



PATIENT	PRESENTING CLINICAL SIGNS
Lionel Sacco	Patient anorexic poor appetite and lethargic. Very large spleen on abdominal x rays. Patient sedated for scan butorphanol but after the spleen images were taken.
SPECIES	
Feline	Abnormal PE/Chem/CBC/UA Results: Low hematocrit with leukopenia. RBC. appear to have purple staining bodies in the cells as well as being very crenated on an in-clinic diff quick. Clin path pending attached is a picture of the RBCs.
BREED	
DSH	
SEX	
Neutered Male	
AGE	
9	
WEIGHT	
6.3 kg	
INTERPRETED BY	
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
IMAGING PERFORMED BY	
Dr. Belan	
HOSPITAL NAME	
Aspen Animal Hospital	
REFERRING VET	
Dr. Sekhon	
INVOICE	
14084	
DATE	
2/24/22	

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. Mild non-dependent, particulate to hyperechoic 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.

Normal size and margination were 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 to moderate loss of corticomodullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.1 cm in length. The right kidney measured 4.6 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.36 cm width.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.44 cm width.

Spleen

The spleen exhibited mild generalized enlargement. Multifocal, small to discrete, hypoechoic nodules were present diffusely throughout the parenchyma without associated capsule impingement or distortion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The spleen measured 1.2 cm – 1.4 cm.

Liver/ Gallbladder

The liver exhibited potential for mild generalized 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. The hepatic and portal vasculature were normal in appearance without signs of congestion.

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

Gastrointestinal



PATIENT	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. The gastric body wall measured 0.25 cm.
Lionel Sacco	
SPECIES	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. The jejunum wall measured 0.22 cm. The ileocolic wall measured 0.35 cm.
Feline	
BREED	Normal visible colon wall layers were present with apparent formed feces in lumen.
DSH	
SEX	Pancreas The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.
Neutered Male	
AGE	Free Abdomen Intermittent, enlarged mid abdominal mesenteric as well as medial iliac lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of mesenteric lymph node size was 0.38 cm width.
9	
WEIGHT	Generalized, nonspecific, mildly nonuniform, hyperechoic mesentery was present. No overt evidence of concurrent free fluid noted.
6.3 kg	
INTERPRETED BY	Possible, unspecified, small mass/lesion was noted caudal to the right kidney, potentially in the right retroperitoneal space, measuring 1.5 cm- 2.0 cm.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
IMAGING PERFORMED BY	ULTRASONOGRAPHIC FINDINGS
Dr. Belan	<ul style="list-style-type: none"> • Mild splenomegaly, exhibiting hypoechoic micronodular parenchyma • Bilateral, nonspecific chronic renal changes • Possible, unspecified small mass lesion caudal to the right kidney, possible retroperitoneal location • Generalized mid abdominal reactive to potentially inflamed mesentery with concurrent hypoechoic to swollen mesenteric and medial iliac lymphadenopathy- possible mid abdominal unspecified reactive to inflamed mesentery/peritonitis with associated mesenteric and medial iliac lymphoid hyperplasia, reactive lymphadenitis or early neoplastic lymphadenopathy • Mild urinary bladder sediment
HOSPITAL NAME	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Aspen Animal Hospital	The micronodular splenic changes may indicate age-related or benign nodular to lymphoid hyperplasia, however, concern for splenic neoplasia such as lymphoma, mast cell neoplasia or sarcoma is warranted. Assuming normal clotting status, ultrasound guided FNA of the spleen, using a 25-gauge needle, is warranted for screening cytology. Likewise, if accessible, ultrasound guided FNA of the possible unspecified mass lesion noted caudal to the right kidney could be considered. Potential for low-grade pancreatitis or structurally insignificant gastrointestinal disease may be possible. Further assessment may include GI panel, to include PLI, TLI, cobalamin and folate, pending splenic cytology. The lymph nodes are not likely large enough to warrant FNA attempt. If splenic neoplasia is confirmed, strong
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concern for potential bone marrow involvement given the CBC abnormalities. Three-view chest radiographs recommended, if not done.

