



PATIENT

Kronk Springer

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

9 years

WEIGHT

10.3 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Alex Emerson DVM

HOSPITAL NAME

Animal Clinic of
Casselberry

REFERRING VET

Alex Emerson DVM

INVOICE

13976

DATE

6/1/22

PRESENTING CLINICAL SIGNS

Examined for recurrence of swelling on side of face that was seen (and resolved with Tx, per O) a week earlier at ER and treated with dex SP inj and Convenia. On exam, abnormal palpation of abdomen. O noted weight loss. Was 18# august 2021.

Abnormal PE/Chem/CBC/UA Results: Marked lymphocytosis, mild monocytosis. Normal Serum chemistry

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 4.2 cm in length. The right kidney measured 3.9 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

The spleen exhibited marked generalized enlargement with areas of lateral and medial capsule asymmetry. Finely textured homogeneous parenchyma was maintained with decreased splenic parenchyma echogenicity. No distinct masses or nodules were noted. The spleen measured 2.0 cm width at the level of the hilus.

Liver/ Gallbladder

The liver exhibited subjective mild generalized enlargement. 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 non-distended in size with 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 was empty with no signs of ileus, obstruction, or foreign material. The gastric body wall width measured 0.25 cm.



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The small intestine presented intact wall layering was maintained with subjective segmental altered muscularis/mucosa ratio owing to mildly prominent mucosa and muscularis layers. The jejunum wall width measured 0.27 cm. No overt evidence of pathology was noted, including no evidence of masses at the ileocolic junction, which measured 0.33 cm wall width.

The colon exhibited intact wall layering with generalized mild colonic distention containing semi-formed to soft feces.

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

Multiple mesenteric lymph nodes were present, including hepatic and likely gastro-jejunocolic lymph nodes. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of mild perilymphatic to generalized reactive mesentery was evident. An example of lymph node size was 2.0 cm x 0.6 cm. Mild volume peritoneal free fluid was present.

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ULTRASONOGRAPHIC FINDINGS

- Marked splenomegaly - consistent with infiltrative round cell neoplasia
- Suspect concurrent enteropathy with intact yet segmental mild altered wall layering
- Multiple, mild yet variably enlarged hypoechoic mesenteric lymph nodes
- Mild volume peritoneal free fluid

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, splenic FNA using a 25-gauge needle is recommended for screening cytology. Strong concern for multicentric round cell neoplasia involving the spleen, likely small intestine and mesenteric lymph nodes. Potential early hepatic involvement is strongly suspected although sampling is required for further clarification.

CBC Pathology review with potential for flow cytometry, given the marked lymphocytosis, could also be considered. Guarded prognosis pending additional diagnostics and oncology consultation.



