

**PATIENT PRESENTING CLINICAL SIGNS**

Simba Rechtferdig  
History of hyperthyroidism and hypertension. Is on mebendazole and amlodipine. Was seen recently for routine blood work and had hyperglobulinemia and was referred for an ultrasound. A serum electrophoresis revealed a monoclonal gammopathy.

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

Bengal

**Urinary System**

The **urinary bladder** wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A small amount of echogenic debris is suspended within the lumen. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

**SEX**

Neutered Male

The **left kidney** is normal size (4.34 cm in length); with a slightly irregular shape. The cortex is hyperechoic. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. A cortical infarct is suspected at the lateral aspect. There is no evidence of pyelectasia, nephroliths, or hydroureter. Renal vasculature is normal.

**AGE**

15 years

The **right kidney** is normal size (3.91 cm in length); with a normal shape, architecture and smooth peripheral contours. The cortex is hyperechoic. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**WEIGHT**

10.8 lbs

**Adrenal Glands**

The **left adrenal gland** is normal size (0.38 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**INTERPRETED BY**

Andrea Nicastro,  
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ACVIM (Small Animal  
Internal Medicine)

The **right adrenal gland** is normal size (0.41 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**Spleen**

The **spleen** is prominent in size (0.99 cm in width at the level of the hilus) with a slightly irregular medial contour. The parenchyma is diffusely mottled with ill-defined hypoechoic nodules throughout the organ. Splenic vasculature appears normal with no evidence of thrombosis.

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**Liver**

The **liver** is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. The portal vein to caudal vena cava ratio is approximately 1: 1.

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The **gall bladder** lumen is mildly distended. The wall is of appropriate thickness for the level of repletion. A scant amount of gravity dependent, echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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Dr. Ben Fuller

**Gastrointestinal**

The **gastric lumen** is moderately distended with ingesta. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is segmentally dilated with chyme. The small intestinal wall is normal in thickness with a normal

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layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

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**Pancreas**

The left limb of the **pancreas** is visible with normal curvilinear peripheral contours. The parenchyma is largely hypoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

**BREED**

Bengal

**Free Abdomen**

There is no evidence of free fluid. A few prominent colic **lymph nodes** are visualized, the largest measuring 0.54 cm in length. Surrounding mesentery is mildly hyperechoic.

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Neutered Male

**Other**

A **brief echocardiogram** reveals no obvious evidence of pericardial effusion.

**AGE**

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**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- The splenic parenchymal changes, in conjunction with the patient's history of hyperglobulinemia are concerning for infiltrative neoplasia (i.e., multiple myeloma, lymphoma). However, a more benign process (i.e., lymphoid hyperplasia, extramedullary hematopoiesis or similar) cannot be completely excluded.

**WEIGHT**

10.8 lbs

**Secondary Findings**

- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- Bilateral chronic age-related renal changes
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Consider a fine-needle aspirate of the spleen if clotting status is appropriate. A 25-gauge needle should be used. If results are inconclusive, a bone marrow aspirate may be warranted to further evaluate for multiple myeloma.

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Three-view thoracic radiographs are also recommended to assess for neoplasia in the chest.

