



**PATIENT PRESENTING CLINICAL SIGNS**

Tobi Stoner constipation, lethargy, anorexia, dehydration, hyporexia

**SPECIES** Current Medications lactulose, gabapentin

**Feline ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED** *Urinary System*

DSH The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with very minor particulate sediment. The sediment may indicate cellular debris / protein, crystalline debris, lipid, or mucus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

**SEX** FS  
**AGE** 7yr  
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. The left kidney measured 3.3 cm in length. The right kidney measured 3.6 cm in length.

**WEIGHT** 5lb 15oz  
The area of the aortic trifurcation was free of pathology.

**Adrenal Glands**

**INTERPRETED BY** The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.23 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.38 cm width.

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

**Spleen**

**IMAGING PERFORMED BY** The spleen exhibited generalized irregular enlargement with asymmetrical capsule contour and generalized non-homogenous parenchyma. Multiple variably sized ill-defined hypoechoic nodules were present, an example measured 1.2 cm in diameter. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The spleen measured 1.5-1.6 cm in width at the level of the hilus.

Jenna Walsh CVT

**HOSPITAL NAME** *Liver/Gallbladder*

VCA Westmoreland  
AH 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 with non-organized echogenic debris. The cystic and common bile ducts were normal.

**REFERRING VET**

Dr. Baxter

**INVOICE** *Gastrointestinal*

13440ag 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.

**DATE**

04/10/2023 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.



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

Tobi Stoner **Pancreas**

**SPECIES** The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum, likely consistent with age related changes and considered incidental. No signs of active inflammation or neoplasia.

Feline

**BREED** **Free Abdomen**

No omental masses or overt lymphadenopathy was present.

DSH

Minor perisplenic free fluid was present.

**SEX**

**ULTRASONOGRAPHIC FINDINGS**

FS

- Asymmetrical enlarged non-homogenous/nodular spleen with minor perisplenic free fluid.
- Sonographically unremarkable GI tract/colon.
- Minor heterogeneous pancreas.
- Minor gallbladder debris-incidental.

**AGE**

7yr

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

5lb 15oz

Primary concern for infiltrative splenic neoplasia i.e., round cell neoplasia or other is warranted. Atypical incidental splenic hyperplasia, hematopoiesis, splenitis etc. or other non-neoplastic splenomegaly possibly yet thought less likely. No obvious evidence of additional intra-abdominal neoplastic criteria. Assuming normal clotting status and using a 25g needle, a splenic FNA for screening cytology is warranted for further assessment.

**INTERPRETED BY**

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Recheck retroviral status is suggested. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.

**IMAGING  
PERFORMED BY**

Jenna Walsh CVT

Empirical as needed GI support and continued therapy for constipation if clinically indicated would be reasonable. A spec fPL could be considered to assess for evidence of low-grade pancreatitis as a contributing factor although sonographically the appearance of the pancreas was not overtly concerning.

**HOSPITAL NAME**

VCA Westmoreland  
AH

**REFERRING VET**

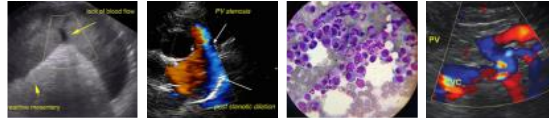
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**PATIENT**

