



PATIENT

Frick Rafkin

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

14

WEIGHT

13

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Pascucci

HOSPITAL NAME

American Animal
Hospital

REFERRING VET

Dr. Stockmal

INVOICE

13943

DATE

02/24/26

PRESENTING CLINICAL SIGNS

- anemia
- splenomegaly
- AFAST- concern for spleen and liver
- Sedated on DKT for AUS
- eating litter- is throughout GI tract

Abnormal PE/Chem/CBC/UA Results: HCT 12.5%, WBC 18k, Neu 14.3k, MOno 1.29k, BG 190, Ca 7.5, K 3.2, USG >1.050

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 change were noted.

The area of the aortic trifurcation was free of pathology.

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 4.4 cm in length. The right kidney measured 3.9 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 0.44 cm width.

No obvious pathology in the area of the right adrenal gland.

Spleen

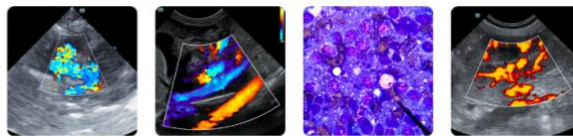
The spleen presented asymmetrically enlarged exhibiting nonhomogenous indistinctly nodular parenchyma. Example of mildly expansive splenic nodules measured 1.3 cm in diameter. The spleen measured 1.5 cm width level of the mid spleen.

Liver & Gallbladder

The liver revealed asymmetrical hepatomegaly with nonhomogenous parenchyma exhibiting multifocal to diffuse hypoechoic to mixed echogenic nodules and intraparenchymal cystic lesions. An example of nonhomogenous hepatic nodules measured 1.2 cm in diameter.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The common bile duct was not visualized.

Gastrointestinal



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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 visualized segments of small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no evidence of gastrointestinal obstructive pattern with segmental mild hyperechoic intestinal ingesta. The small intestine wall measured 0.23 cm wall width. The ileocolic wall measured 0.36 cm wall width.

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

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 was evident.

Free Abdomen

No obvious visualized significant or swollen mesenteric or medial iliac lymphadenopathy was present. Scant pockets of peritoneal effusion were observed. Mild perisplenic and perihepatic hyperechoic omentum.

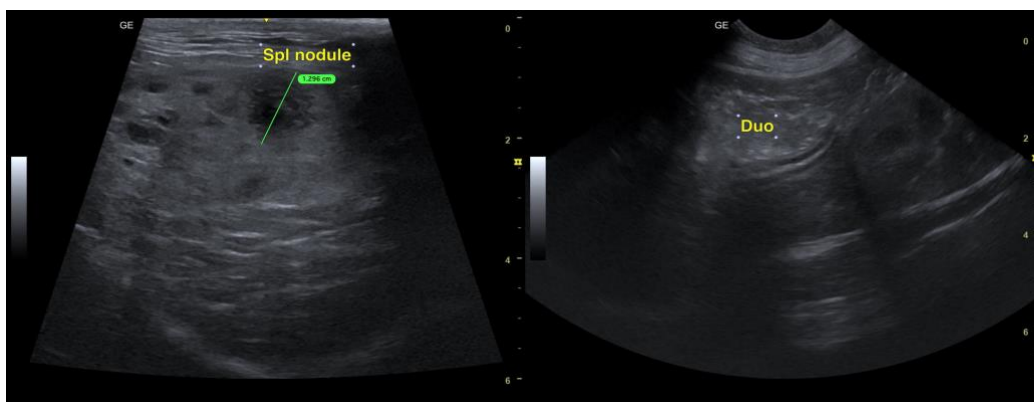
ULTRASONOGRAPHIC FINDINGS

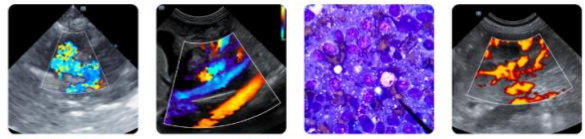
- asymmetrical splenomegaly with nonhomogenous nodular parenchyma.
- Hepatomegaly exhibiting diffuse nodular/cystic parenchyma.
- Structurally unremarkable gastrointestinal tract with mild nonobstructive gastric ingesta.
- Bilateral chronic renal changes.
- Scant peritoneal effusion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further clarification, hepatosplenic neoplastic criteria is met with considerations including multi-centric round cell neoplasia, sarcoma, or other.

