



## PATIENT

Bobo Mulrenin

## SPECIES

Feline

## BREED

DSH

## SEX

MN

## AGE

7 years

## WEIGHT

10 lbs

## INTERPRETED BY

Beth Johnson, DVM  
DACVIM

## IMAGING PERFORMED BY

Dr. Julia Bakker

## HOSPITAL NAME

Orange Blossom  
Veterinary Imaging

## REFERRING VET

Dr. Jonathan Shivers

## INVOICE

11461

## DATE

3/11/2026

## PRESENTING CLINICAL SIGNS

- Pt is on prednisolone 2.5mg SID for diarrhea (budesonide used to control symptoms but diarrhea broke through last year switched to pred at last vet). Blood test done from previous vet dx for large cell lymphoma. Diarrhea is no longer controlled on budenssonide.
- Recently added metronidazole for symptomatic control.
- Neg fecal.
- FNA of mesenteric lymph node taken for cytology today.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, or infarcts observed. Left kidney measures 4.35 cm. The right kidney contains small non-obstructive nephroliths, and the right kidney measures 4.34 cm.

### Adrenal Glands

The right adrenal gland is normal in size (0.34 cm at cranial pole and 0.29 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.54 cm at cranial pole and 0.37 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

### Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

### Liver

Liver is subjectively enlarged (swollen contour). Mild parenchymal remodeling with diffusely mildly coarse architecture and increased portal markings is present. No focal nodules or masses are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

### Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.



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The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

### **Pancreas**

Pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and has a mildly irregular undulating contour. Parenchyma is coarse with mixed echogenic remodeling noted. No pancreatic duct dilation is noted.

### **Free Abdomen**

There is no visible free peritoneal effusion noted in these images.

Mesenteric lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

### **PRIMARY FINDINGS**

- Hypoechoic hepatomegaly – This appearance is consistent with an acute hepatopathy or acute cholangiohepatitis. Infiltrative neoplasia (round cell neoplasia) should also be considered.
- Chronic low grade smoldering pancreatitis can't be ruled out.
- Moderately reactive mesenteric lymph nodes – infiltrative neoplastic disease cannot be ruled out but is considered less likely.

### **SECONDARY FINDINGS**

- Age related kidney changes with non-obstructive nephroliths in the right kidney.

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given the reported breakthrough diarrhea, a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

A fecal enteropathogen PCR panel to Texas A&M GI Laboratory could be considered for further evaluation of possible infectious disease. Contact lab for recommendations on how long to discontinue antibiotics (if indicated) prior to obtaining a stool sample for submission.

If patient has been definitively diagnosed with lymphoma, consultation with a veterinary oncologist could be considered. If not, additional tissue sampling may be indicated and could include fine needle aspirates of the enlarged mesenteric lymph nodes +/- liver if patient's coagulation status is appropriate.



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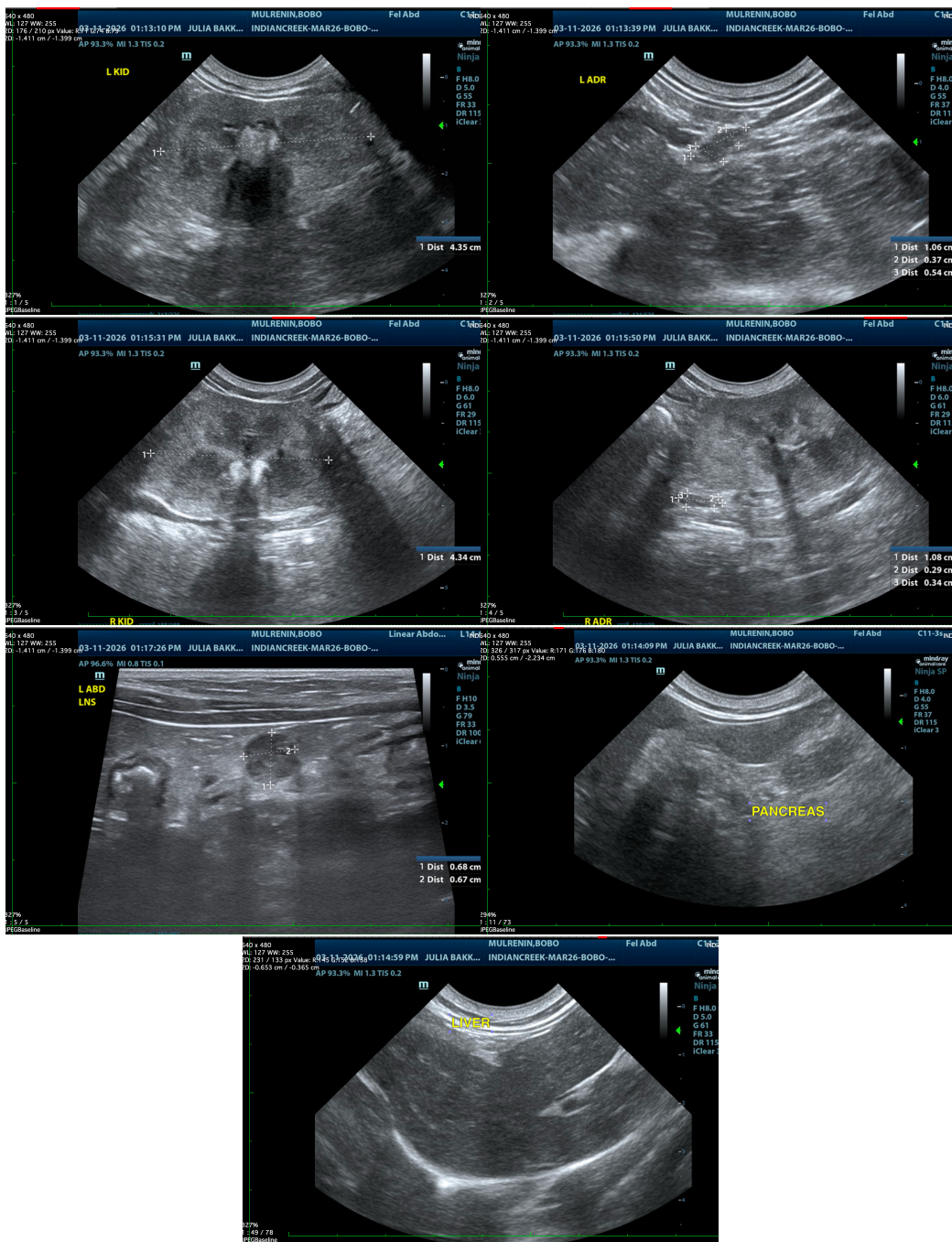
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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[info@sonopath.com](mailto:info@sonopath.com)

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