



PATIENT

Butters Rands

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

10.5 Years

WEIGHT

10 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Christina Sitton

HOSPITAL NAME

Sherwood Family PC

REFERRING VET

Dr. Christina Sitton

INVOICE

20920

DATE

2/2/23

PRESENTING CLINICAL SIGNS

History: lethargic, inappetent, ADR
Abnormal PE/Chem/CBC/UA Results: no current BW icteric and dehydrated on exam, lethargic and slowly responsive grade 2/6 heart murmur started on IV hospitalization with supportive meds

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. Primarily anechoic urine was present in the lumen. Moderate nondependent to dependent particulate sediment was present, which may indicate cellular debris/protein, crystalline debris, lipid or mucus, 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.

No overt evidence of medial iliac or sublumbar lymphadenopathy.

Both kidneys were mildly enlarged. Mild cortex hypertrophy, exhibiting uniform increased cortex echogenicity was noted. Mildly enhanced corticomedullary border demarcation was noted. No visualized renal nodules or masses noted. The left kidney measured 4.7 cm. The right kidney measured 4.6 cm.

Adrenal Glands

Both adrenal glands exhibited mild prominent size with maintained symmetrical capsule contour and homogenous hypoechoic adrenal parenchyma. The left adrenal gland measured 0.55 cm. The right adrenal gland measured 0.74 cm.

Spleen

Generalized variably splenomegaly was noted, with asymmetrical lateral and medial capsule contour. Parenchyma heterogeneity and overall decreased splenic parenchymal echogenicity were noted. A moderately expansive nonhomogenous mass was noted, subjectively associated with the mid to caudal spleen, measuring 5.0 cm in diameter.

Liver

The liver exhibited subjective moderate enlargement. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. Subjective normal vascular volume was present without overt congestive criteria.

The gallbladder was non distended in size with mild debris, likely secondary to fasting. The cystic duct and common bile ducts were normal without evidence of dilation. No evidence of posthepatic obstructive criteria.

Gastrointestinal

The stomach exhibited moderate distention with retained anechoic fluid. Overtly normal wall layering was present.



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The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A segmental to diffuse ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material.

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

Pancreas

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The pancreas was normal in size and contour. Heterogenous, mildly hypoechoic parenchyma was noted. Minor pancreatic duct dilation was present.

Free Abdomen

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Intermittent, scant to small pocket of peritoneal free fluid, along with generalized mild hyperechoic omentum. Intermittent, mildly prominent hypoechoic mesenteric lymphadenopathy was noted.

Other

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The transdiaphragmatic view of the caudal thorax revealed evidence of subjective mild pleural effusion.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

10 Pounds

- Generalized asymmetrical splenomegaly with splenic mass
- Hepatomegaly
- Hypomotile stomach with subjective intact yet variably thickened small intestinal walls
- Bilateral interstitial nephrosis renal pattern
- Nonspecific mildly enlarged adrenal glands
- Generalized nonuniform hyperechoic omentum with scant peritoneal effusion, concurrent subjective mild pleural effusion

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further clarification, the splenic presentation, including the splenic mass, is most likely consistent with infiltrative neoplastic criteria, i.e., lymphoma, sarcoma, mast cell neoplasia, or other. Concern for multicentric neoplasia is warranted given the concurrent sonographic abnormalities, as well as presence of subjective mild pleural effusion.

Further assessment may include, assuming normal clotting status and with Benadryl pretreatment, screening hepatosplenic FNA cytology, using a 25-gauge needle, effusion analysis cytology +/- culture and sensitivity. Pending cytology or effusion analysis, if elected, oncology consult could be considered. This case appears to be nonsurgical. Unfortunately, unfavorable prognosis is most likely indicated.