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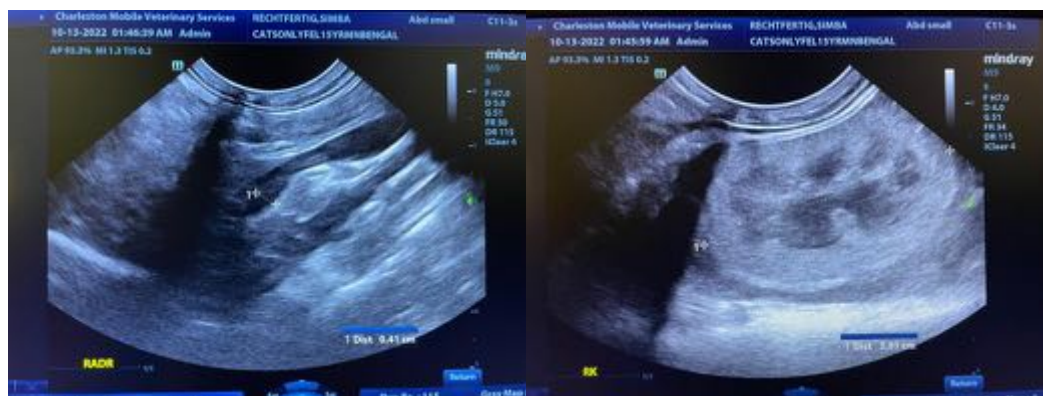
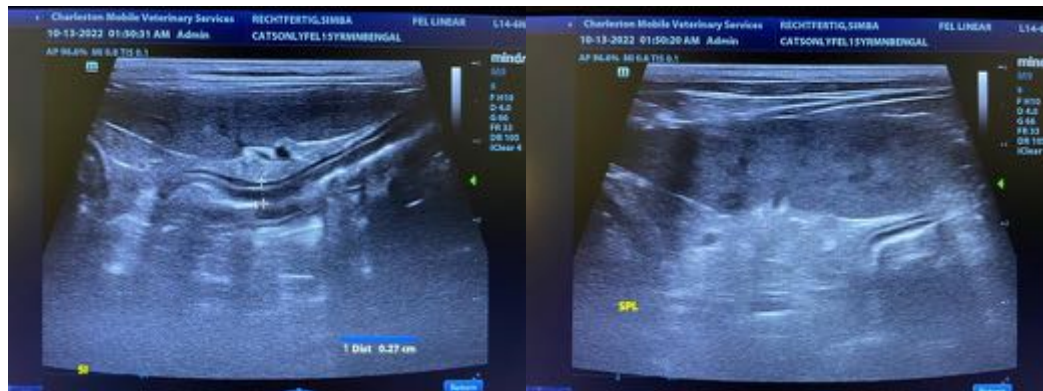
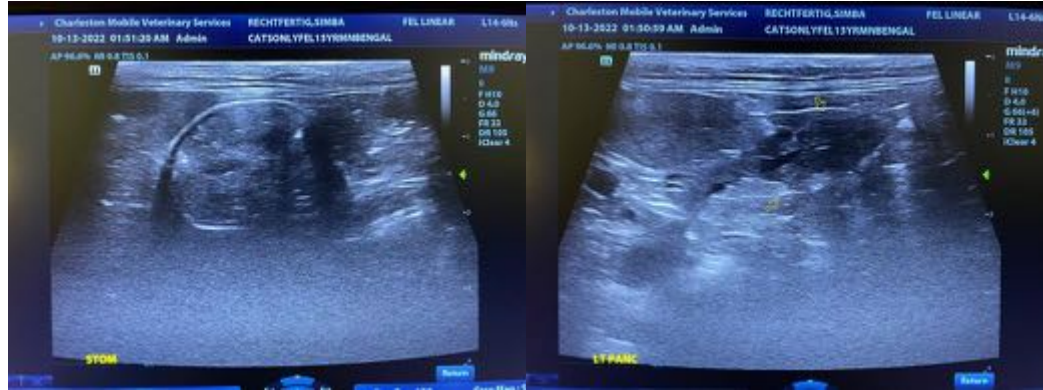
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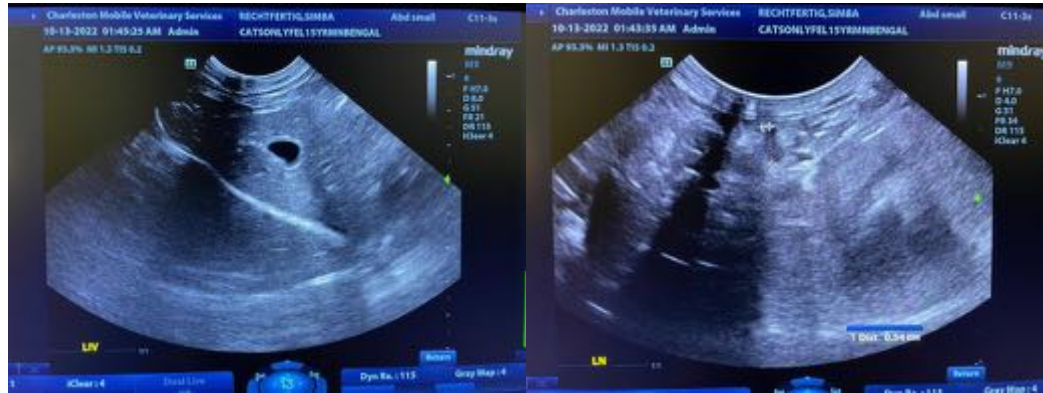
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**WEIGHT**

