



**PATIENT**

Nala Dilillo

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

4 years

**WEIGHT**

8.14 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

Hackettstown AH

**REFERRING VET**

Dr. Dana Nause

**INVOICE**

16715

**DATE**

4/28/23

**PRESENTING CLINICAL SIGNS**

MM pale, large stomach and spleen on x-ray (attached). R/O Neoplasia vs FB vs other. No current meds.

Abnormal PE/Chem/CBC/UA Results: RBC 3.11, HCT 20.6, HGB 6.5, RETIC 56.1, Manual PCV 21%, Felv/Fiv-Neg

**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 was noted.

The area of the aortic trifurcation was free of pathology.

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 3.7 cm in length. The right kidney measured 3.6 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 0.42 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.49 cm width.

**Spleen**

The spleen exhibited moderate generalized enlargement yet primarily maintained a symmetrical capsule contour and primarily finely textured homogeneous parenchyma. Normal splenic vascularity was noted. A small, nondisruptive, centrally hyperechoic to peripherally hypoechoic cranial splenic nodule was present measuring 0.37 cm in diameter.

**Liver/ Gallbladder**

The liver presented subjective mild enlarged in size. 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 subnormal in size owing to the presence of gastric ingesta. Suspect bilobed gallbladder, which is a normal variant in a cat. The cystic and common bile ducts were normal.



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***Gastrointestinal***

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate shadowing ingesta. No evidence of mechanical pyloric outflow obstruction was noted. The stomach was otherwise normal.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Mild segmental nonshadowing ingesta was noted with no evidence of an obstructive pattern.

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 were evident.

***Free Abdomen***

No omental masses or overt omental lymphadenopathy were noted. Minor primarily perisplenic effusion was noted.

**ULTRASONOGRAPHIC FINDINGS**

- Moderate splenomegaly with possible nondisruptive cranial target lesion-like nodule
- Mild nonspecific hepatomegaly
- Mild perisplenic effusion
- Subnormal gallbladder with potential for bilobed gallbladder - normal variant in a cat
- Moderate strongly shadowing gastric ingesta
- Sonographically unremarkable small bowel with concurrent segmental nonshadowing ingesta

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Assuming normal clotting status, using a 25-gauge needle and with recommended Benadryl pretreatment, hepatosplenic FNA cytology is recommended for further clarification. Concern for infiltrative round cell splenic and possible hepatic neoplasia is warranted, although not definitive.

The shadowing gastric ingesta may correlate with recent meal ingestion. However, if documented NPO, some degree of metabolic or functional gastric stasis or gastric foreign material / hairball density cannot be excluded. If clinically indicated, monitoring for gastric emptying following documented 12/hour fast may be considered.

A guarded prognosis is warranted pending recommended hepatosplenic sampling, which is considered essential for further clarification.



