



**PATIENT**

Ren Pouncey

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

11 years

**WEIGHT**

6 lbs.

**PRESENTING CLINICAL SIGNS**

rads show possible intra abdominal mass; not on any meds.  
Abnormal PE/Chem/CBC/UA Results: tbili 1.4, all else wnl. thyroid normal. UA n/a

**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. Primarily anechoic urine was present in the lumen. Mild, nondependent, particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

No evidence of pathology in the area of the aortic trifurcation.

Normal size and margination were 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. Pinpoint medullary mineral was noted. No evidence of pelvic dilation was present. The left kidney measured 3.6 cm in length. The right kidney measured 4.0 cm in length.

**INTERPRETED BY**

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

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.39 cm width. No overt pathology was noted in the area of the right adrenal gland.

**IMAGING PERFORMED BY**

Diane McFadden

**Spleen**

The spleen exhibited regional enlargement primarily owing to mild to moderately expansive nonhomogeneous, hypoechoic mass lesion measuring ~3.5 cm x 2.1 cm. The overall splenic width at the mid-spleen measured 2.1 cm.

**HOSPITAL NAME**

Morris Hills VC

**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. Normal hepatic vascular volume was noted. 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.

**REFERRING VET**

Dr. Hirshenson

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**Gastrointestinal**

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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 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.



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**Pancreas**

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Mildly prominent left pancreatic limb was present with mild capsule asymmetry exhibiting heterogeneous mildly hypoechoic parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

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**Free Abdomen**

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Regional mild increased peri splenic omentum with focal peri splenic omental lymphadenopathy was present. Scant effusion was noted primarily in the left abdomen.

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**ULTRASONOGRAPHIC FINDINGS**

- Regional splenomegaly with nonhomogeneous hypoechoic splenic mass lesion
- Subjective mild hepatomegaly, sonographically unremarkable gallbladder
- Mild chronic renal changes
- Mildly prominent heterogeneous left pancreas
- Mild peritoneal effusion and mild peri splenic lymphadenopathy

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

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

Although pending sampling is required for further assessment and potential definitive diagnosis, regional splenomegaly with mass lesion is consistent with neoplastic criteria, i.e., sarcoma, round cell neoplasia such as lymphoma, mass cell disease, or other. Potential for early multicentric neoplasia with potential for early hepatic or regional peri splenic lymph node involvement is possible, i.e., lymphomatosis, mastocytosis, or similar.

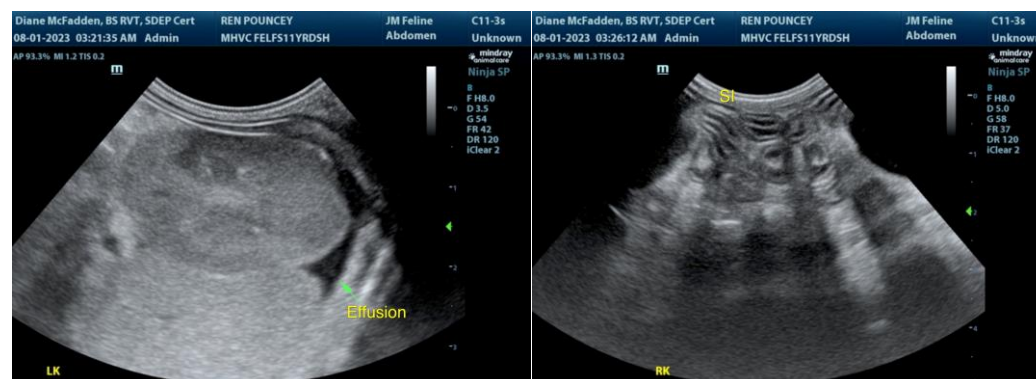
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Three-view chest radiographs are recommended pending splenic cytology. An oncology consult for possible chemotherapeutic intervention may be considered.

