



PATIENT

PT Phillips

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

10.5 Years

WEIGHT

Not Provided

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Rachel Gray

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Rachel Gray

INVOICE

15599

DATE

04/30/26

PRESENTING CLINICAL SIGNS

Pt presented for rDVM transfer for blood transfusion. Was seen at rDVM for anorexia. Concern for free fluid in abdomen and splenic mass. O has been gone for approx. 1 month - Pt was being watched by housekeeper. Pt stopped eating Tuesday. Indoor only. No known chronic conditions. No known toxins.

CBC: RBC 4.19 (L), HCT 16.1 (L), HGB 5.1 (L), reticulocytes 91.8 (H), WBC 19.71 (H), neut 16.89 (H), monos 0.92 (H), eos 0.09 (L), PLT 113 (L) Manual platelet count: 150K Chem17: Glu 179 (H), BUN 11 (L), Creat 1.0 (N), Albumin 2.7 (N), globulin 4.4 (N), ALT 29 (N), ALP 105 (N), Tbilli 1.0 (H) Lytes: Cl- 112 (L normal), K+ 4.3 (N), Na+ 153 (N) SDMA: 5 (N, rr 0.8-4.7) T4: 1.8 (N) UA: USG >1.050, pH 7.0, urine pro 30, bilirubin 3, urobilin 12, WBC <1/HPF, RBC <1/HPF, suspected cocci Bacterial confirmation: Negative for bacteria FPL: 1.8 (N, rr 0.8-4.7)

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.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.3 cm in length. The right kidney measured 3.6 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

The spleen presented markedly enlarged exhibiting asymmetrical contour and heterogeneous nodular splenic parenchyma with splenic cysts versus areas of cavitation. Mild perisplenic hyperechoic omentum and mild volume of peritoneal effusion. The spleen measured 3.5 cm width.

Liver & Gallbladder

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 minor biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

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.



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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.

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 omental lymphadenopathy was present.

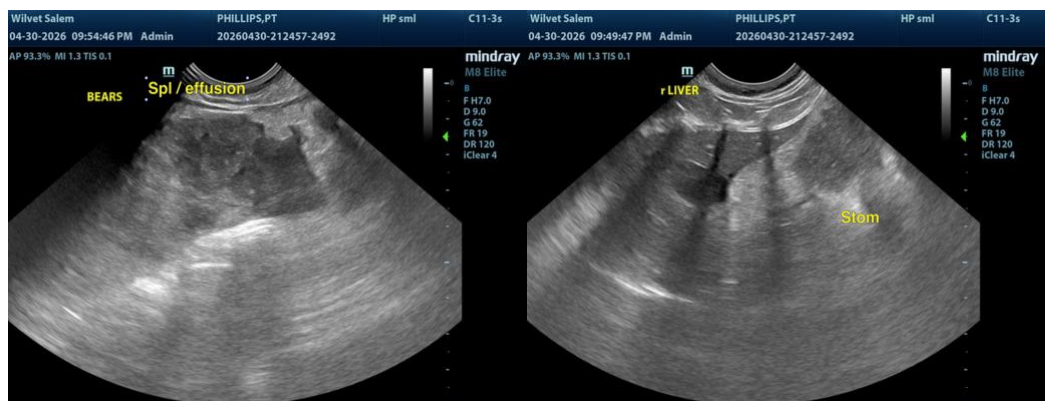
ULTRASONOGRAPHIC FINDINGS

- Markedly enlarged nonhomogenous nodular cystic versus cavitated spleen.
- Normal liver.
- Minor gallbladder debris.
- Mild volume of peritoneal effusion.
- Mild chronic renal changes.
- Normal visualized gastrointestinal tract.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The spleen is consistent with neoplasia with considerations including sarcoma, round cell neoplasia or other. Obvious sonographic evidence of additional major organ primary or metastatic neoplastic criteria or definitive lymphadenopathy was not evident. Potential for early perisplenic micro-metastatic omental seeding or non-visualized metastasis is not definitively excluded.

