



PATIENT PRESENTING CLINICAL SIGNS

Lil Bear Golley History: Lethargy x 1 week. Palpable abdominal effusion - fluid analysis pending. Suspicion of splenomegaly/ventral mid-abdominal organomegaly on abdominal palpation Suspected pleural effusion. Newly ausculted heart murmur.

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

2013

WEIGHT

15.7 Pounds

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. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted. No evidence of medial iliac or sublumbar lymphadenopathy.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 4.3 cm in length. The right kidney measured 4.35 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized owing to periadrenal effusion and increased omental artifact.

Spleen

The spleen exhibited marked generalized enlargement and areas of capsule asymmetry. Generalized nonhomogenous splenic parenchyma with intermittent discrete splenic nodules noted. An example of splenic nodule size measured 0.55 cm in diameter. Vascularity was subjectively normal.

Liver

The liver revealed mild generalized enlargement. Subjective mild reduced hepatic parenchyma echogenicity was noted with mild increased prominence of portal vascular borders. Intermittent, mildly expansive nonhomogenous hepatic nodules were noted. An example of a hepatic nodule measured 0.86 cm in diameter. Some of the nodules appeared to mildly distort the hepatic capsule.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The stomach exhibited mild gas distention.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

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

Pancreas

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

Alburtis AH

REFERRING VET

Dr. Smith

INVOICE

19039

DATE

12/6/22



PATIENT

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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 was evident.

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Free Abdomen

Moderate volume peritoneal free fluid was noted. Generalized mild hyperechoic mesentery was noted. No overt lymphadenopathy or omental masses noted.

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Heart

A brief sonographic assessment of the heart revealed overtly normal cardiac structure and function without evidence of left or right heart chamber enlargement and subjective normal LV systolic function. No overt evidence of pericardial, pulmonary pathology, masses or visualized pleural effusion. The hemodynamic effects of the murmur appear to be minimal without evidence of left or right heart chamber enlargement, suspect likely benign physiologic or flow murmur.

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ULTRASONOGRAPHIC FINDINGS

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- Marked splenomegaly, exhibiting heterogenous to nodular parenchyma
- Concurrent mild hepatomegaly, exhibiting nonhomogenous intraparenchymal nodules
- Moderate volume peritoneal free fluid and generalized hyperechoic mesentery
- Overtly normal cardiac structure and function

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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DVM, DABVP
(Canine and Feline)

Although sampling is required for further assessment and potential definitive diagnosis, the hepatosplenic presentation is strongly suggestive of hepatosplenic infiltrative neoplastic criteria.

Further assessment may include hepatosplenic FNA cytology, assuming normal clotting status and using a 25-gauge needle, as well as peritoneal effusion analysis, cytology +/- culture and sensitivity if evidence of inflammatory cells.

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ARDMS/RVT

The peritoneal effusion and potential mild pleural effusion are noncardiogenic. Benadryl pretreatment is suggested if FNA cytology is elected. Primary concern for lymphomatosis, mastocytosis or similar.

Pending hepatosplenic cytology, oncology consult could be considered for chemotherapeutic intervention, however, very guarded to unfavorable prognosis is likely indicated.