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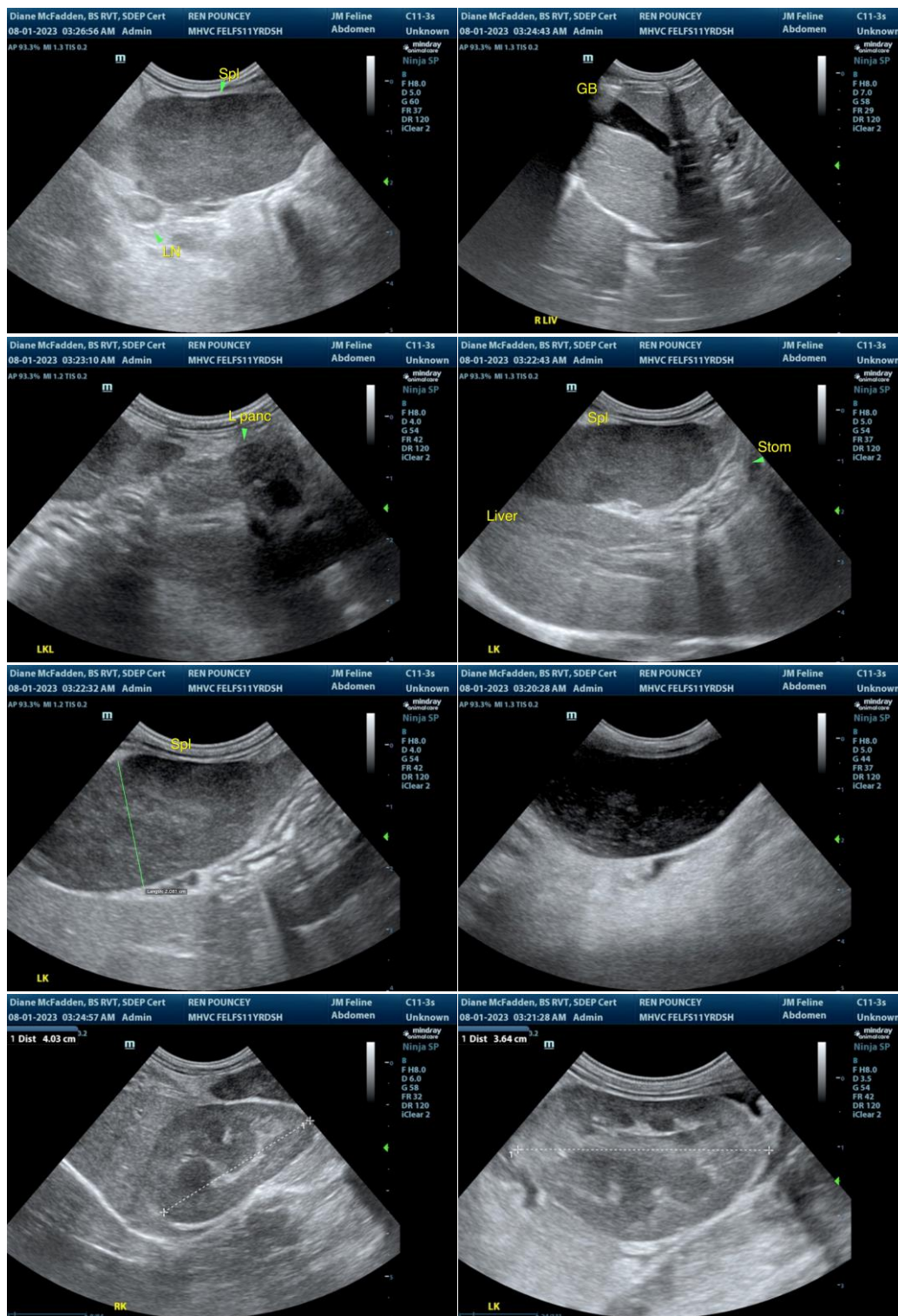
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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

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