

PATIENT PRESENTING CLINICAL SIGNS

Captain Yosco
Possible abdominal mass. Current meds: prednisolone, clavamox.
Abnormal PE/Chem/CBC/UA Results: Leukocytosis, anemia. Coags: WNL.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline *Urinary System*

BREED
Sphynx
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 mild non-dependent particulate sediment, which may indicate mild cellular or crystalline debris or potential mucus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

SEX
Neutered Male
Both kidneys were borderline in size, exhibiting maintained 1:3 cortex/medulla ratio, yet uniform increased cortex echogenicity. No pyelectasia. The left kidney measured 4.5 cm. The right kidney measured 4.6 cm.

AGE
7 Years
Adrenal Glands
The right adrenal gland was mildly prominent in size (0.60 cm diameter) with uniformly hypoechoic parenchyma. This is non-specific, yet without overt evidence of neoplastic criteria. No overt pathology in the area of the left adrenal gland, although not definitively visualized.

WEIGHT
12.5 Pounds
Spleen
Generalized splenic enlargement present, exhibiting rounded to asymmetrical splenic capsule contour. Multiple variably sized, hypoechoic splenic nodules were present. Example measured 1.4 cm diameter. The spleen itself measured up to 2.0 cm in width at the level of the hilus.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Westwood Regional

REFERRING VET

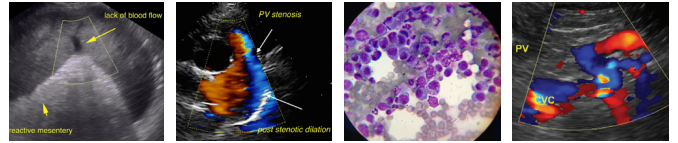
Dr. Armin Gabrael

INVOICE *Pancreas*

35637
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.

DATE

2/14/22



PATIENT

Free Abdomen

Captain Yosco

Generalized reactive mesentery noted with small volume peritoneal free fluid.

Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

SPECIES

Feline

ULTRASONOGRAPHIC FINDINGS

BREED

Sphynx

SEX

Neutered Male

AGE

7 Years

WEIGHT

12.5 Pounds

- Splenomegaly exhibiting multifocal variably sized, hypoechoic nodules
- Bilateral mild interstitial nephrosis renal pattern
- Intact small bowel wall layering exhibiting mild altered muscularis/mucosa ratio
- Mild retained gastric fluid/chyme
- Generalized reactive mesentery with mild volume peritoneal free fluid

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further clarification, the appearance of the spleen is consistent with infiltrative neoplastic criteria with considerations including primary concern for round cell neoplasia such as lymphoma, myeloma, mast cell neoplasia or other.

Assuming normal clotting status, ultrasound guided FNA of the spleen using 25-gauge needle as well as peritoneal effusion analysis, cytology +/- culture and sensitivity for further assessment is recommended. The small intestine exhibited mild mural changes, which may suggest concurrent infiltrative enteropathy (inflammatory versus neoplastic). However, given the lack of reported gastrointestinal signs, this finding is non-specific. Splenic hyperplasia, hematopoiesis, splenitis possible, yet thought less likely. Oncology consult recommended if neoplastic process is confirmed.

Current Prednisolone may possibly mask splenic or intestinal mural changes in this patient. 3-view chest radiographs suggested.

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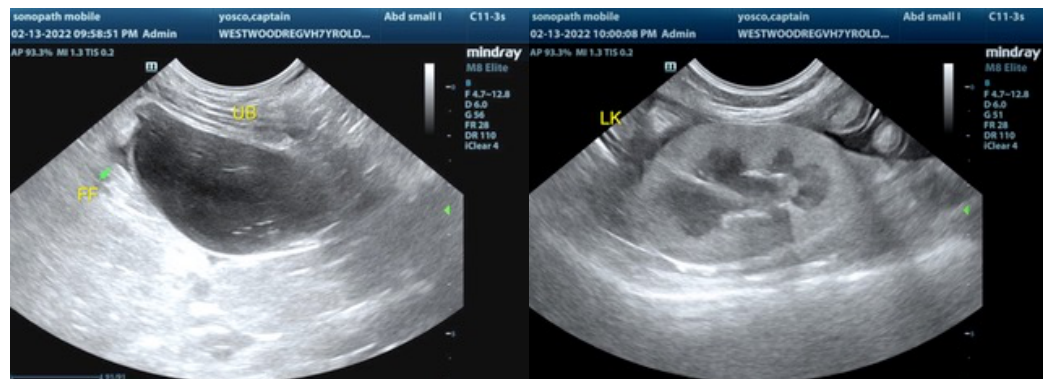
Dr. Armin Gabriel