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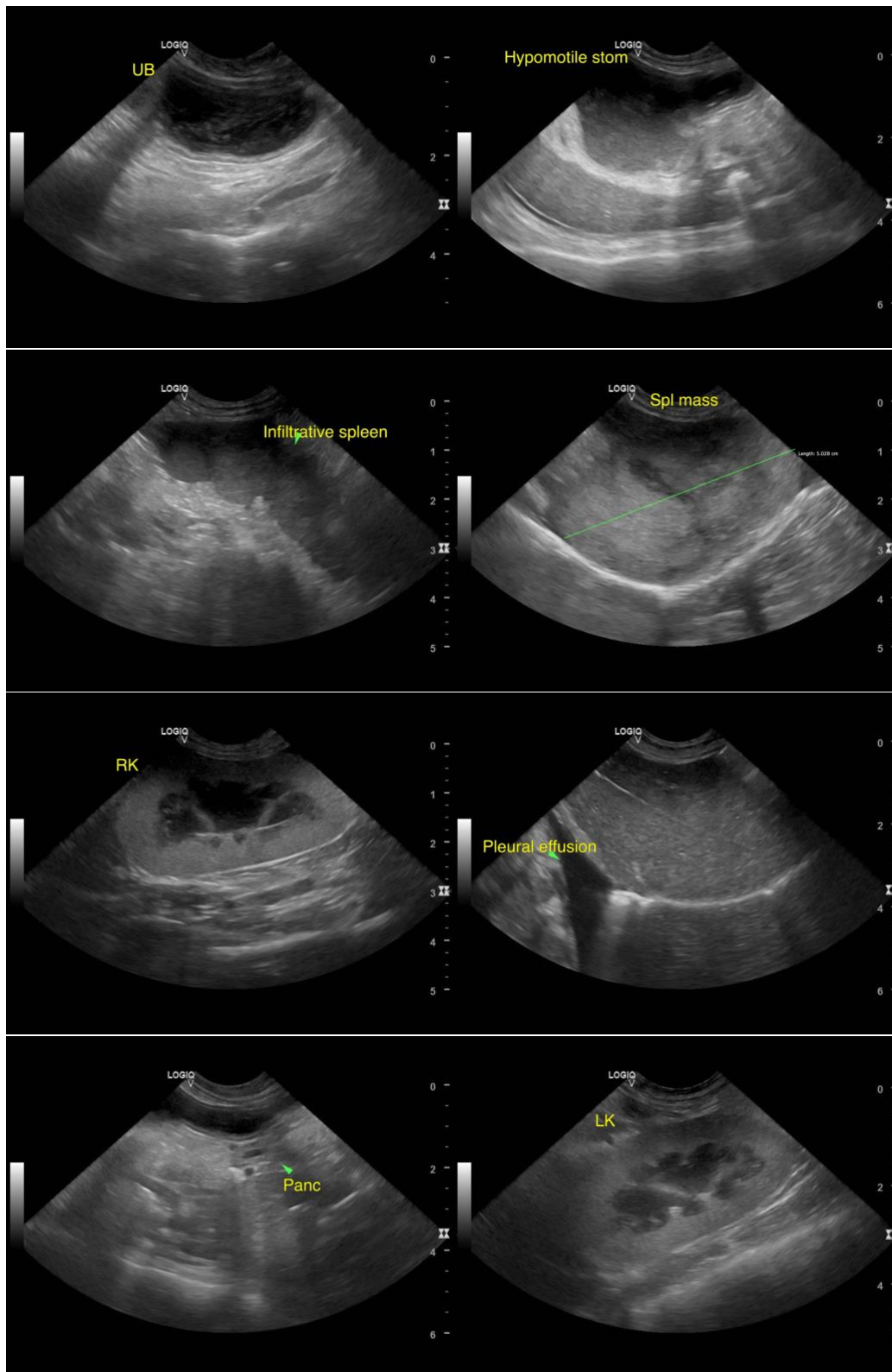
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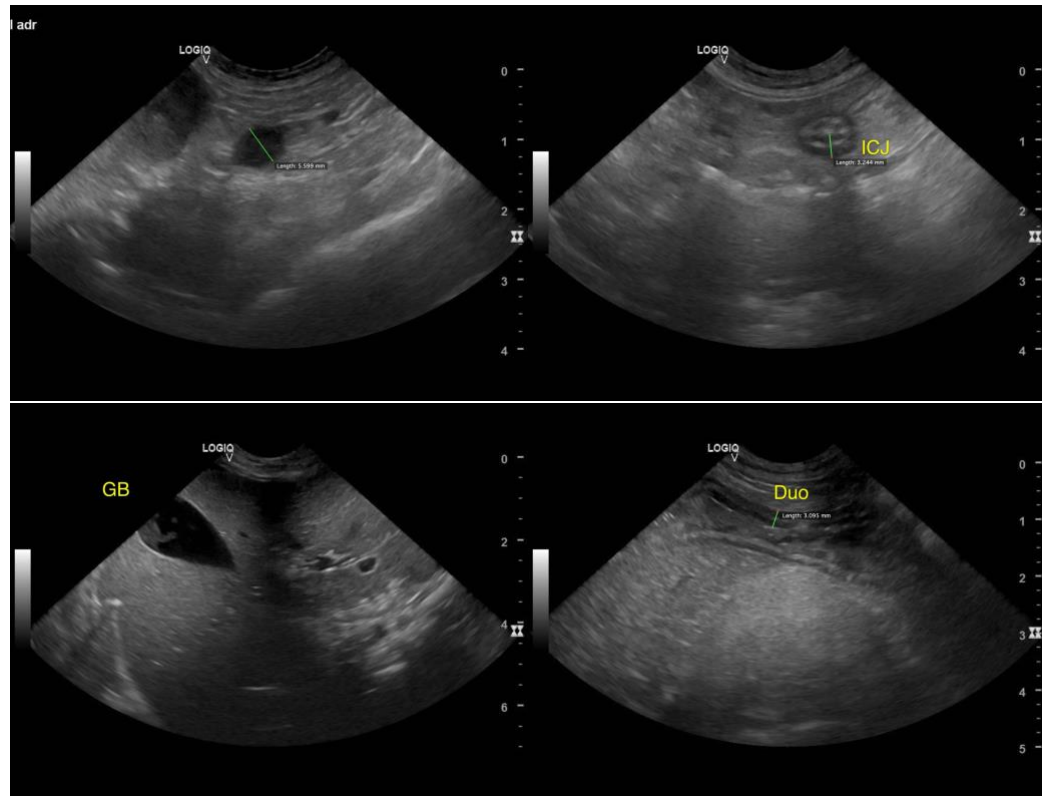
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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