Further assessment may include (assuming normal clotting status and adequate hematocrit/platelet count) splenic FNA cytology using a 25-gauge needle and correlation with effusion analysis is recommended for further clarification and potential for oncology consult. Three view chest radiographs are recommended if not done.





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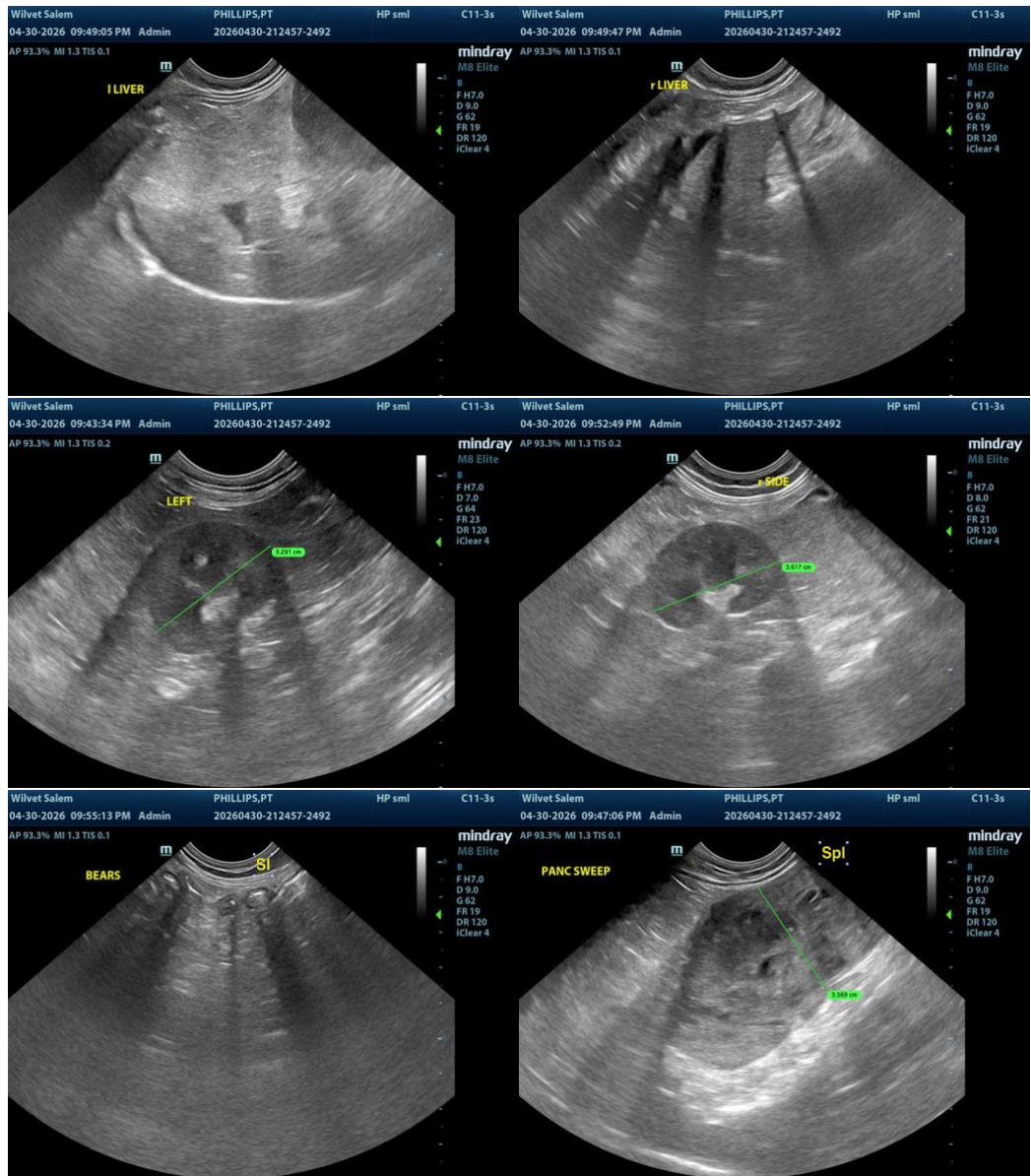
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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