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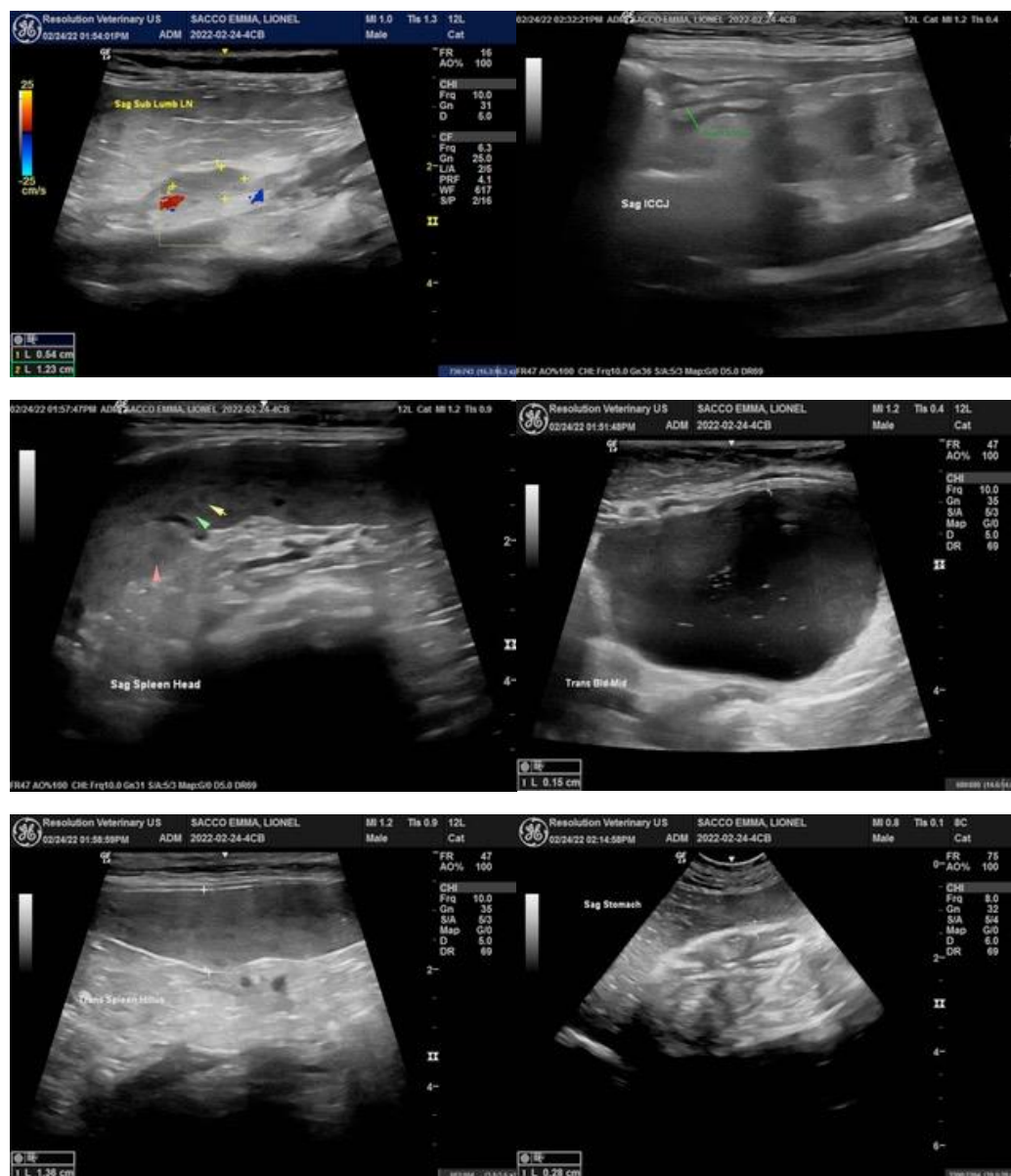
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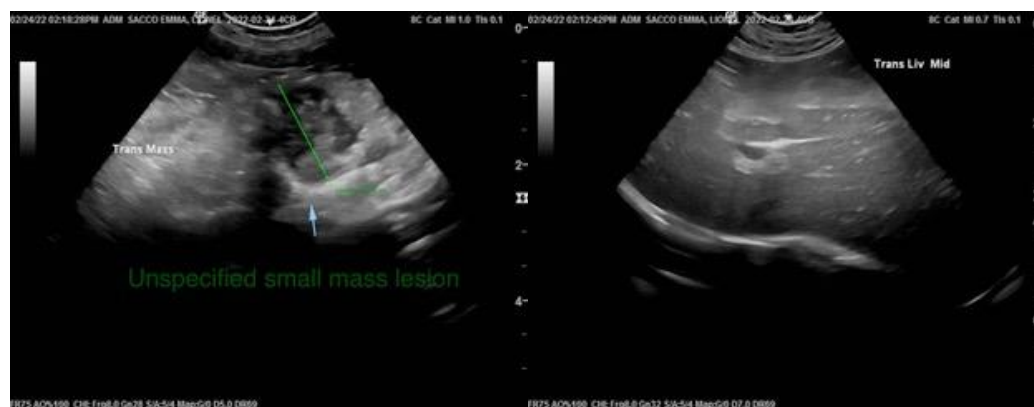
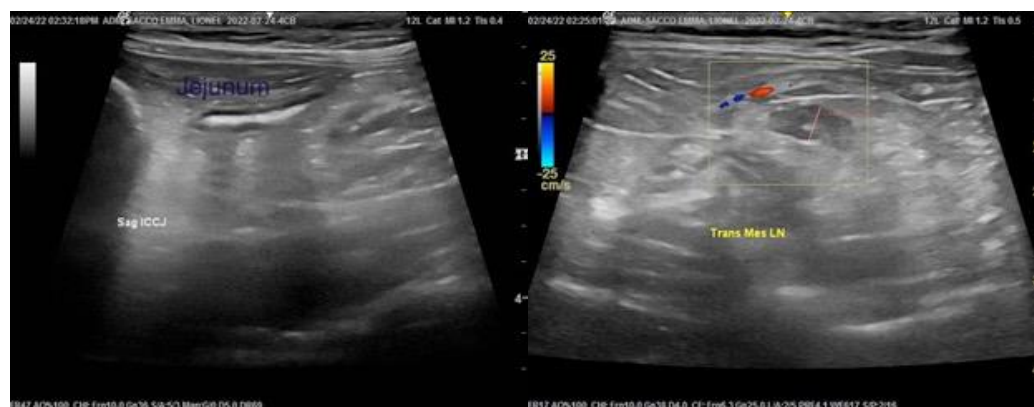
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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