



## PATIENT

Fargo Fisch

## SPECIES

Feline

## BREED

DLH

## SEX

MN

## AGE

11yr

## WEIGHT

13.2lb

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Desen Ertunc, DVM

## HOSPITAL NAME

Humboldt Veterinary  
Medical Group

## REFERRING VET

Sarah Schroer, DVM

## INVOICE

24561

## DATE

04/21/2026

## PRESENTING CLINICAL SIGNS

Reduced appetite x 7 days, weight loss 1.8lb in the last month

Abnormal PE/Chem/CBC/UA Results: PE: Febrile (104); mass at right ventral abdomen is tender with palpation Labs on 4/21: Marked non-regenerative anemia (18.5%) and thrombocytopenia (80) FeLV/FIV negative

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

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 moderate non-dependent particulate to hyperechoic sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The left kidney was not definitively visualized.

Normal renal size with asymmetrical margination was present in the right kidney. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The right kidney measured 3.8 cm in length.

The area of the aortic trifurcation was free of pathology.

### Adrenal Glands

The left and right adrenal glands were not definitively visualized.

### Spleen

Asymmetrically to markedly enlarged spleen exhibiting significant mixed echogenic parenchyma. An asymmetrically expansive to capsule deforming non-homogenous cranial splenic mass was present measuring 3.5 cm in diameter. The overall spleen measured 3.8 cm in width at the level of the mid spleen.

### Liver/Gallbladder

The liver was subjectively mildly enlarged in size. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Normal vascular volume. 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.

### Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate variably echogenic non-shadowing ingesta sonographically suggestive of food echogenicity with no signs of obstruction or foreign material.



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The visualized segments of small intestine exhibited intact mildly thickened wall layering with mild altered wall layer ratio. Empty intestinal lumen. The small intestinal wall measured 0.32 cm in width.

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

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### *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.

## BREED

DLH

### *Free Abdomen*

Generalized non-homogenous hyperechoic omentum with mild to moderate volume echogenic peritoneal effusion.

## SEX

MN

## ULTRASONOGRAPHIC FINDINGS

### Primary

- Marked splenomegaly, non-homogenous parenchyma and cranial splenic mass
- Mild non-congested hepatomegaly
- Intact thickened small intestine
- Non-homogenous hyperechoic omentum and echogenic peritoneal effusion

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### Secondary

- Right kidney chronic changes
- Moderate urine sediment

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The spleen is consistent with diffuse neoplastic criteria with considerations including sarcoma, round cell neoplasia or other. Multicentric neoplasia potentially involving the liver, small intestine and omentum is suspected. Further assessment may include assuming normal clotting status using 25gauge needle and with Benadryl pretreatment, splenic FNA cytology and effusion analysis. Unfortunately, an unfavorable prognosis is indicated.

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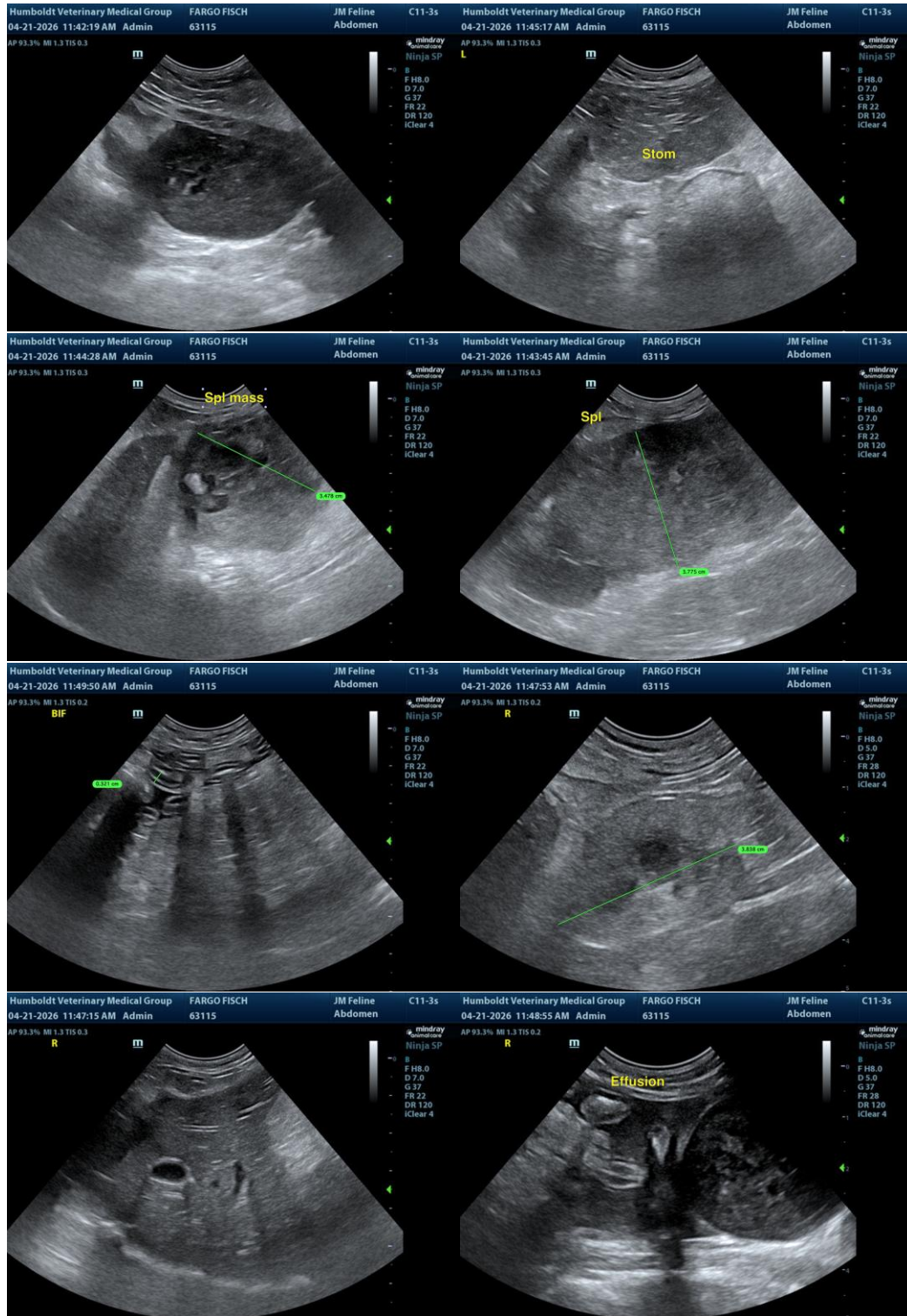
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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[info@sonopath.com](mailto:info@sonopath.com)

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