Tobi Stoner

**SPECIES**

Feline

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**SEX**

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**AGE**

7yr

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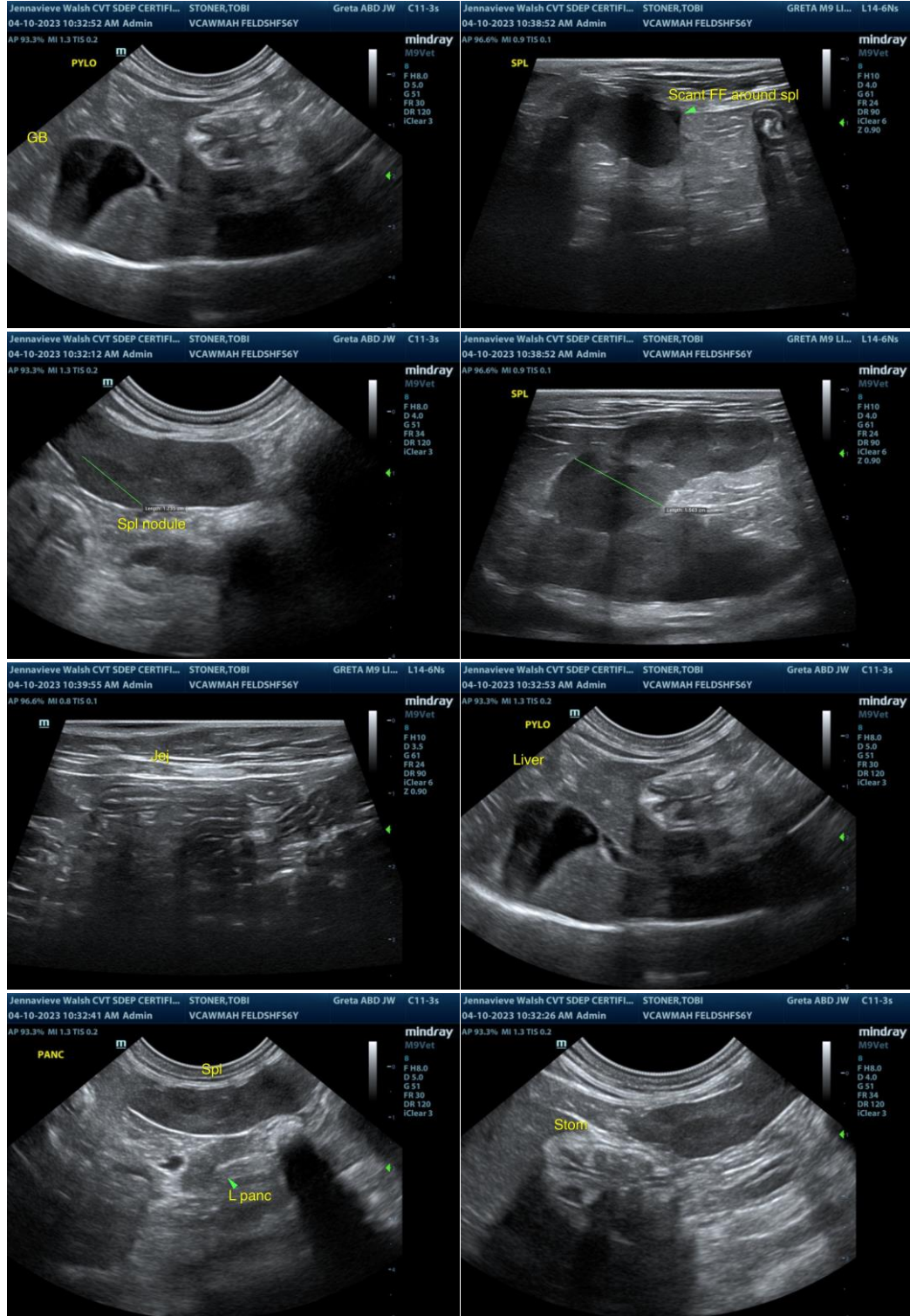
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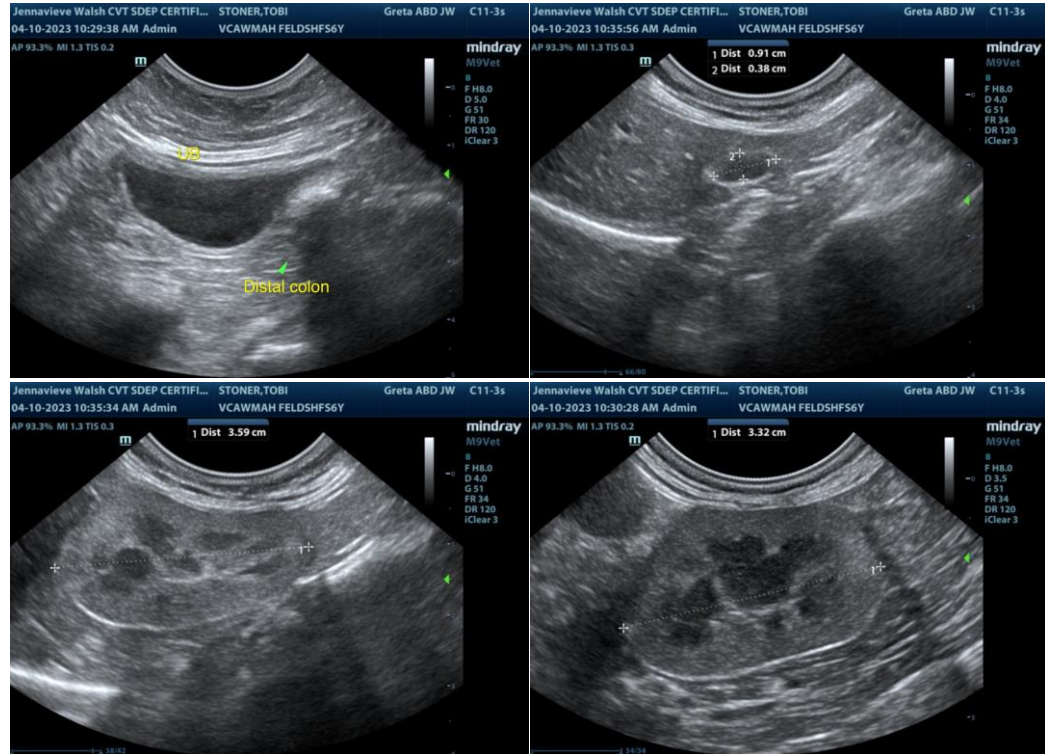
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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