



PATIENT	PRESENTING CLINICAL SIGNS
Little Missy Clausen	Patient present for a recheck on GI issues and dental issues. and high WBC, O reports p is having trouble chewing for a long time now. Previous Diagnoses: lymphocytosis, periodontal disease
SPECIES	9/17/21: exam finding, gallop rhythm (normal T4); maintaining wt; h/l clear; pink mm, tartar, gingivitis; deep abd palp- possible splenic enlargement? clear under tail
Feline	Abnormal PE/Chem/CBC/UA Results: 10/7/21: recheck cbc shows: wbc 20.5k, lymph 15.8k
BREED	
DSH	
SEX	
FS	
AGE	
15 years	
WEIGHT	
6.94 lbs.	
INTERPRETED BY	
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
IMAGING PERFORMED BY	
Jenna Walsh, CVT	
HOSPITAL NAME	
Liberty AH	
REFERRING VET	
Dr. Paoletti	
INVOICE	
12391	
DATE	
10/19/21	

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Moderate, nondependent, particulate urinary bladder sediment was present. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.6 cm in length. The right kidney measured 3.4 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypochoic parenchyma. The left adrenal gland measured 0.29 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypochoic parenchyma. The right adrenal gland measured 0.42 cm width.

Spleen

The spleen exhibited moderate generalized enlargement with mildly swollen to symmetrical capsule contour. Generalized micronodular splenic parenchyma exhibiting generalized heterogeneity was present. The spleen measured 1.6 cm in diameter.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypochoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was mildly subnormal in size, likely owing to the presence of gastric ingesta. The cystic and common bile ducts were normal.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate, echogenic, primarily non-shadowing ingesta most consistent with post prandial presentation without signs of ileus, obstruction or foreign material. The gastric body wall width measured 0.22 cm.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Generalized small bowel non-shadowing digesta / chyme was present. No signs of ileus, obstruction, or foreign material were noted. The duodenum wall width measured 0.29 cm. The jejunum wall width measured 0.25 cm. The ileocolic wall width measured 0.31 cm.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

Free Abdomen

Intermittent, mesenteric lymphadenopathy was noted in the mid abdomen and medial to the spleen. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example lymph node measured 0.40 cm width.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Splenomegaly with micronodular parenchyma
- Possible chronic enteropathy
- Gastric ingesta - likely post prandial presentation

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further clarification, the splenomegaly with micronodular parenchyma is primarily concerning for splenic round cell neoplasia such as lymphoma, mast cell neoplasia, or other. Potential for hematopoiesis, significant lymphoid hyperplasia, splenitis or other benign etiologies is possible, yet considered less likely.

Assuming normal clotting status and following pretreatment with Benadryl, ultrasound-guided FNA of the spleen using a 25-gauge needle is recommended for screening cytology with potential for oncology consultation. Flow cytometry could also be considered for further clarification of the lymphocytosis.



