



**PATIENT**

Frankie Strang

**SPECIES**

Feline

**BREED**

British Shorthair

**SEX**

FS

**AGE**

7 months

**WEIGHT**

2.43 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Donna Markland,  
DVM

**HOSPITAL NAME**

Island Mobile Paws  
Veterinary Services

**REFERRING VET**

Central Island  
Veterinary Emergency  
Hospital

**INVOICE**

16124

**DATE**

2/10/23

**PRESENTING CLINICAL SIGNS**

Presented for lethargy and decreased appetite. Spayed 3 weeks ago. OK for first week post-op, but then has declined. Completely anorexic for past two days. PE unremarkable other than pale. Profoundly anemic. Low neutrophils and low platelets as well. Chem unremarkable. FeLV/FIV negative. Sedated with IM butorphanol and dexdomitor for scan.

Abnormal PE/Chem/CBC/UA Results: 2/10/23: HCT=0.066 (0.30-0.52) RBC=1.58 (6.54-12.2) HGB=20 (98-162) Retics=10.3 (13.2-20.8) Neutrophils=0.67 (2.3-10.29) Eos=0.07 (0.17-1.57) Platelets=58 (151-600) with few clumps Heinz bodies suspected

**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 was noted.

No evidence of pathology was noted in the area of the uterine remnant and bilateral ovaries.

Normal size and margination were 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 3.4 cm in length. The right kidney measured 3.4 cm in length.

**Adrenal Glands**

The left and right adrenal glands were not definitively visualized. No overt pathology was noted in the area of the adrenal glands.

**Spleen**

The spleen was mildly enlarged yet maintained a symmetrical capsule contour and a finely textured homogeneous parenchyma. Subjective mild reduced splenic parenchyma echogenicity comparable to the liver was noted. Normal splenic vascularity was present with no splenic masses or nodules. The spleen measured 1.0 cm width at the level of the hilus.

**Liver/ Gallbladder**

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. Normal hepatic vascular volume was present. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.



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***Gastrointestinal***

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, primarily non-shadowing, variably echogenic, ingesta without signs of obstruction or foreign material. No evidence of mechanical pyloric outflow obstruction was noted.

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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.

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

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***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.

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***Free Abdomen***

Intermittent, mildly prominent, symmetrical to homogeneous mesenteric and focal medial iliac lymph nodes present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of perilymphatic inflammation and maintained a normal width: length ratio (<0.5). Example of a mesenteric lymph node measured 1.1 cm x 0.5 cm. No evidence of omental masses or peritoneal effusion was noted.

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**ULTRASONOGRAPHIC FINDINGS**

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- Splenomegaly - subjectively mild, hyperplasia / hematopoiesis secondary to anemia, splenitis, infiltrative round cell neoplasia with some contribution owing to sedation are all potentials
- Intact sonographically unremarkable gastrointestinal tract with mild gastric ingesta
- Normal volume liver
- Intermittent mild homogeneous to symmetrical nonspecific yet subjectively benign mesenteric and focal medial iliac lymphadenopathy, no peritoneal effusion

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The presence of gastric ingesta, given the reported anorexia, may suggest some degree of gastric hypomotility. Correlation with most recent meal ingestion is recommended. Sonographically, the ingesta was consistent with food.

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Although likely dependent upon stabilization of the patient's anemia, thrombocytopenia, and with normal clotting status, splenic FNA cytology using a 25-gauge needle with potential vitamin K or Benadryl pretreatment is warranted for further clarification.

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The minor lymphadenopathy at this stage likely precludes sampling. Blood typing, transfusion, and assessment of CBC response are recommended. CBC pathology review is strongly suggested for



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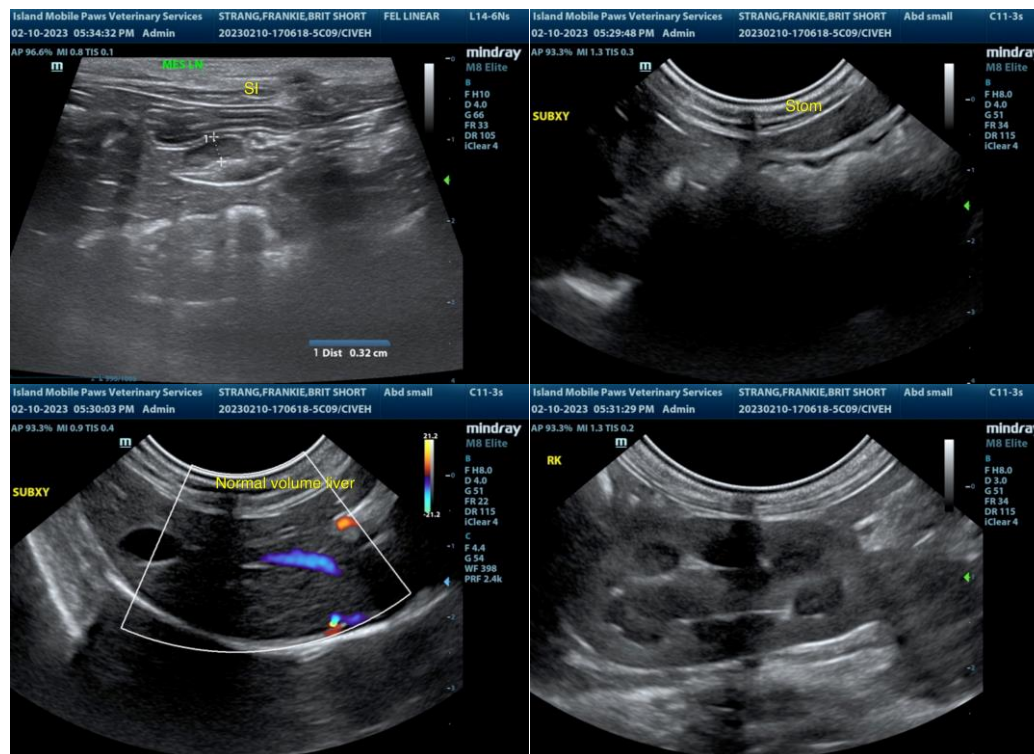
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further clarification and assessment of potential infectious component or possible primary bone marrow component to the anemia / thrombocytopenia. Expanded infectious disease testing may be considered if clinically indicated. Three-view chest radiographs, if not done, are suggested to rule out occult thoracic pathology as a contributing factor.

