

**PATIENT**

Lion Zwecher

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

13 yrs

**WEIGHT**

9.87 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kelly Vazquez

**HOSPITAL NAME**

Cresskill AH

**REFERRING VET**

Dr. I. Rachleff

**INVOICE**

14709

**DATE**

8/25/22

**PRESENTING CLINICAL SIGNS**

Suspected sarcoma on right stifle. Splenic nodule seen on survey radiographs from referral hospital. Met check negative. On Gabapentin; CBC/Chem: pending

**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 iliac trifurcation was free of pathology including no evidence of medial iliac or sublumbar lymphadenopathy/masses.

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 3.2 cm in length. The right kidney measured 3.7 cm in length.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.32 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.41 cm width.

**Spleen**

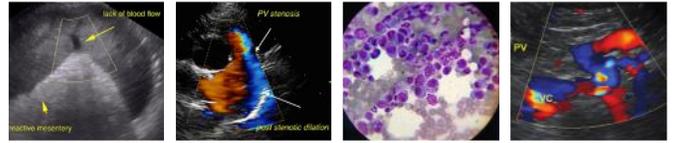
The spleen exhibited generalized enlargement with regional mid to caudal parenchymal swelling. Areas of mild capsule asymmetry and distortion associated with the regional parenchymal swelling within the mid to caudal spleen were present. Mildly expansive, mild nonhomogeneous, hyperechoic nodule measuring 1.8 cm x 1.4 cm was noted. The area of splenic parenchymal swelling measured approximately 3.5 cm x 1.9 cm. Generalized mild decreased to nonhomogeneous splenic parenchyma was noted. Normal splenic vascularity was present.

**Liver/ Gallbladder**

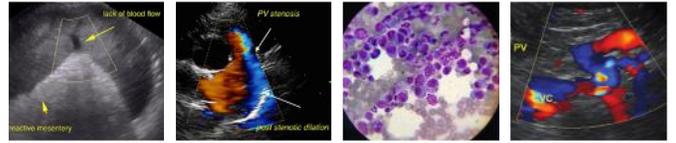
The liver exhibited mild generalized enlargement with normal structure and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. No hepatic masses or nodules were noted. The gallbladder was non-distended in size containing mild nondependent, mildly hyperechoic gallbladder debris. The gallbladder and common bile duct were otherwise 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.



<b>PATIENT</b>	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.
Lion Zwecher	
<b>SPECIES</b>	Normal visible colon wall layers were present with apparent formed feces in lumen.
	<b><i>Pancreas</i></b>
Feline	The pancreas was normal in size with areas of minor capsule asymmetry and mild hypoechoic to nonhomogeneous parenchyma compared to adjacent omentum. Minor pancreatic duct dilation was present.
<b>BREED</b>	
DSH	
<b>SEX</b>	<b><i>Free Abdomen</i></b>
MN	No omental masses or lymphadenopathy were noted. Small pockets of scant anechoic free fluid were noted around the liver, between liver lobes, and in the caudal abdomen dorsal to the urinary bladder. The omentum exhibited uniform echogenicity.
<b>AGE</b>	
13 yrs	<b>ULTRASONOGRAPHIC FINDINGS</b>
<b>WEIGHT</b>	<ul style="list-style-type: none"> <li>• Generalized splenomegaly exhibiting regional mid to caudal parenchymal swelling and nonspecific nodule</li> <li>• Mild hepatomegaly exhibiting minor parenchymal remodeling</li> <li>• Mild gallbladder debris</li> <li>• Bilateral chronic renal changes</li> <li>• Heterogeneous to mildly hypoechoic pancreas</li> <li>• Scant peritoneal free fluid</li> </ul>
9.87 lbs.	
<b>INTERPRETED BY</b>	<b><u>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</u></b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The splenic presentation including the nodule were nonspecific with considerations including hyperplasia, hematopoiesis, splenitis, myelolipoma, and primary vs. metastatic neoplasia. Concern for emerging splenic primary vs. metastatic criteria, given this presentation, is warranted yet not definitive.
<b>IMAGING PERFORMED BY</b>	Assuming normal clotting status splenic, as well as screening hepatic, FNA, using a 25-gauge needle, is recommended for cytology and further assessment. Correlation with pending CBC / Chemistry panel is recommended. Sonographic monitoring of the spleen, as well as for evidence of increasing peritoneal free fluid, would be a more conservative approach.
Kelly Vazquez	
<b>HOSPITAL NAME</b>	
Cresskill AH	
<b>REFERRING VET</b>	
Dr. I. Rachleff	
<b>INVOICE</b>	
14709	
<b>DATE</b>	
8/25/22	