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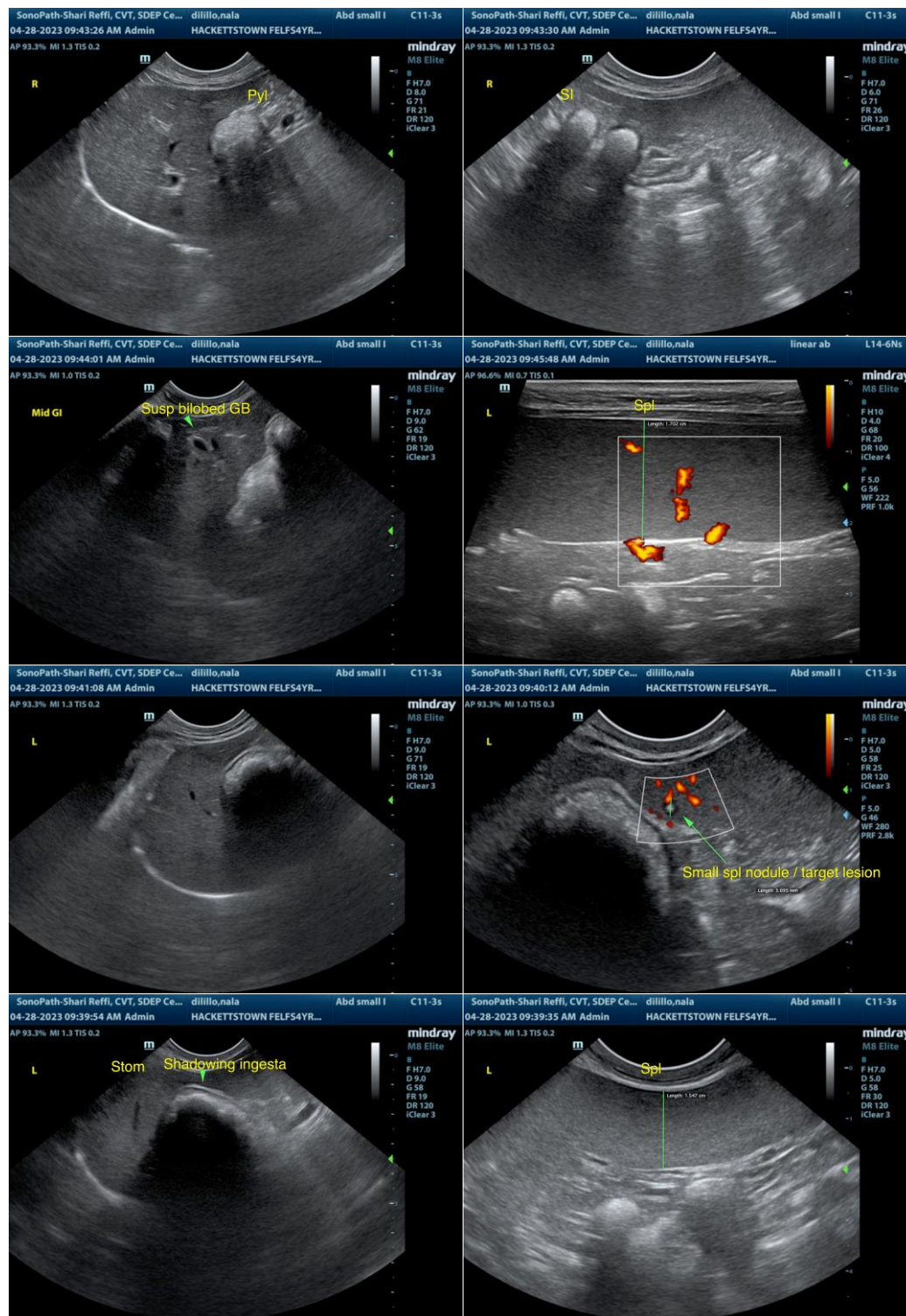
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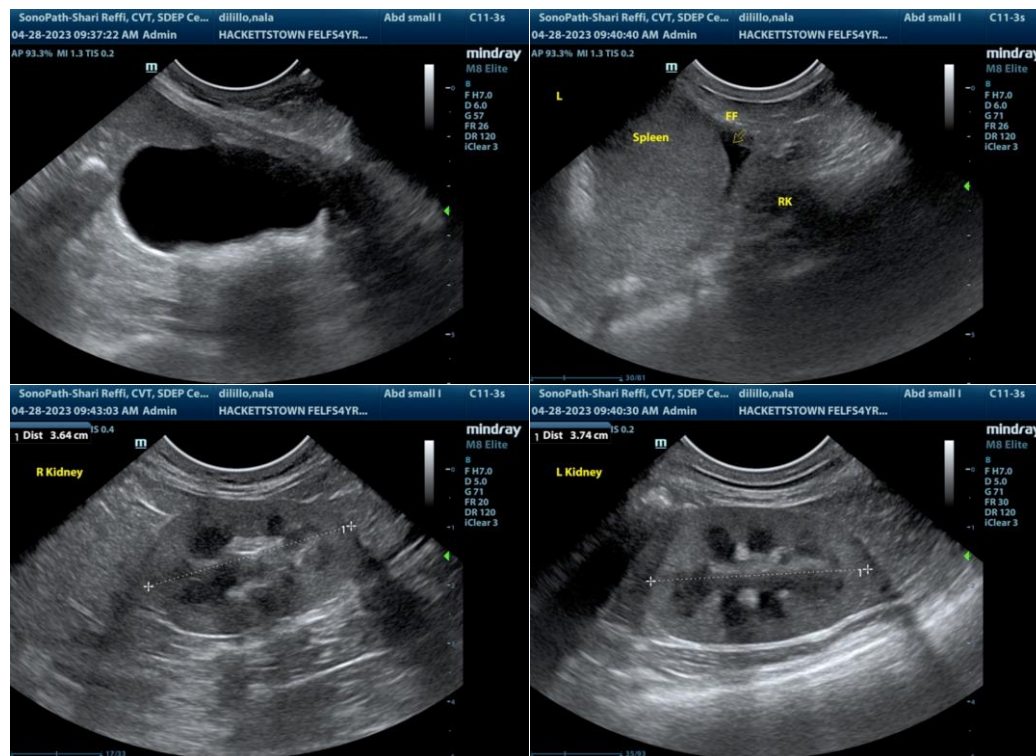
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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