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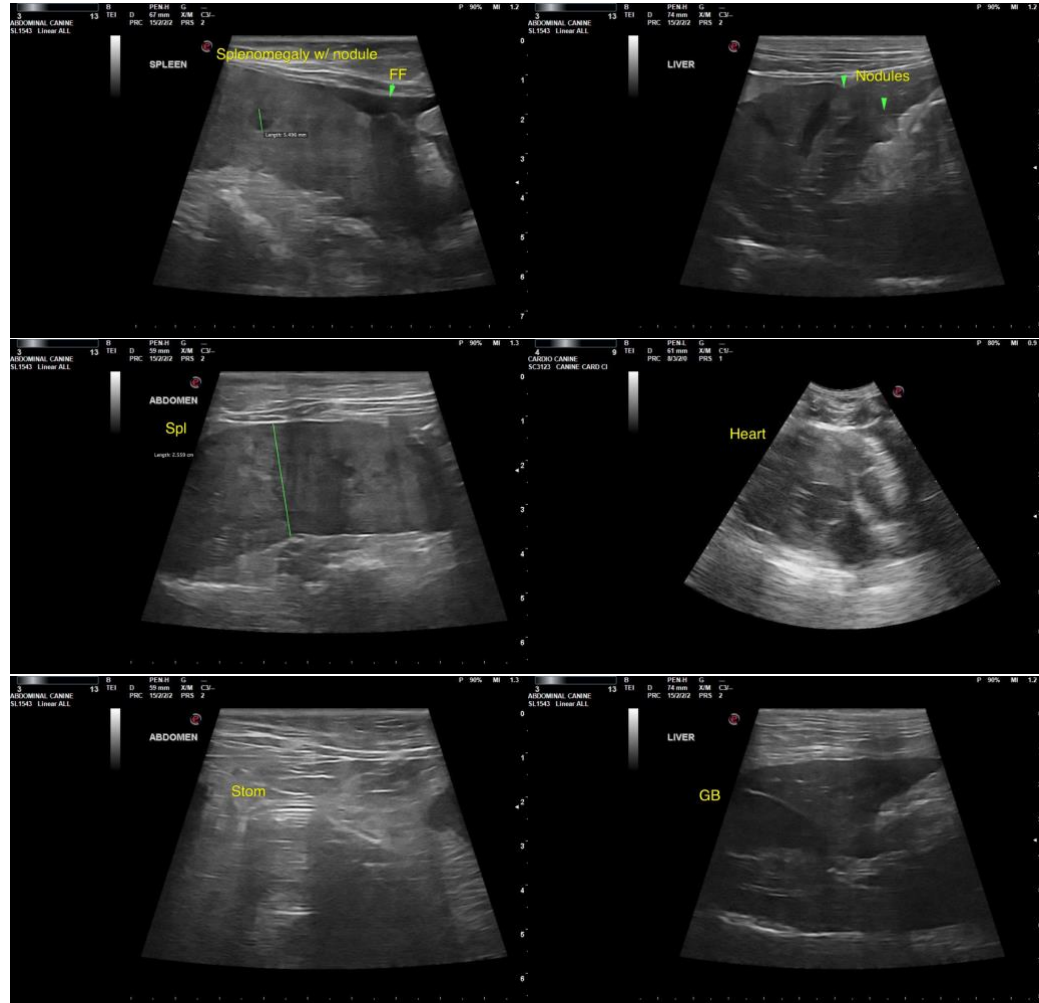
Dr. Smith

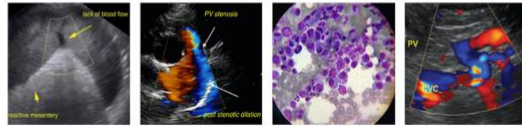
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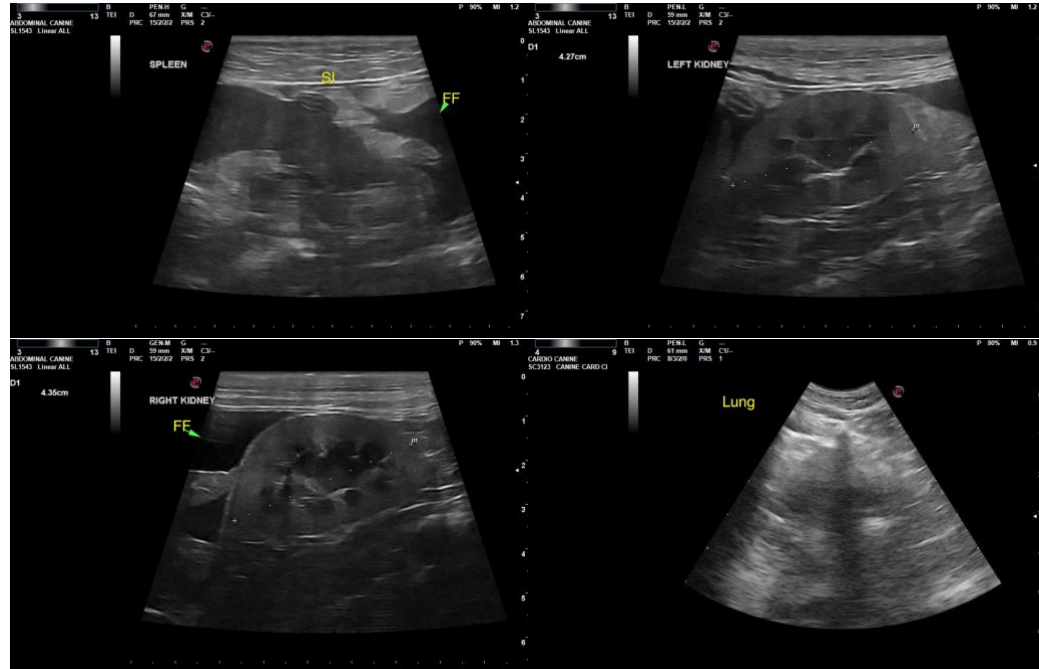
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

INTERPRETED BY

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