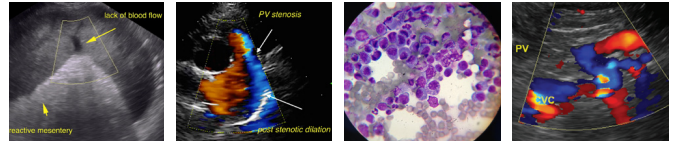
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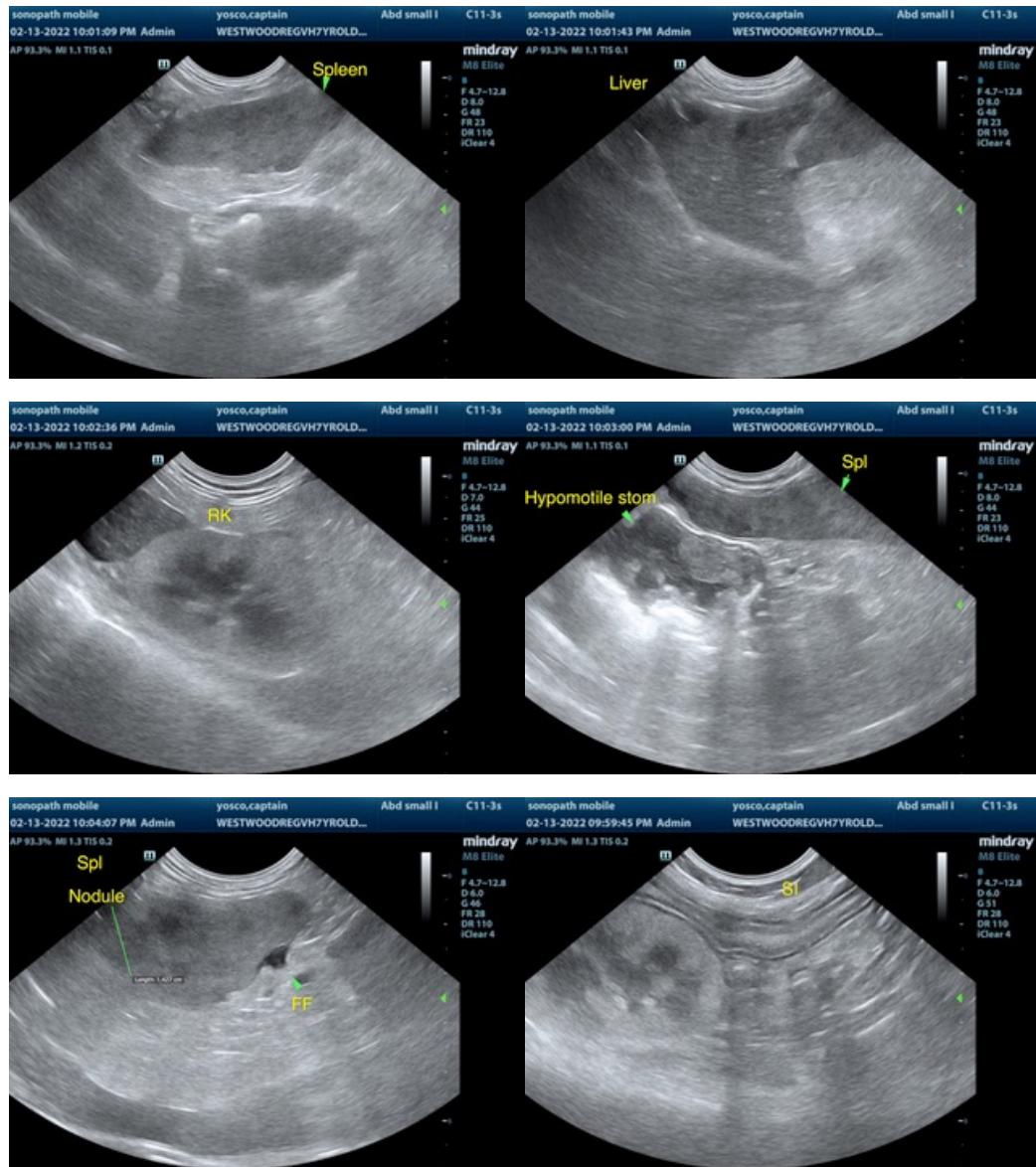
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com