



**PATIENT PRESENTING CLINICAL SIGNS**

Zena Crutcher

**SPECIES**

Feline

**BREED**

DLH

**SEX**

Spayed Female

**AGE**

13 Years

**WEIGHT**

10.6

1. Lethargy/inappetence with frequent vomiting 2. Hx of squamous cell carcinoma (hypoglossal region, very small since surgical excision/biopsy) 3. Moderate dental tartar/calculus with moderate gingivitis 4. Marked splenic enlargement 5. Anemia on previous labwork 6. Otherwise no major abnormalities noted  
Convenia 8 mg/kg once yesterday, Cerenia 2 mg/kg once yesterday  
Radiographic Findings Marked splenic enlargement  
Abnormal PE/Chem/CBC/UA Results: - CBC - significant anemia (HCT 15.7%, HGB 5.2, RBC 3.23), neutropenia (Neu 2.03), eosinopenia (0.04), otherwise wnl - Chemistry - mild hypocalcemia (8.4), TG <10, otherwise wnl - SDMA - high at 27 ug/dL - T4 - normal at 2.6 ug/dL

**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 were noted.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The right kidney measured 3.9 cm. The left kidney measured 3.5 cm.

**INTERPRETED BY**

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

**Adrenal Glands**

No overt pathology in the area of the left and right adrenal gland.

**Spleen**

The spleen presented generalized enlargement with reduced echogenicity and coarse echotexture. The capsule contour was rounded and asymmetrical or scalloped. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The spleen measured 2.77 cm in width at the level of the hilus. Regional perisplenic reactive mesentery was noted along with small pockets of primarily perisplenic to perihepatic free fluid.

**Liver**

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 mild, echogenic, nonmineralized 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 stomach contained a mild to moderate amount of retained anechoic fluid.

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. Duodenum exhibited prominent walls with indistinct wall layering and generalized mild duodenal ileus. Duodenum wall

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<b>PATIENT</b>	measured 0.38 cm in width. Jejunum and ileum to the level of the ileocolic junction exhibited intact wall layering with subjective propensity for mildly prominent jejunoileal muscularis layer. Jejunum wall measured 0.30 cm.
Zena Crutcher	
<b>SPECIES</b>	Normal visible colon wall layers were present with apparent formed feces in lumen.
Feline	<b>Pancreas</b>
<b>BREED</b>	The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.
DLH	
<b>SEX</b>	<b>Free Abdomen</b>
Spayed Female	No evidence of intraabdominal lymphadenopathy. Rapid view of the heart revealed no overt evidence of pericardial effusion or pathology.
<b>AGE</b>	<b>PRIMARY FINDINGS</b>
13 Years	<ul style="list-style-type: none"> <li>Marked splenomegaly – infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia, or other favored). Splenitis, hyperplasia, hematopoiesis possible yet considered less likely.</li> </ul>
<b>WEIGHT</b>	<ul style="list-style-type: none"> <li>Associated perisplenic reactive mesentery and minor primarily perisplenic to perihepatic free fluid</li> <li>Hypomotile stomach</li> <li>Probable enteropathy with segmental duodenojejunal ileus</li> </ul>
10.6	
<b>INTERPRETED BY</b>	<b>SECONDARY FINDINGS</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none"> <li>Mild chronic renal changes</li> </ul>
<b>IMAGING PERFORMED BY</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
Jenna Walsh	Ultrasound guided FNA of the spleen was obtained for screening cytology without complication. The overall appearance of the gastrointestinal may suggest concurrent and generalized inflammation with gastric and segmental duodenojejunal hypomotility. However, if a neoplastic process is confirmed in the spleen, potential early gastrointestinal involvement may be possible. Pending splenic cytology, oncology consult would be suggested if a neoplastic process is confirmed. Empirically, continued as needed gastrointestinal support is recommended.
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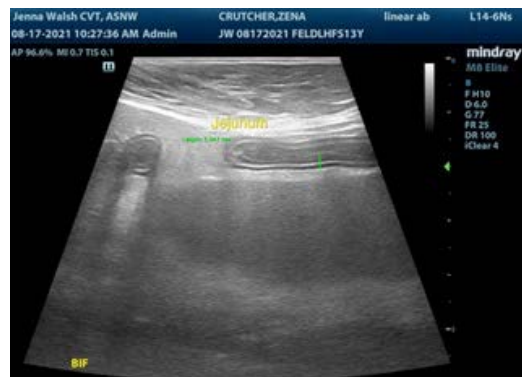
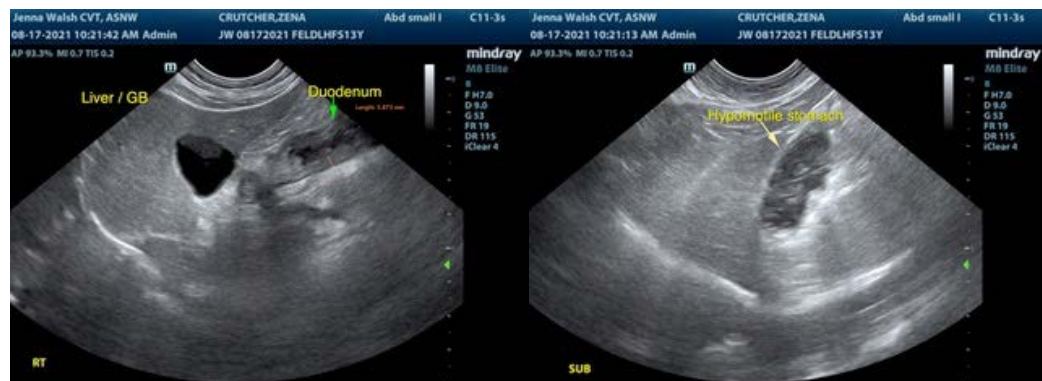
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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