



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Angel Kourouglos	Anemia, weight loss, weakness, decreased appetite. Very thin body condition. Current med: mirtazapine.
<b>SPECIES</b>	Abnormal PE/Chem/CBC/UA Results: HCT 10, PLT 93, ALP 8, amylase 1579, BUN 111, Phos. 10.7, creat. 5.1.
Feline	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
<b>BREED</b>	<b>Urinary System</b>
DMH	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.
<b>SEX</b>	The left kidney was subnormal in size compared to the right kidney and normal renal size for the species with marked chronic degenerative corticomedullary changes and subtle pyelectasia. The left kidney measured 2.0 cm.
Spayed Female	The right kidney was normal in size and contour. 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. Mild pyelectasia was noted with subtle non-obstructive distention of the collecting duct.
<b>AGE</b>	<b>Adrenal Glands</b>
17 Years	The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.46 cm in width. No overt pathology in the area of the left adrenal gland measured.
<b>WEIGHT</b>	<b>Spleen</b>
6.84 Pounds	The spleen exhibited regional enlargement, subjectively involving the mid to caudal spleen with asymmetrical splenic contour and parenchymal expansion. Generalized non-homogeneous to nodular splenic parenchyma was noted. The spleen is suspected to be extending caudally into the peritoneal cavity with a caudal splenic mass effect measuring approximately 6.6 cm x 3.5 cm. The mid to caudal spleen not involved in the probable caudal splenic mass measured up to 2.7 cm in width. Regional perisplenic reactive mesentery was noted along with small pockets of scant peritoneal free fluid.
<b>INTERPRETED BY</b>	<b>Liver</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The liver was subjectively normal in size, 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. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.
<b>IMAGING PERFORMED BY</b>	
Kelly Vazquez	
<b>HOSPITAL NAME</b>	
Glen Rock VH	
<b>REFERRING VET</b>	
Dr. Stekler	
<b>INVOICE</b>	<b>Gastrointestinal</b>
25264	The stomach presented intact wall layering with a normal wall layer ratio. Mild to moderate retained anechoic fluid was present in the stomach, which may suggest metabolic gastric hypomotility or stasis.
<b>DATE</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.
9/9/21	



**PATIENT**

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

Angel Kourouglos

**Pancreas**

**SPECIES**

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.

Feline

**Free Abdomen**

**BREED**

No overt lymphadenopathy.

DMH

Rapid view of the heart revealed no overt evidence of pericardial effusion or tumors.

**SEX**

**PRIMARY FINDINGS**

Spayed Female

- Subnormal left kidney size with moderate to chronic degenerative changes
- Right kidney moderate chronic changes with mild pyelectasia
- Probable variable yet significant mid to caudal splenomegaly with generalized non-homogeneous nodular parenchyma and extension into the caudal abdomen with suspect caudal splenic mass.
- Associated perisplenic reactive mesentery and small pockets of scant peritoneal free fluid

**AGE**

17 Years

**SECONDARY FINDINGS**

- Mild gastric hypomotility

**WEIGHT**

6.84 Pounds

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

The splenomegaly with caudal splenic mass lesion is consistent with neoplasia such as sarcoma, lymphoma, mast cell neoplasia, or other. Minor potential for non-splenic origin of the caudal abdominal mass possible, yet considered less likely. Assuming normal clotting status, and with Benadryl pre-treatment, ultrasound guided FNA of the spleen including the caudal abdominal mass using 25-gauge needle could be considered for screening cytology with potential for oncology consult. 3-view chest radiographs recommended.

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

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Kelly Vazquez

**HOSPITAL NAME**

Glen Rock VH

**REFERRING VET**

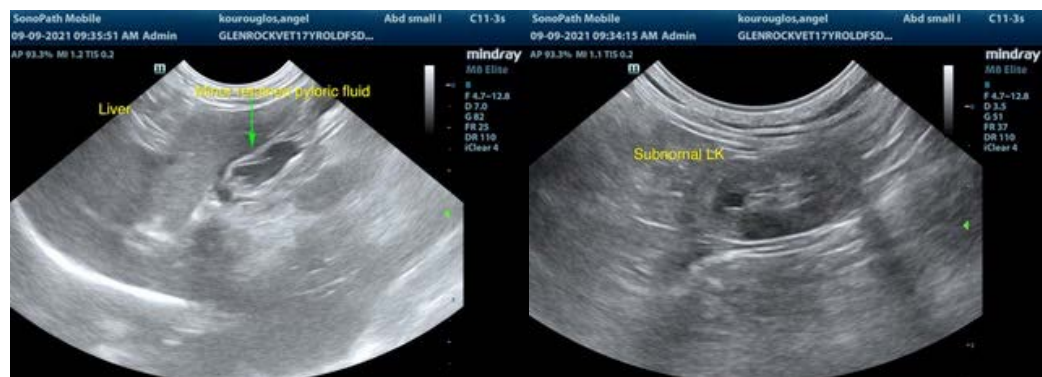
Dr. Stekler

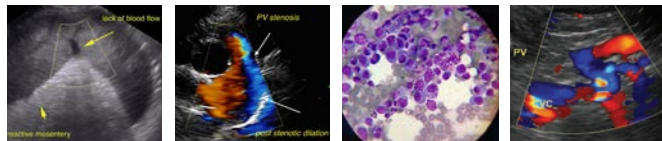
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**PATIENT**

Angel Kourouglos

**SPECIES**

Feline

**BREED**

DMH

**SEX**

Spayed Female

**AGE**

17 Years

**WEIGHT**

6.84 Pounds

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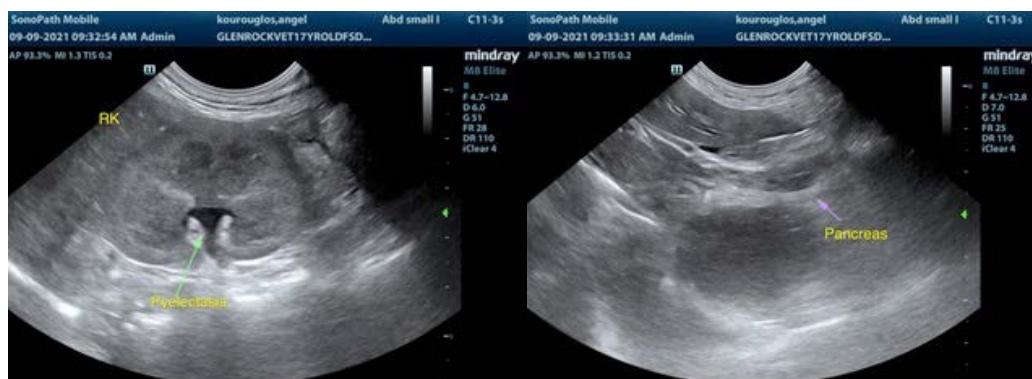
Dr. Stekler

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**DATE**

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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.

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