



PATIENT

Cortana Fluetter

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

18

WEIGHT

9

INTERPRETED BY

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

IMAGING PERFORMED BY

Marco Lichfield

HOSPITAL NAME

Dr. Robert Sova

REFERRING VET

Dr. Robert Sova

INVOICE

14886

DATE

8/23/23

PRESENTING CLINICAL SIGNS

Anemia, possible abdominal mass palpated on exam.
Abnormal PE/Chem/CBC/UA Results: Cholesterol 256, RBC 5.6, WBC 7.5, HCT 25%

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.

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. No evidence of pelvic dilation was present. The left kidney measured 3.5 cm in length. The right kidney measured 3.5 cm in length.

Adrenal Glands

The left and right adrenal glands were overtly normal in size, position, and shape. The left adrenal gland measured 0.41 cm width and the right adrenal gland measured 0.38 cm width.

Spleen

The spleen exhibited generalized to variable enlargement with areas of mild capsule asymmetry and mild splenic parenchyma heterogeneity with splenic folding. The intact spleen measured 1.5 up to 2.0 cm width.

Liver/ Gallbladder

The liver was subjectively mildly enlarged in size yet primarily maintained symmetrical capsule contour with generalized mild parenchymal remodeling. Lobar biliary tree dilation was noted with potential for multifocal, small, hepatic intraparenchymal cysts. Overtly normal to adequate hepatic vascular volume was noted. The gallbladder was mildly distended in size containing anechoic content. The mid to common bile duct exhibited mild to moderate tortuous dilation containing anechoic content without overt post hepatic obstruction. The common bile duct measured 0.45 cm diameter. The area of the duodenal papilla was not definitively visualized.

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 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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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.

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Free Abdomen

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Small to moderately sized, mildly irregular, nonhomogeneous mass was present in the mid-abdomen primarily in the area of the spleen measuring ~4.0 cm in diameter. No overt or significant omental lymphadenopathy was present. There was no evidence of peritoneal effusion.

SEX

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- Splenomegaly with splenic folding

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- Nonhomogeneously irregular primarily area of the spleen
- Hepatomegaly exhibiting subjective lobar biliary tree dilation

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- Mildly distended gallbladder with mild to moderate tortuous proximal to mid common bile duct dilation
- Mild chronic renal changes

ULTRASONOGRAPHIC FINDINGS

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The confirmed intrabdominal mass is most likely of splenic origin, given its location. The potential for non-splenic origin of the mass impinging upon the generalized enlarged spleen cannot be excluded yet is thought less likely. Infiltrative splenic neoplastic criteria is considered probable. FNA cytology of the intact spleen, as well as the mass, using a 25-gauge needle and assuming normal clotting status could be considered for further clarification.

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Although no reported hepatic enzyme elevations or icterus in this patient, the common bile duct dilation, mildly distended gallbladder, and evidence of lobar biliary tree dilation may suggest mild to chronic post hepatic obstruction.

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Assuming no evidence of pathology on three view chest radiographs, abdominal CT would likely be ideal for further clarification if surgical options are a possibility in this patient.

