



**PATIENT PRESENTING CLINICAL SIGNS**

Anna Frankenfield Decreased weight, not eating very well. Scratching at ears. Only thing found on PE was LU molar painful and dental tarter. Medication: Convenia injection

**SPECIES** Abnormal PE/Chem/CBC/UA Results:

Fleine **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED** *Urinary System*

DSH 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** The left kidney was subnormal in size compared to the right. 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 2.8 cm in length. The right kidney measured 3.2 cm in length.

2009 The area of the aortic trifurcation was free of pathology.

**WEIGHT** *Adrenal Glands*

5.75 No overt pathology in the area of the left adrenal gland.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.36 cm width.

**INTERPRETED BY** *Spleen*

R. McKenzie Daniel, DVM, DABVP (Canine and Feline) The spleen exhibited intermittent mildly expansive hypoechoic nodules which appeared to distort the associated capsule without evidence of parenchymal escape. An example measured 1.0 cm in diameter. Normal size and contour were observed in the non-nodular spleen. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Overall splenic size measured 0.43 cm width at the level o the hilus.

*Liver*

**HOSPITAL NAME** The liver exhibited generalized enlargement with multiple variably sized to expansive irregular hypoechoic intraparenchymal masses, an example measuring 4.4 cm x 2.0 cm. Scant pockets of perihepatic free fluid were noted. The hepatic and portal vasculature were normal in appearance without signs of congestion.

Blue Ridge VC

**REFERRING VET** The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. Potential for gallbladder caudal displacement owing to adjacent intraparenchymal masses. The cystic and common bile ducts were normal.

Dr. Filchner

**INVOICE** *Gastrointestinal*

11700ag 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 gastric body wall measured 0.25 cm in width.

**DATE**  
09/26/2022



**PATIENT**

Anna Frankenfield

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. The small intestinal wall measured 0.20 cm in width.

**SPECIES**

Feline

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

**Pancreas**

The left pancreatic limb exhibited mild prominent size, swollen contour and hypoechoic parenchyma. The visible pancreatic duct was normal.

**BREED**

DSH

**Free Abdomen**

Intermittent well-defined ovoid to hypoechoic mesenteric lymph nodes were present. Possible ill-defined irregular hypoechoic lymph node in the mid to cranial abdomen with potential for emerging mesenteric mass/lesion was present. Regional hyperechoic to nonuniform mesentery in the mid to cranial abdomen around the irregular lymph node/emerging omental mass lesion was present as well as around the pancreas and stomach.

**SEX**

FS

Scant pockets of perihepatic to peritoneal free fluid were noted.

**AGE**

2009

**ULTRASONOGRAPHIC FINDINGS**

- Mildly expansive splenic nodules
- Variably sized non-homogeneous liver masses
- Hypoechoic to prominent left pancreas
- Irregular hypoechoic mesenteric lymphadenopathy vs possible emerging mesenteric mass/lesion, associated non-uniform mesentery

**WEIGHT**

5.75

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Although sampling is required for further assessment the hepatic masses, expansive splenic nodules and associated mesenteric lymphadenopathy with potential for emerging mesenteric mass lesion is consistent with multicentric neoplastic criteria. Assuming normal clotting status, hepatic mass and splenic nodule FNA for cytology and possible oncology consult may be considered. Potential for concurrent pancreatitis possible while emerging pancreatic neoplastic criteria cannot be definitively excluded.

**IMAGING PERFORMED BY**  
Rebekah Jakum, CVT  
ARDMS/RVT

**HOSPITAL NAME**

Blue Ridge VC

**REFERRING VET**

Dr. Filchner

**INVOICE**

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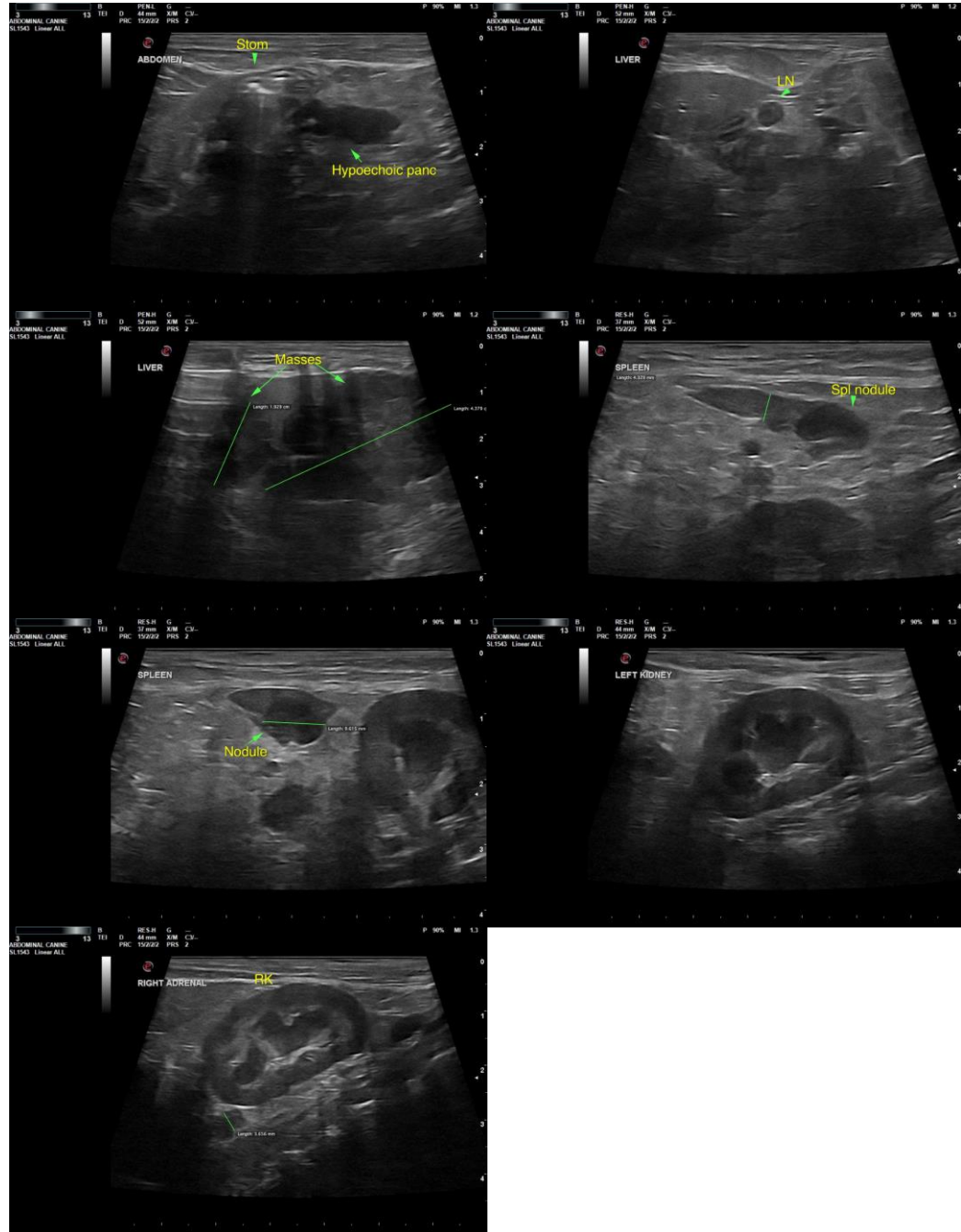
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)  
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**SPECIES**

Feline

**BREED**

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**SEX**

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**AGE**

2009

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