



PATIENT

Olive Fehn

PRESENTING CLINICAL SIGNS

History: Suspected abdominal mass palpated

SPECIES

Feline

Current meds: Gabapentin

BREED

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Female Spayed

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild, non-dependent, echogenic to particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

AGE

14 yrs

The area of the aortic trifurcation was free of pathology.

WEIGHT

15 lbs

Normal size and margination was 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 3.5 cm in length. The right kidney measured 3.9 cm in length.

INTERPRETED BY

R. McKenzie Daniel,
 DVM, DABVP
 (Canine and Feline)

Adrenal Glands

The left and right adrenal glands were normal in size, position and shape with no overt pathology. The left adrenal gland subjectively measured 0.4 cm. The right adrenal gland subjectively measured 0.5 cm.

IMAGING PERFORMED BY

Meghan Morse, LVT,
 CVT

Spleen

The spleen was variably to severely enlarged in size with homogeneous to regional non-homogeneous parenchyma. Asymmetrical capsule contour and splenic folding present. The spleen measured up to 3.0 cm width.

HOSPITAL NAME

VCA Blairstown AH

Liver

The liver was normal in size and contour with normal vascular volume. Solitary, discrete ventral liver nodule was present measuring 0.9 cm in diameter. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

REFERRING VET

Dr. Clegg

Gastrointestinal

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

DATE

12/11/25

The small intestine presented intact segmentally thickened wall with altered wall layer ratio owing to propensity for segmental, mildly thickened muscularis layer. Small intestine wall measured 0.30 cm width. The lumen of the small intestine was empty to the level of the colon.

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



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Pancreas

The pancreas exhibited variable enlargement in size with capsule asymmetry and non-homogeneous, hypoechoic possibly cystic parenchyma.

Free Abdomen

Focal to intermittent, mildly enlarged to irregular, non-homogeneous to hypoechoic mesenteric lymph nodes were present with an example measuring 1.6 cm x 1.3 cm. The lymph nodes exhibited width:length ratio > 0.5. Generalized mild hyperechoic omentum and mild peritoneal effusion was noted.

PRIMARY FINDINGS

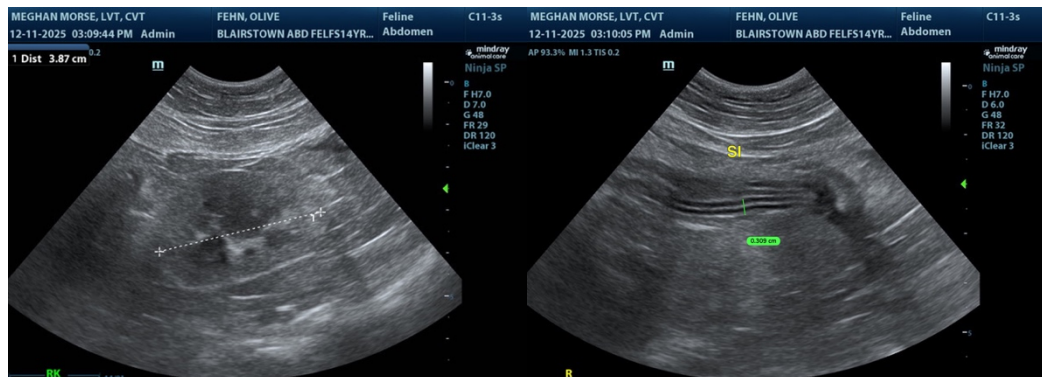
- Severe to variably enlarged, non-homogeneous spleen
- Subtle hepatic intraparenchymal nodule
- Intact segmental thickened small intestinal wall and altered wall layer ratio
- Regionally enlarged, non-homogeneous, hypoechoic possibly cystic pancreas
- Intermittent, mildly swollen, non-homogeneous mesenteric lymph nodes
- Mild peritoneal effusion

SECONDARY FINDINGS

- Bilateral intact chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further clarification, the spleen meets neoplastic criteria with multicentric to metastatic neoplastic pattern involving the liver, mesenteric lymph nodes and potentially the pancreas as well as small intestine suspected. Multicentric lymphoma, mast cell neoplasia or other possible. Assuming normal clotting status and using 25-gauge needle, with Benadryl pre-treatment, splenic FNA cytology warranted for further clarification and potential for oncology consult.