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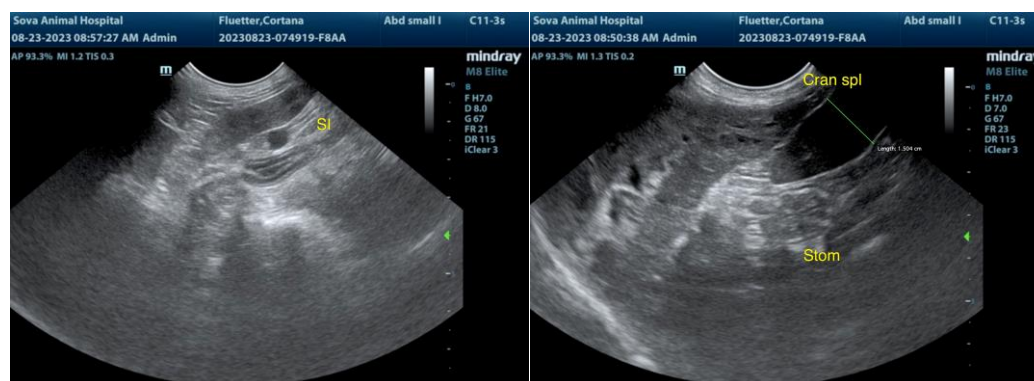
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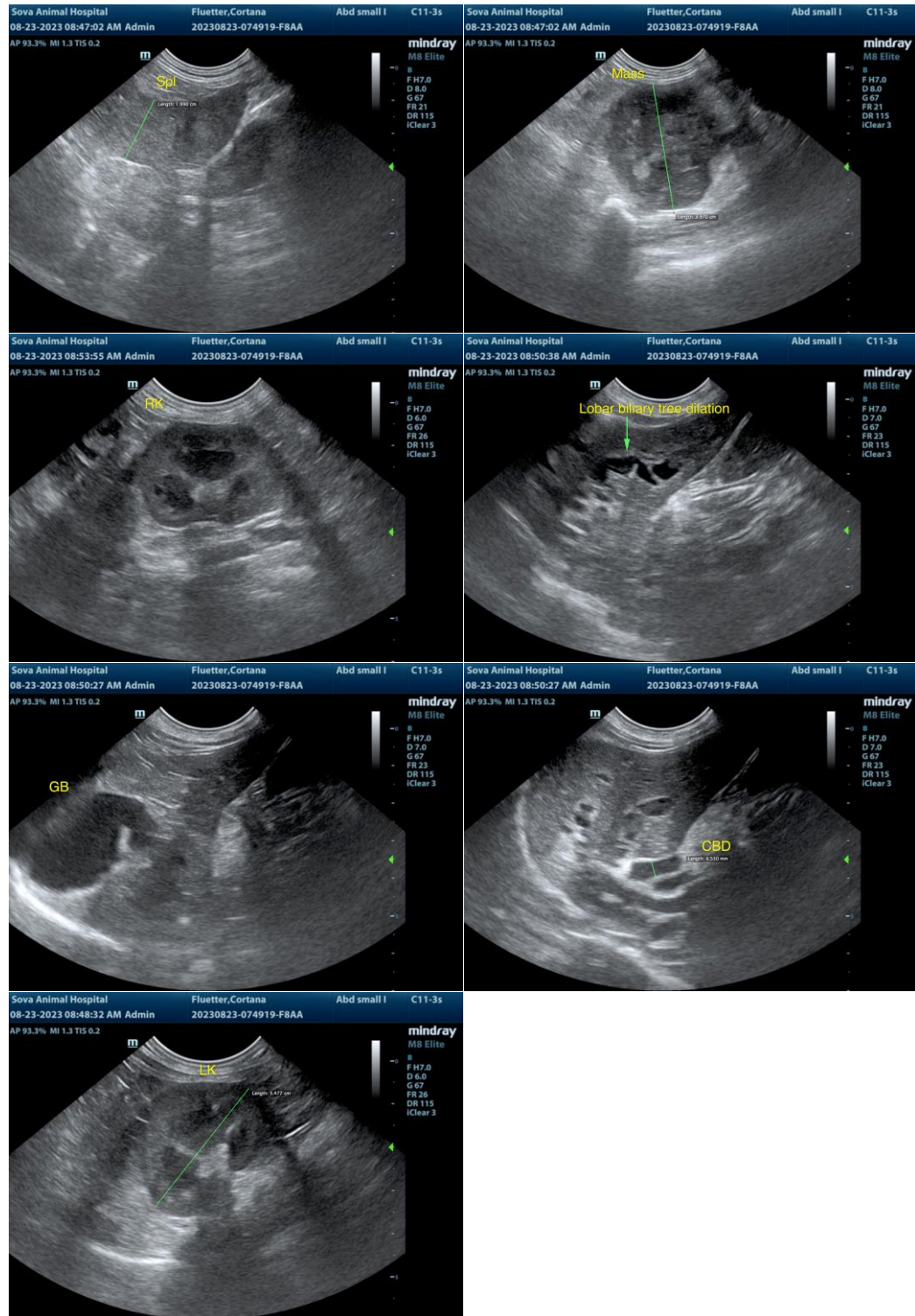
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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