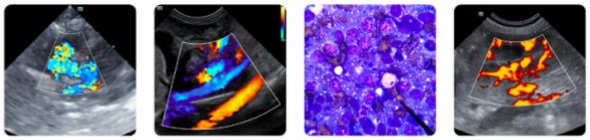




**PATIENT**

Reese Stephens

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

12.5 Years

**WEIGHT**

4.2 kg

**INTERPRETED BY**

Alicia Angosto Guerrero, DMV, PgDip, MSc.

**IMAGING PERFORMED BY**

Dr. Karla Schultz

**HOSPITAL NAME**

Northshore Veterinary Hospital

**REFERRING VET**

Dr. Karla Schultz

**INVOICE**

12717

**DATE**

12/16/25

## PRESENTING CLINICAL SIGNS

Screening imaging work up for persistent hyperglobulinemia. P also has history of mild intermittent food sensitivity and rare chin/lip eosinophilic complexes. Recent mild weight loss (6/20/2025: 4.4 kgs), good energy and appetite.

PE: unremarkable. Normal thoracic ausculation, abd palpation, PLNs, oral cavity CBC, u/a, T4 11/14/2025 WNL FeLV/FIV 11/14/2025 neg/neg chem 11/14/2025 mild hyperglobulinemia (6.1) with low-WNL albumin (2.6); hyperglobulinemia was mildly progressive from 5/9/2025 (6.0); previous years was high-NL (2024-5.6, 2023-5.8) serum protein electrophoresis 11/14/2025: oligoclonal gammopathy (ddx targeted immune response vs plasma cell neoplasia vs B-cell neoplasia) submitted, pending: fecal parasite screen, abdominal ultrasound imaging.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder lumen is normally distended, and the bladder wall appears thin and smooth. The urine is anechoic. The bladder neck and proximal urethra have a normal appearance. There are no calculi and no evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size, measuring 4.1×2.31 cm, with a cortical thickness of 0.31 cm in the sagittal plane. The renal cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is normal, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths, or hydronephrosis. Color Doppler demonstrates a normal perfusion pattern.

The right kidney is normal in shape and size, measuring 3.78×1.92 cm, with a cortical thickness of 0.26 cm in the sagittal plane. The renal cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is normal, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths, or hydronephrosis. Color Doppler demonstrates a normal perfusion pattern.

### *Adrenal Glands*

Both adrenal glands demonstrate normal shape and echogenicity. The left adrenal gland measures 0.31 cm at the cranial pole and 0.27 cm at the caudal pole. The right adrenal gland measures 0.25 cm at the cranial pole and 0.20 cm at the caudal pole.

### *Spleen*

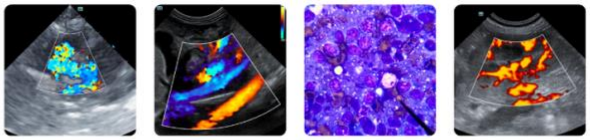
Splenic thickness is 1.31 cm, with mildly rounded margins. The parenchyma demonstrates normal echogenicity and a fine, homogeneous echotexture, with at least two small hypoechoic foci, the largest measuring approximately 1.75×2.54 mm. The splenic capsule is smooth and regular.

### *Liver*

The liver is subjectively normal in size, with sharp edges and a regular contour. The hepatic parenchyma appears uniform and isoechoic compared to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is observed.

The gallbladder lumen is normally distended. The wall is thin, and the contents are primarily anechoic. No dilation of the cystic duct or common bile duct is observed.

### *Gastrointestinal*





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The stomach is empty and folded, with gas and a mild liquid pattern. Gastric mural thickness ranges from 1.67 to 1.72 mm, with preserved wall layering. The pylorus measures approximately 2.67 mm. The duodenum measures 2.16 mm.
The jejunum measures 2.18 mm, with the following wall layer measurements: mucosa 1.53 mm, submucosa 0.61 mm, and muscularis propria 0.33 mm.
The ileum measures approximately 1.57–1.80 mm. Individual ileal wall layers were not measured due to their very thin appearance, making accurate measurement difficult. Wall layering is preserved.
The ileocecal junction measures approximately 1.92 mm, with muscularis thickness of 0.80 mm. No signs of obstruction, ileus, or foreign material are identified.

The colon wall thickness measures approximately 0.68 mm in the ascending colon with semi-formed fecal material, and approximately 0.82 mm in the descending colon with formed feces.

### *Pancreas*

The pancreas measures approximately 5.22–6.71 mm. Pancreatic parenchyma is slightly hypoechoic compared to the adjacent omental fat. The pancreatic duct measures approximately 1.05 mm. No sonographic evidence of active inflammation or neoplastic disease is identified.

### *Free Abdomen*

No abdominal effusion or evidence of peritonitis is observed. Cranial mesenteric lymph nodes measure approximately 3.96–4.25 mm, and ileocecal lymph nodes measure approximately 2.46–2.72 mm; both demonstrate normal shape and echogenicity. The pancreaticoduodenal lymph node appears normal. Surrounding fat appears unremarkable. The iliac trifurcation is normal.

## PRIMARY FINDINGS

- Mild splenic margin rounding with small hypoechoic splenic foci.
- Mild pancreatic parenchymal hypoechogenicity with borderline pancreatic duct diameter.

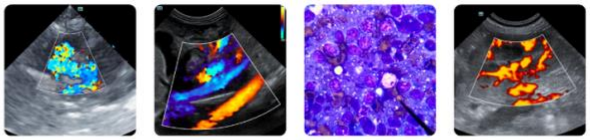
## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The abdominal ultrasonography reveals no overt structural abnormalities to suggest an aggressive neoplastic or infiltrative disease process.