Assuming normal clotting status and using a 25-gauge needle, hepatosplenic FNA cytology would be ideal for further clarification, yet likely dependent upon anemia. No evidence of mechanical gastrointestinal obstruction.





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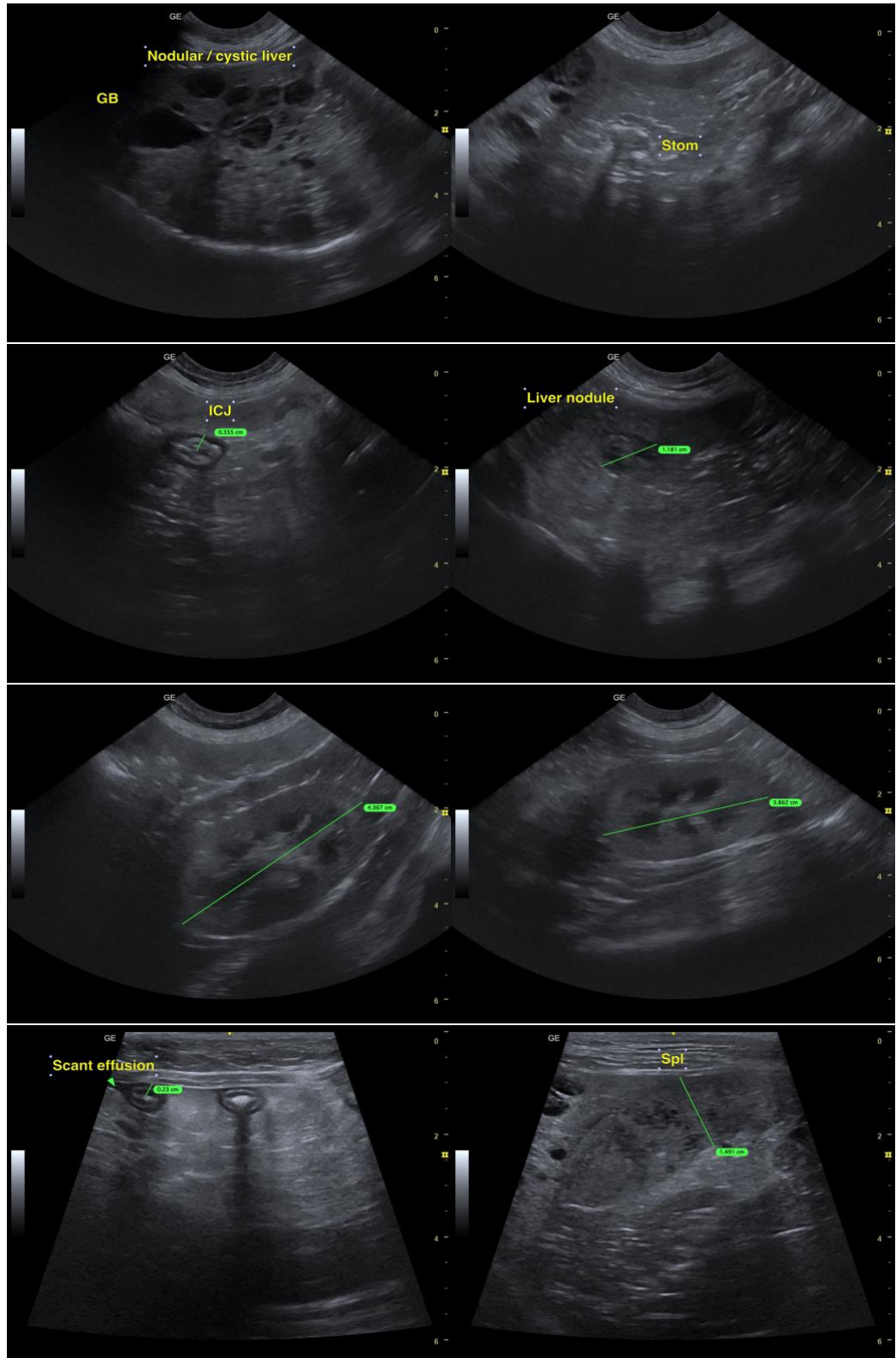
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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