



PATIENT

Fara Moody

PRESENTING CLINICAL SIGNS

Possible mass near cranial abd.

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: wbc 40.9, lymph 10, neut 88, rbc 5.9, plt 129, abs mono 818, abs neuts 35992, hgb 8.5, hct 27, alb 4.3, ck 799, TP 9.0, Na/K ratio 31

BREED

Bengal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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.

SEX

FS

The left kidney was mildly subnormal in size measuring 2.7 cm. The right kidney measured 3.5 cm in length. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and minor loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. A cortical infarct was present in the lateral left kidney.

AGE

9yr

The area of the aortic trifurcation was free of pathology.

WEIGHT

9.5lb

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.

INTERPRETED BY

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

Spleen

A mass involving the mid to cranial spleen with secondary asymmetrical capsule expansion and disruption was present and measured ~ 6-7 cm in diameter. The parenchyma of the mass was heterogeneous to mixed echogenic with areas of cavitation. The non-affected spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Regional omental inflammation was present around the mass. No evidence of rupture.

IMAGING PERFORMED BY

Shari Reffi CVT

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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

HOSPITAL NAME

Summit Dog and Cat
Hospital

REFERRING VET

Dr. Vogler

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.

INVOICE

11385ag

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.

DATE

08/17/2022

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas



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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.

SPECIES

Feline

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

BREED

Bengal

ULTRASONOGRAPHIC FINDINGS

- Cavitated splenic mass
- Secondary-left kidney mild subnormal size with chronic changes and lateral cortical infarct

SEX

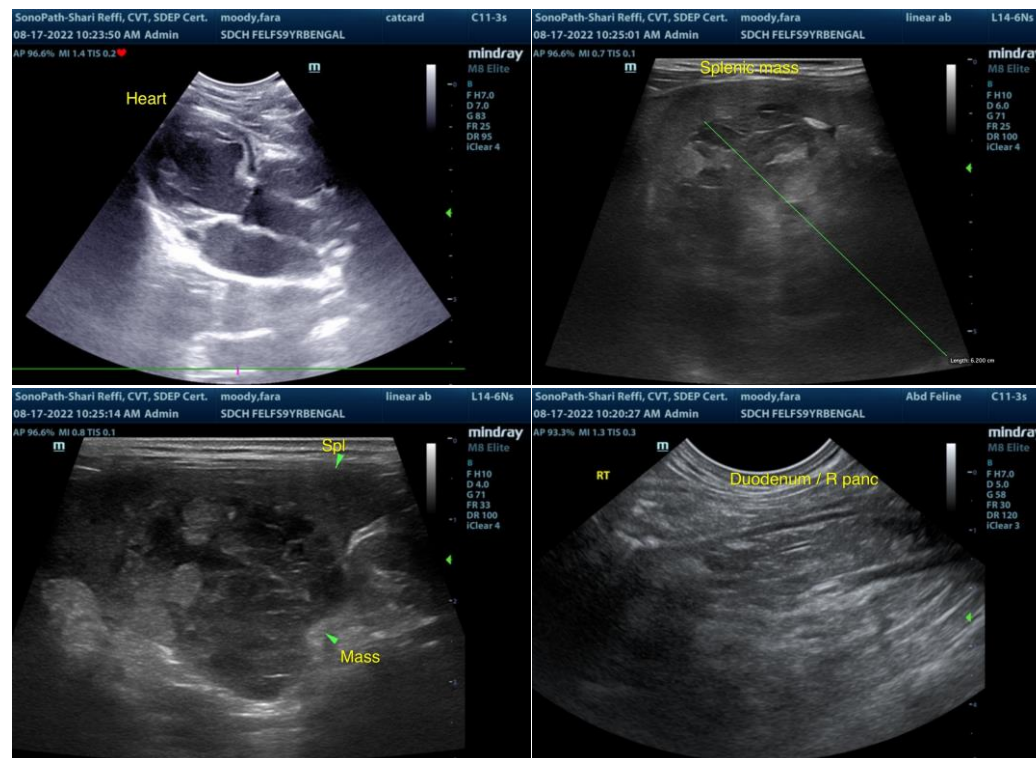
FS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although histopathology is required for definitive diagnosis, the splenic mass is suggestive of neoplastic criteria. Benign pathologies considered less likely. No overt evidence of perisplenic, intra-abdominal or cardiac metastasis was observed. Assuming no thoracic pathology in three view chest radiographs, laparotomy with splenectomy, gross inspection of the omentum and major abdominal organs could be considered. A guarded prognosis pending splenic mass histopathology.

