



PATIENT

Jesse Lopez

PRESENTING CLINICAL SIGNS

Presented for anorexia past 3 days. Patient also lethargic and weak.

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: Bloodwork unremarkable. Radiographs show splenomegaly. Samples of spleen taken - pending results FeBart pending results

BREED

DSH

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 were noted.

SEX

Neutered Male

AGE

1 Year

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.

WEIGHT

4.45 kg

Adrenal Glands

No overt pathology in the area of the left and right adrenal glands.

INTERPRETED BY

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

Spleen

The spleen exhibited borderline enlargement with maintained symmetrical capsule contour. The spleen measured 0.90 cm in width at the level of the hilus. 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 appearance of the spleen is highly suggestive of infiltrative neoplasia such as lymphoma but may also represent benign changes such as nodular or lymphoid hyperplasia.

IMAGING PERFORMED BY

Dr. Schwanebeck

Liver

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

HOSPITAL NAME

Animal Emergency
Hospital Deland

REFERRING VET

Dr. Schwanebeck

Gastrointestinal

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.

INVOICE

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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.

DATE

3/11/23

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.



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Free Abdomen

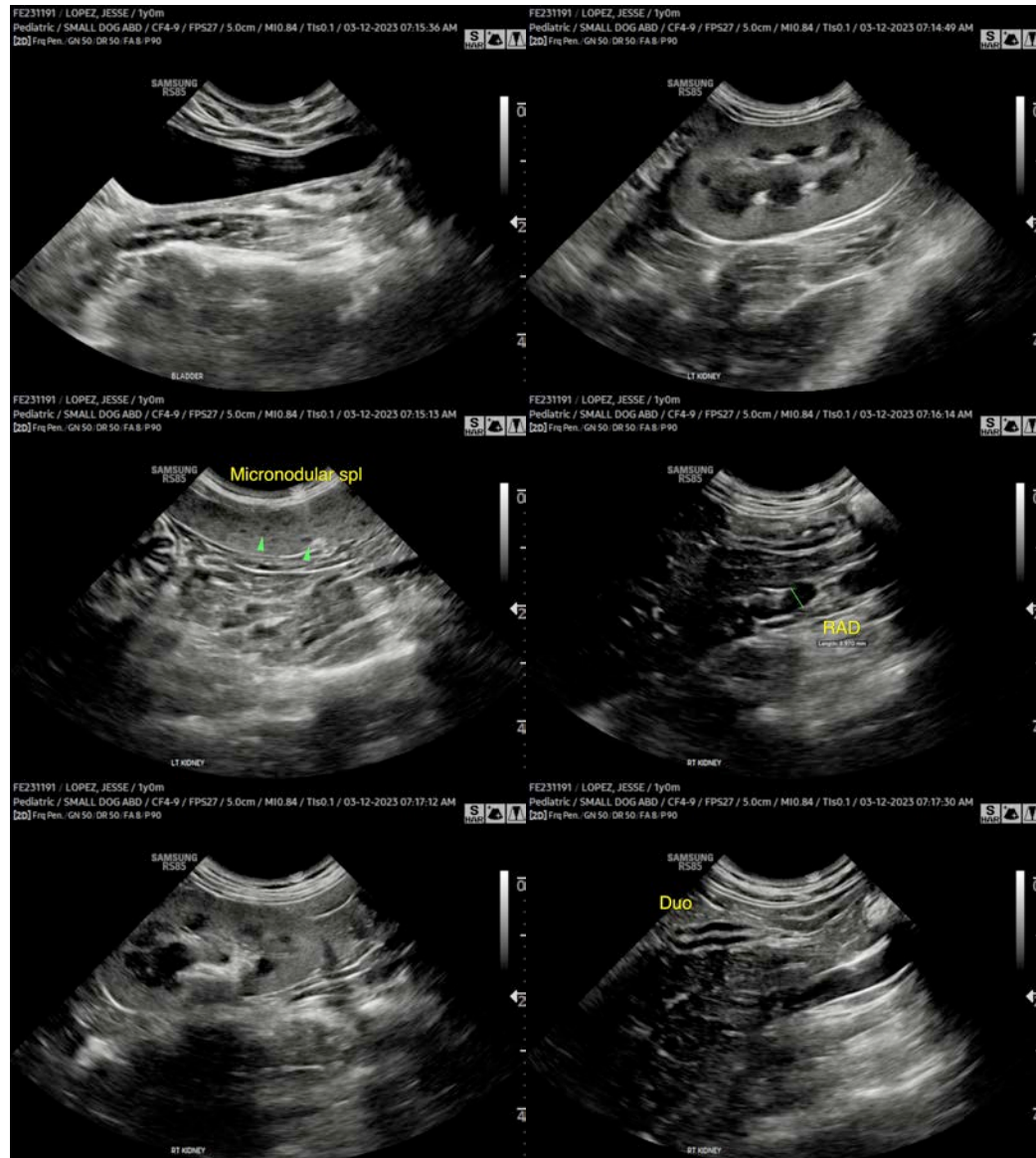
No omental masses, lymphadenopathy, or peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

- Borderline splenomegaly with subtle micronodular parenchyma - hyperplasia, hematopoiesis, splenitis, early infiltrative neoplasia (lymphoma, mast cell, other) possible
- Otherwise sonographically unremarkable abdomen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Aside from the spleen, no sonographic evidence of visceral pathology. Correlation with pending splenic cytology and infectious disease testing is recommended. Chest radiographs may be considered if not done to rule out occult pathology.





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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