For an additional charge, internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>





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## REFERRING VET

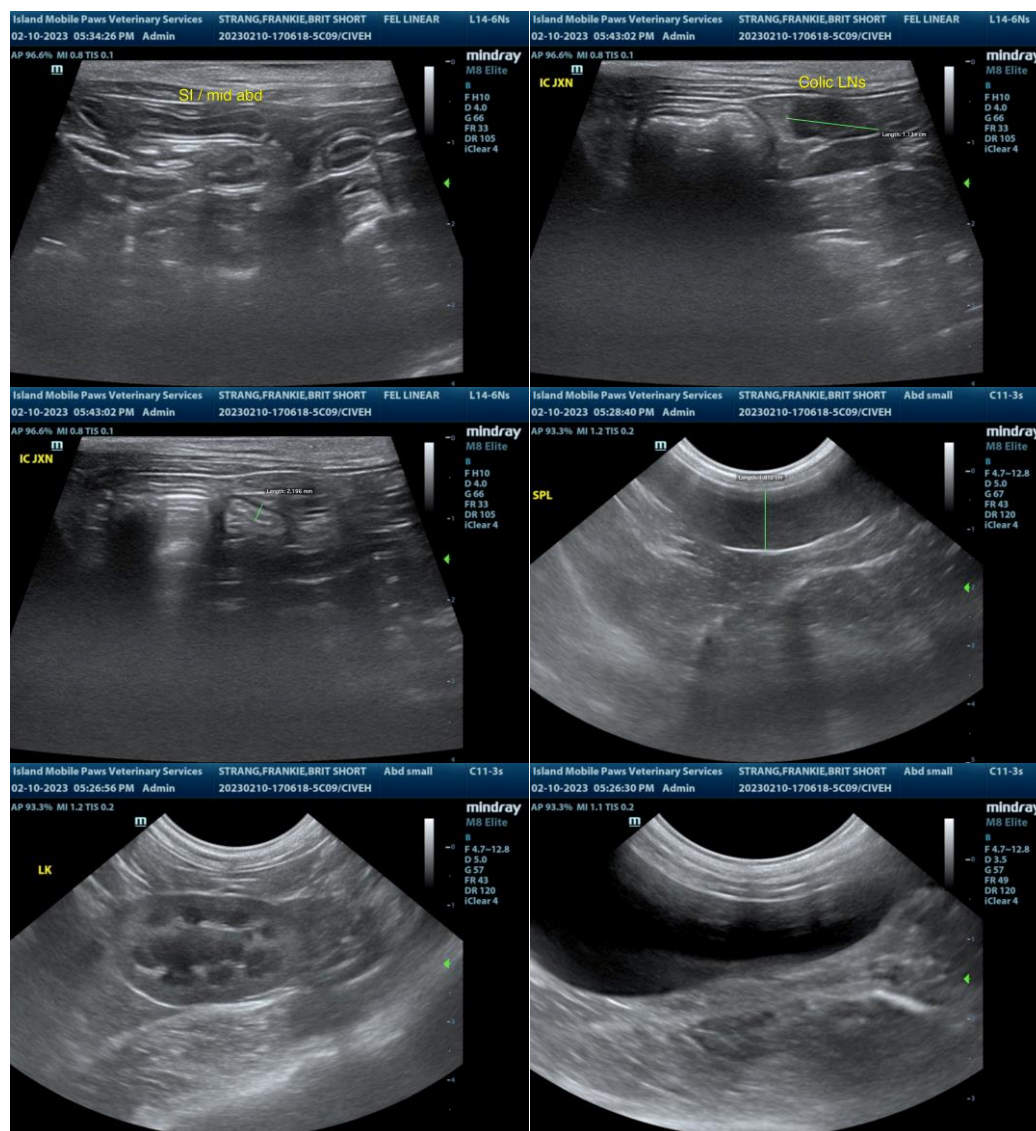
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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