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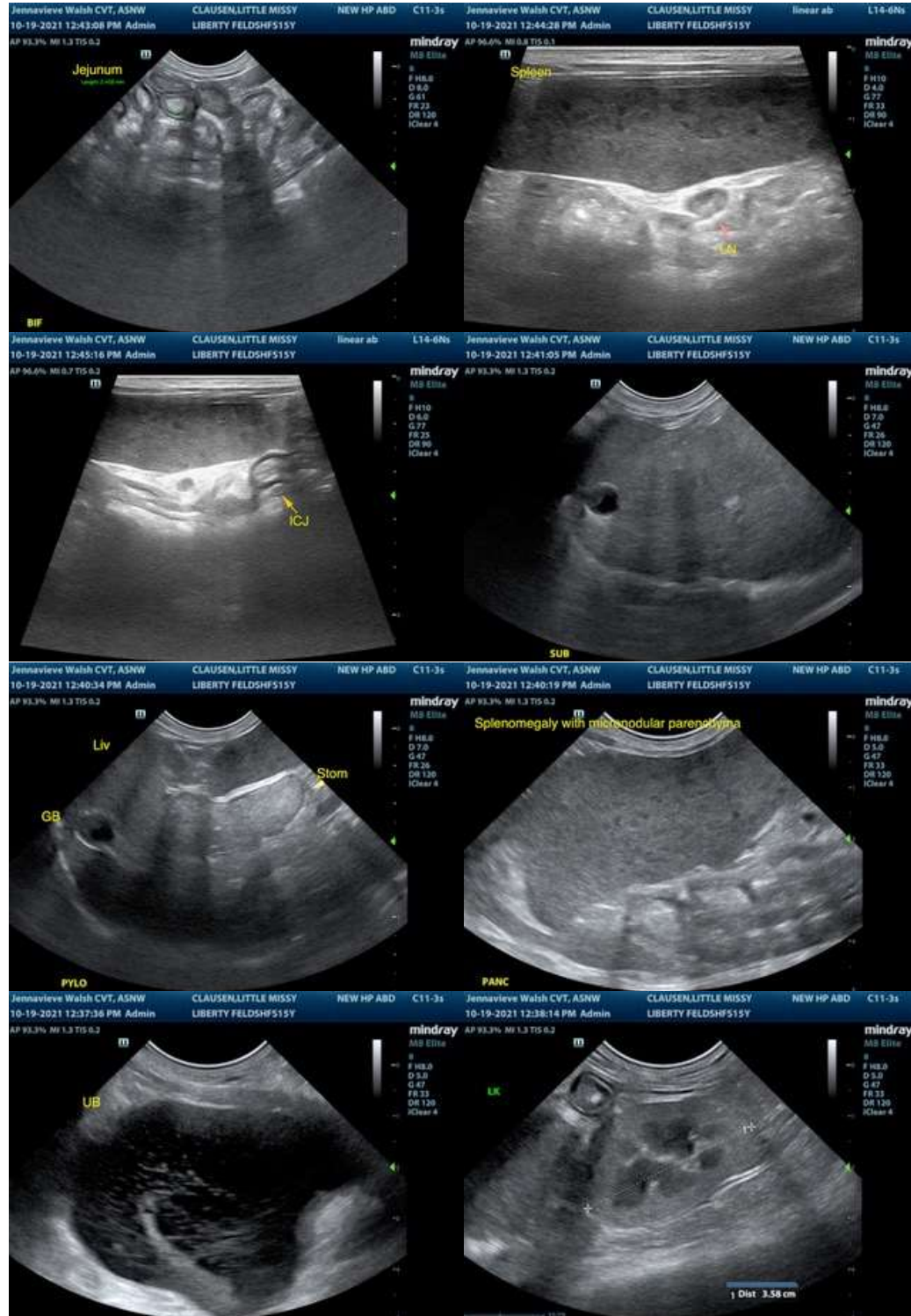
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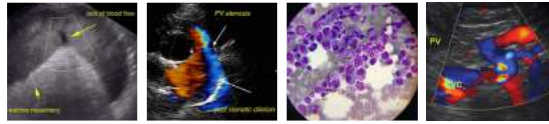
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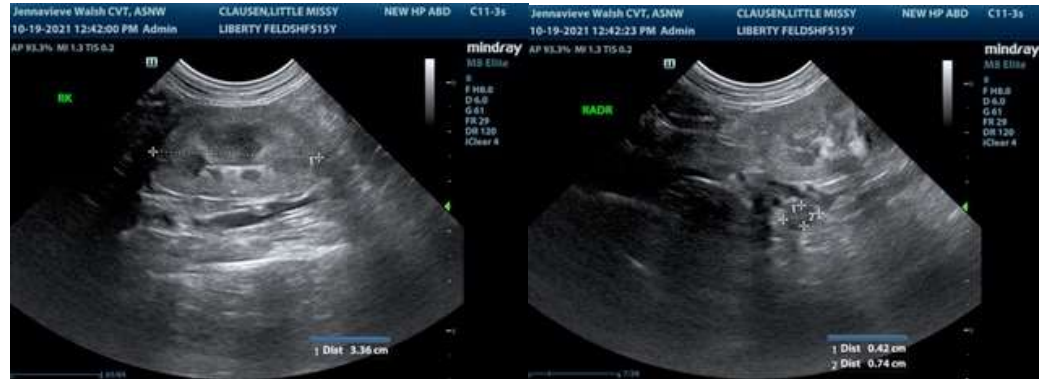
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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