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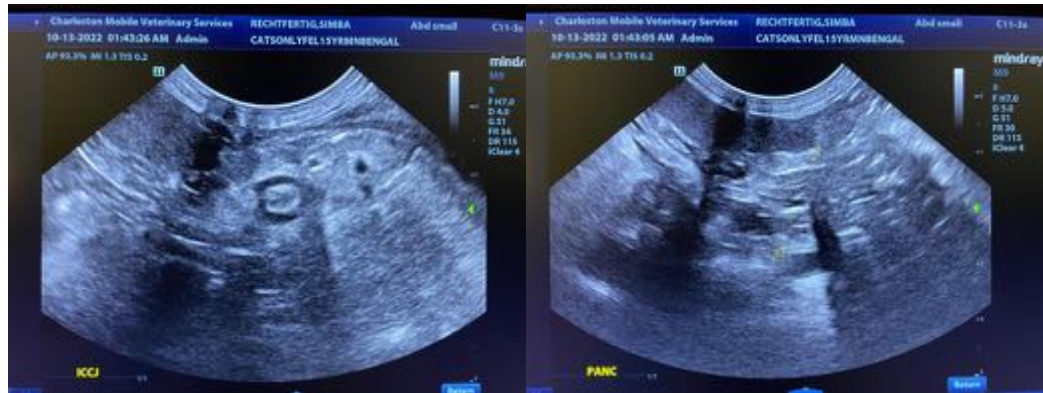
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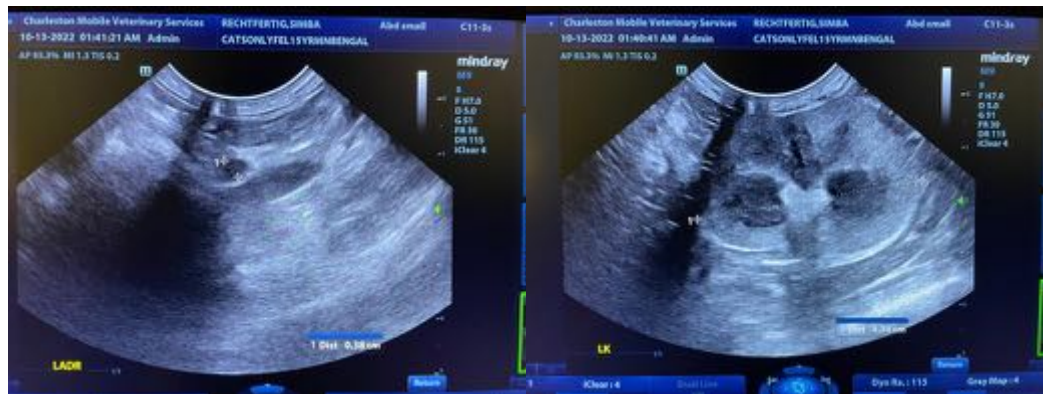


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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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