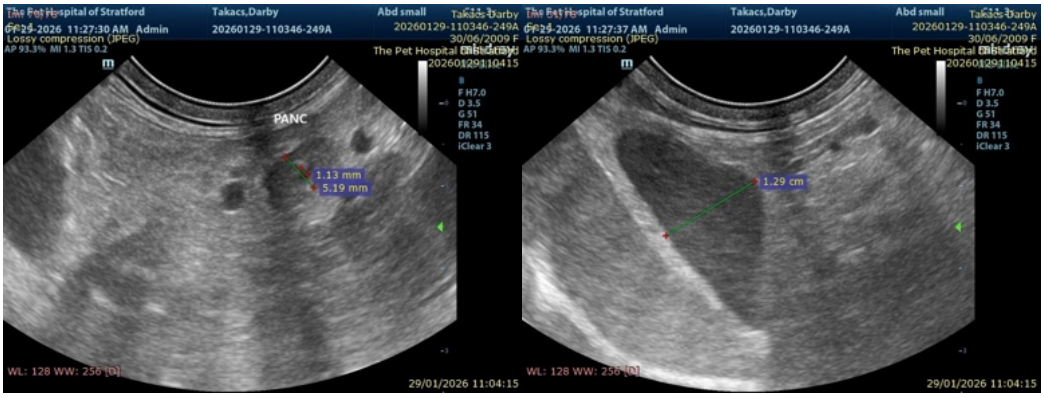
The liver is subjectively enlarged and diffusely hyperechoic, findings that may be compatible with hepatic lipidosis or infiltrative hepatic disease.

The pancreatic changes are most consistent with mild chronic pancreatitis or age-related alterations and may be secondary to an underlying systemic condition rather than indicative of a primary pancreatic disorder.

Overall, the combination of hypercalcemia, hyperglobulinemia, abnormal splenic appearance, mild abdominal effusion, and evidence of multisystem involvement is most concerning for an underlying systemic neoplastic or inflammatory disease, with lymphoma or other round cell neoplasia being the primary considerations. While abdominal ultrasonography supports the presence of a systemic process, it cannot provide a definitive etiologic diagnosis.

Recommendations

- Image-guided splenic fine-needle aspiration is recommended as the primary diagnostic step, provided coagulation status allows. Concurrent hepatic sampling may further aid in differentiating reactive hepatopathy or lipidosis from systemic infiltrative disease.
- Further diagnostics to differentiate neoplastic versus inflammatory causes of hypercalcemia are advised, including ionized calcium measurement and correlation with cytology results.
- If clinically feasible, sampling of the peritoneal effusion may provide additional diagnostic information regarding inflammatory or neoplastic disease.
- Continued monitoring of renal parameters is recommended, as renal dysfunction may worsen in the context of hypercalcemia or systemic disease.



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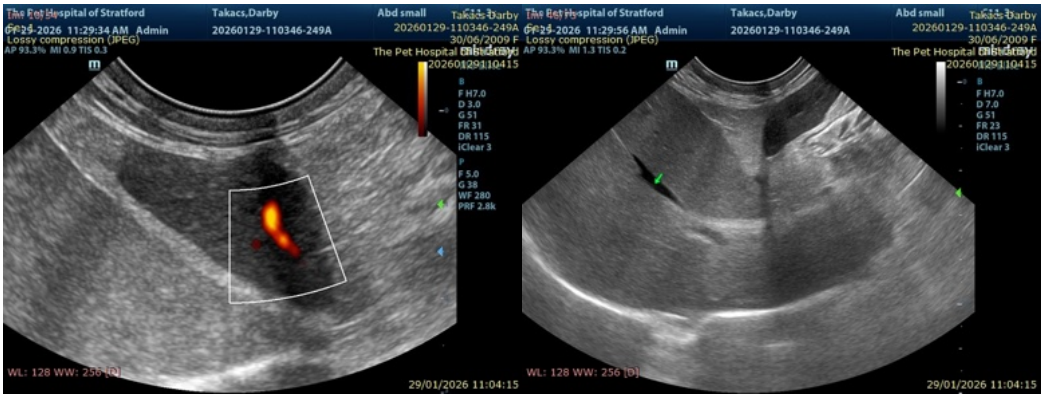

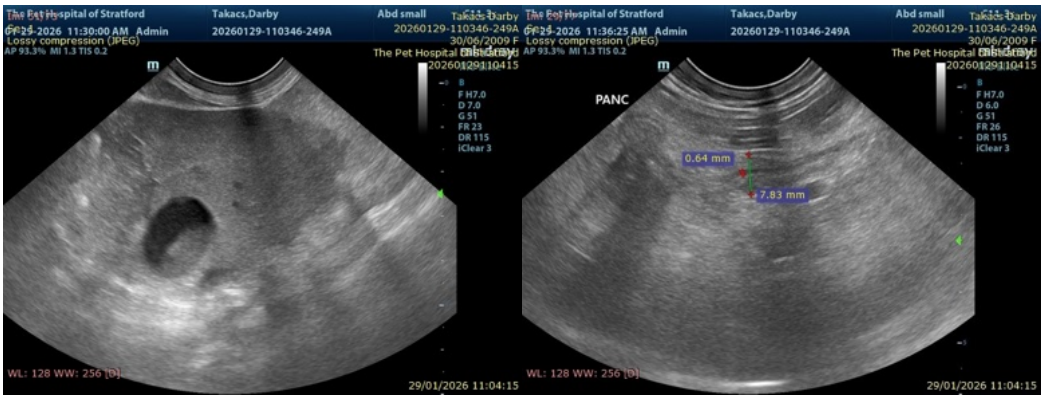

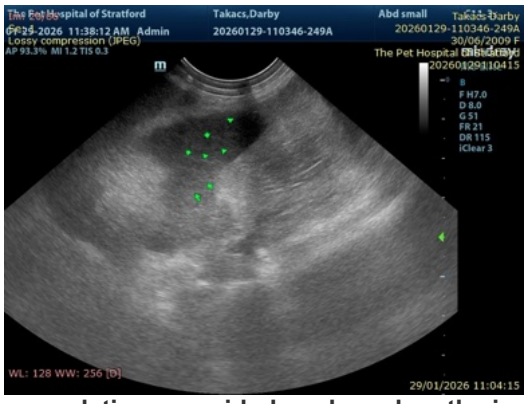

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Alicia Angosto Guerrero, DMV, PgDip, MSc.

MV Esp Ultrasound in Domestic and Wild Animals

info@SonoPath.com