**PATIENT**

Lion Zwecher

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

13 yrs

**WEIGHT**

9.87 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kelly Vazquez

**HOSPITAL NAME**

Cresskill AH

**REFERRING VET**

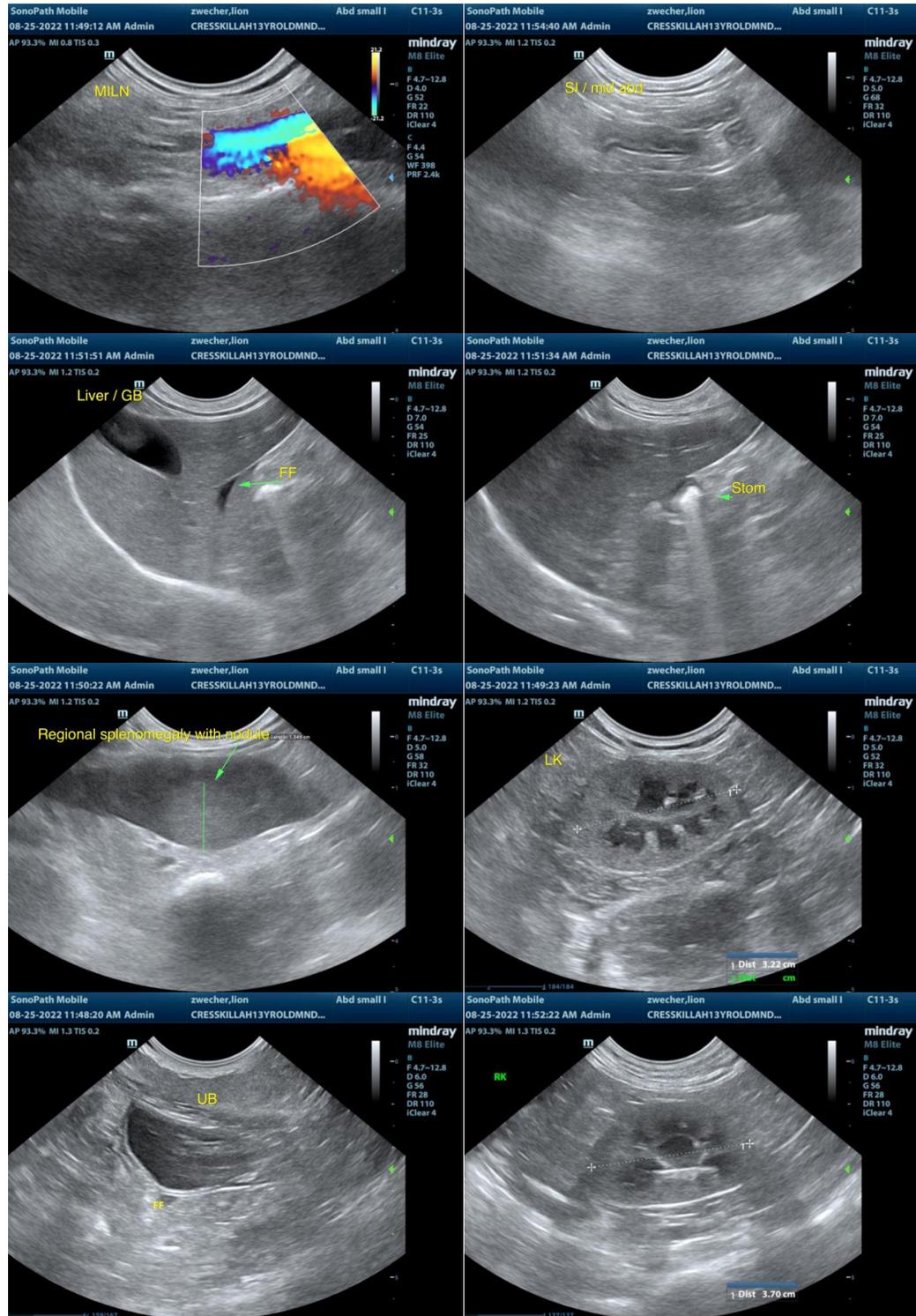
Dr. I. Rachleff

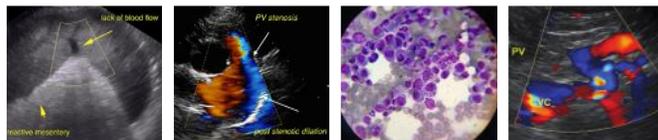
**INVOICE**

14709

**DATE**

8/25/22





**PATIENT**

Lion Zwecher

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

13 yrs

**WEIGHT**

9.87 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kelly Vazquez

**HOSPITAL NAME**

Cresskill AH

**REFERRING VET**

Dr. I. Rachleff

**INVOICE**

14709

**DATE**

8/25/22



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