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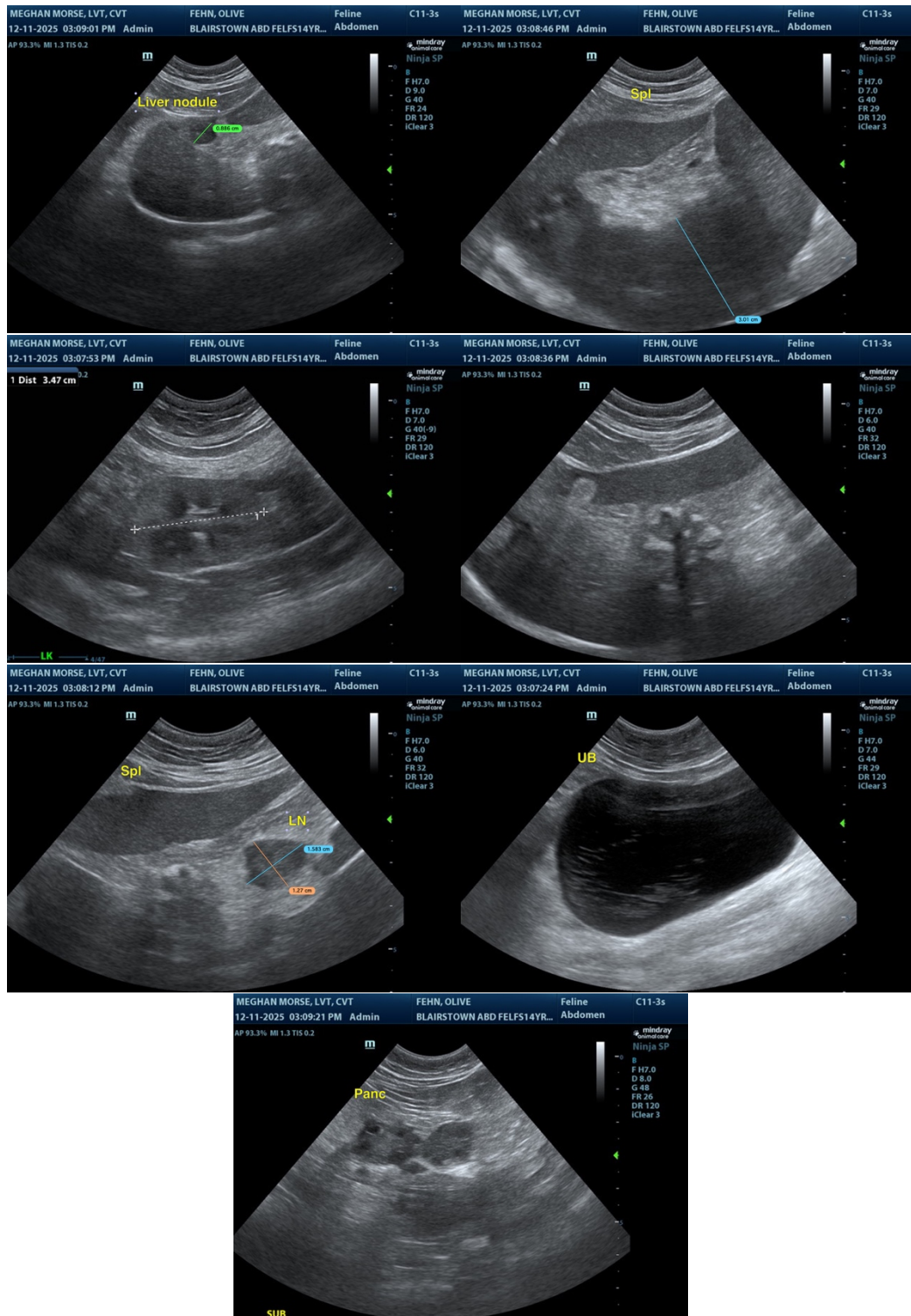
Dr. Clegg

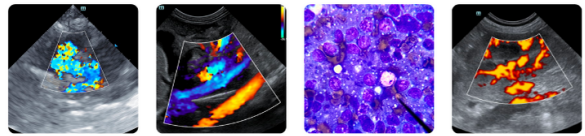
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@sonopath.com