The mild splenic margin rounding and small hypoechoic splenic foci may represent benign or reactive splenic changes, including extramedullary hematopoiesis, benign splenic nodular hyperplasia, or reactive splenitis. These findings are nonspecific and may be seen in association with chronic inflammatory or immune-mediated conditions, particularly in the context of persistent hyperglobulinemia.

The pancreas is mildly hypoechoic relative to adjacent fat, with a borderline pancreatic duct diameter, but without associated peripancreatic fat changes, free fluid, or clinical signs to support active pancreatitis. These findings may represent subclinical or chronic pancreatic change, or may be incidental.

The gastrointestinal tract appears structurally normal, with preserved wall layering and measurements within expected limits, and there is no sonographic evidence of infiltrative enteropathy, intestinal lymphoma, or protein-losing enteropathy.





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No abdominal lymphadenopathy, effusion, or organomegaly is identified. Overall, the ultrasonographic findings do not identify a definitive source for the patient's persistent hyperglobulinemia. In the context of an oligoclonal gammopathy, the findings are most consistent with chronic antigenic or inflammatory stimulation, rather than overt plasma cell or B-cell neoplasia at this time.

Recommendations

- Continued clinical and biochemical monitoring is recommended, including periodic reassessment of serum globulins and albumin, to evaluate progression of the hyperglobulinemia. Pending diagnostic results (fecal parasite testing) should be reviewed.
- In the absence of clinical deterioration, significant weight loss, or progression of laboratory abnormalities, conservative monitoring is considered appropriate.

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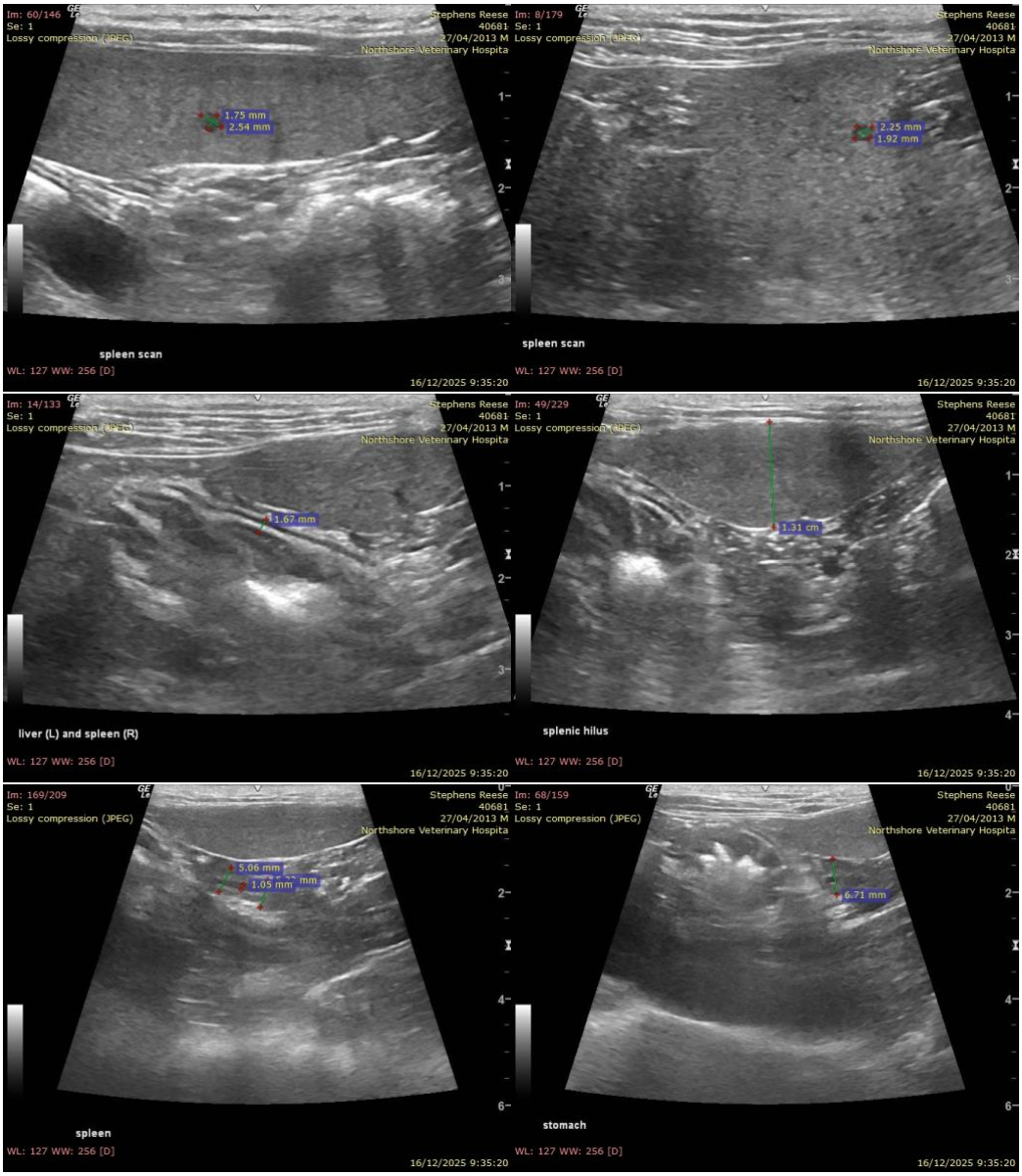


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

**Alicia Angosto Guerrero**, DMV, PgDip, MSc.

info@SonoPath.com