WEIGHT

9.5lb



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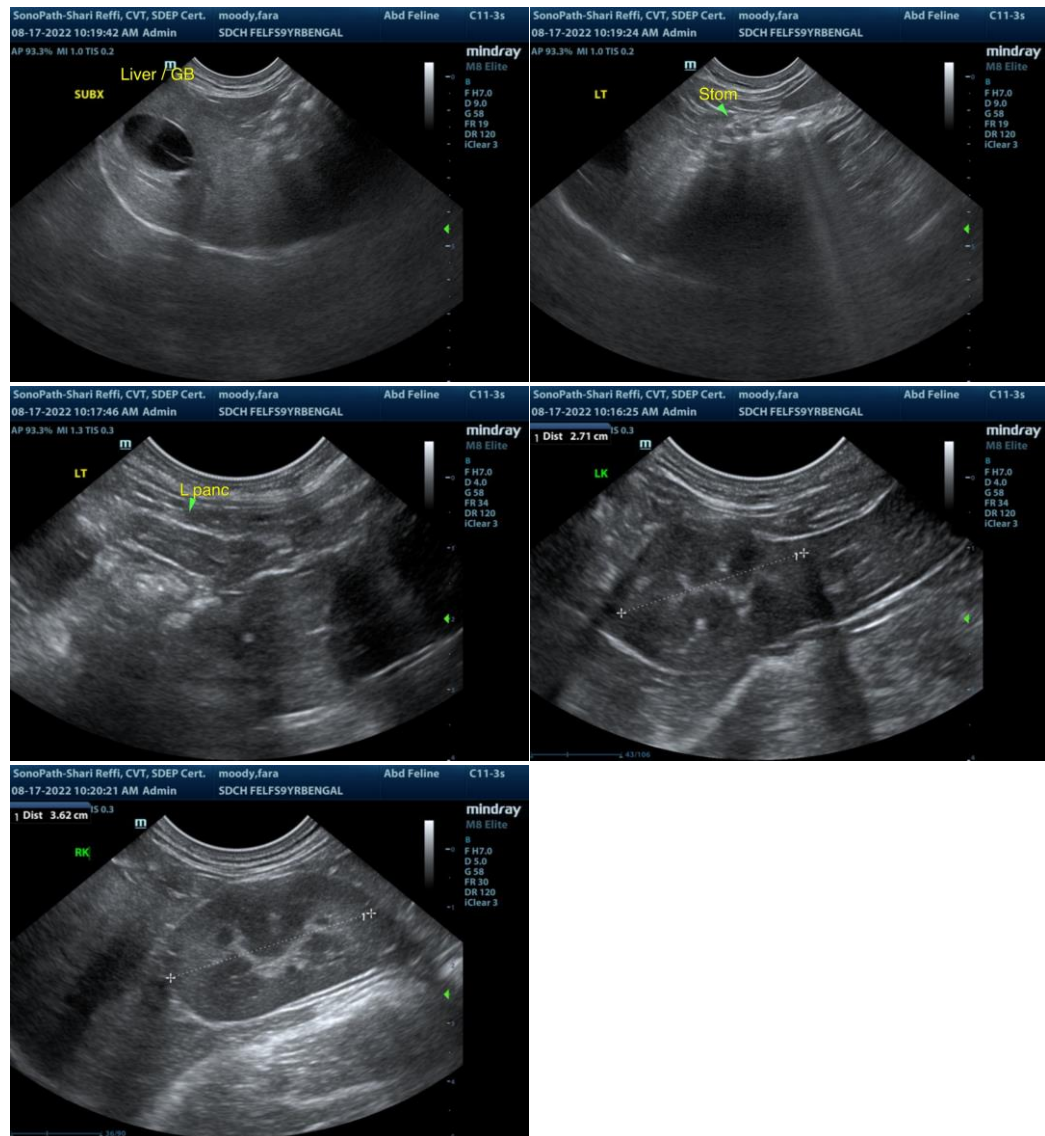
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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