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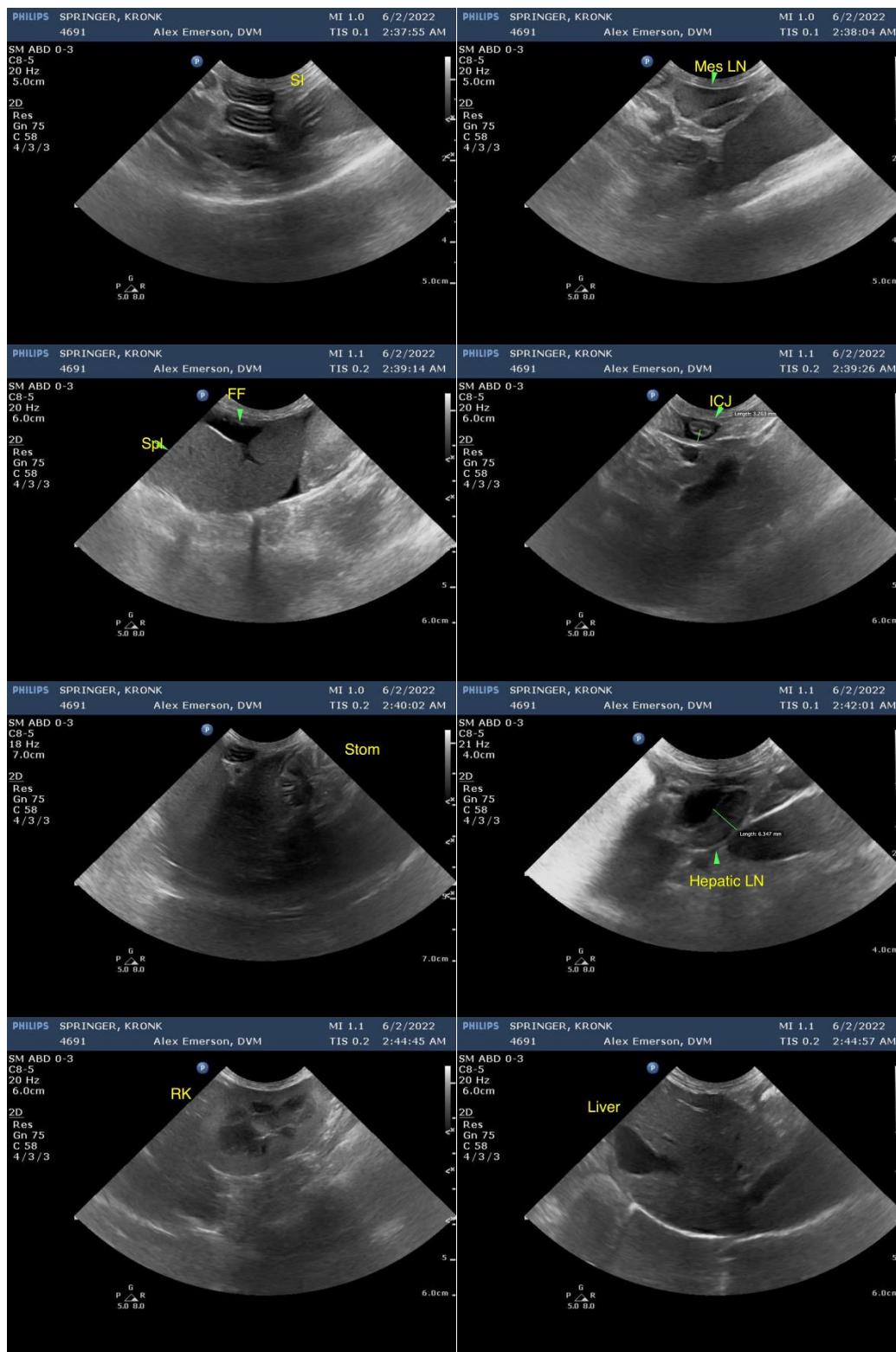
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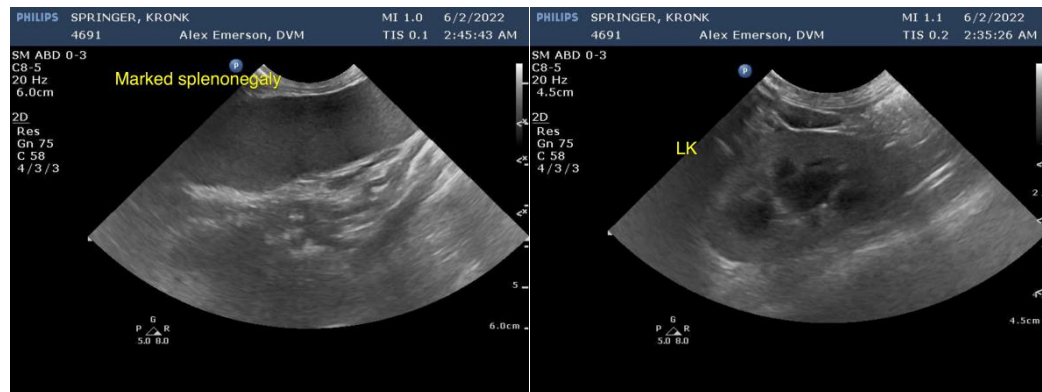
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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