



## PATIENT

Niagra Smith

## SPECIES

Feline

## BREED

DLH

## SEX

Spayed Female

## AGE

17 Years

## WEIGHT

4.84 kg

## INTERPRETED BY

Kathleen Sennello DVM,  
MS, Diplomate ACVIM  
(Small Animal Internal  
Medicine)

## IMAGING PERFORMED BY

Loetitia Saint-Jacques,  
LVT

## HOSPITAL NAME

Roundhill Animal  
Hospital

## REFERRING VET

Dr. Carl Kelly

## INVOICE

72491

## DATE

12/10/25

## PRESENTING CLINICAL SIGNS

IDEXX results showed borderline anemia and borderline kidney disease in August 2025. October 2025 owner reported reduced appetite. Bloodwork performed at another hospital around this time showed moderate progression of kidney disease as well as mild thrombocytopenia. High GLOBULIN (9.3) and suspicion for multiple myeloma. Basically a panleukopenia with monocytosis and 3% unclassified WBCs. Repeat CBC on 11-3-25 showed same borderline leukopenia as well as monoclonal gammopathy. During this ultrasound an FNA of the spleen was performed to determine if the monoclonal gammopathy is due to a B-cell lymphoma or multiple myeloma. Currently patient receives 60cc daily or EOD subcutaneous fluids (LRS) for treatment of the kidney disease as well as 7mg solensia monthly.

Abnormal PE/Chem/CBC/UA Results: LABS attached

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (2.93 cm) with pyelectasia at 0.62 cm. Overall echogenicity is slightly hyperechoic with mildly reduced corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (2.8 cm) with pyelectasia at 0.28 cm. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

### *Adrenal Glands*

The left adrenal gland is normal in size measuring 0.42 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.30 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

### *Spleen*

The spleen is large, measuring 1.25 cm in width at the level of the hilus. The spleen echotexture is heterogenous and mottled, the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

### *Liver*

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear



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normal. There is a hypoechoic lesion visualized associated with the parenchyma, most consistent with a benign cyst measuring 0.57 cm in diameter.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.

***Gastrointestinal***

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.36cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall thickness is normal to slightly increased. Bowel loops follow a typical curvilinear path with distinct wall layering, but some areas display a prominent muscularis layer which does not display the typical 1:3 muscularis:mucosa layer ratio. Jejunum wall measures 0.25 cm. Duodenum wall measures 0.23 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

***Pancreas***

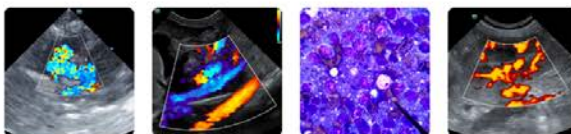
The pancreas is visible/mildly mottled in the left limb. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

***Free Abdomen***

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is no evidence of a significant lymphadenopathy. There is a hypoechoic structure visualized near the left kidney, possibly consistent with a cystic lymph node, measuring 0.47 cm x 0.96 cm. There is focal reactive mesentery near the ileocecal junction.

**PRIMARY FINDINGS**

- Age related changes and pyelectasia noted associated with both kidneys – Pyelectasia of the kidney(s) could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.
- Large, mottled spleen – The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Pancreatic changes consistent with chronic pancreatic remodeling.
- Diffusely “ropey” small intestine with some areas exhibiting segmental thickening and a more prominent muscularis – The small intestinal wall changes are most consistent with an inflammatory process (i.e., inflammatory bowel disease) with a low possibility of emerging lymphoma.



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**SECONDARY FINDINGS**

- Small cystic lesion visualized in the liver – Findings are most consistent with benign hepatic cyst.
- Anechoic structure visualized near the left kidney – Findings could be consistent with a cystic lymph node or similar. Recommend continued monitoring.

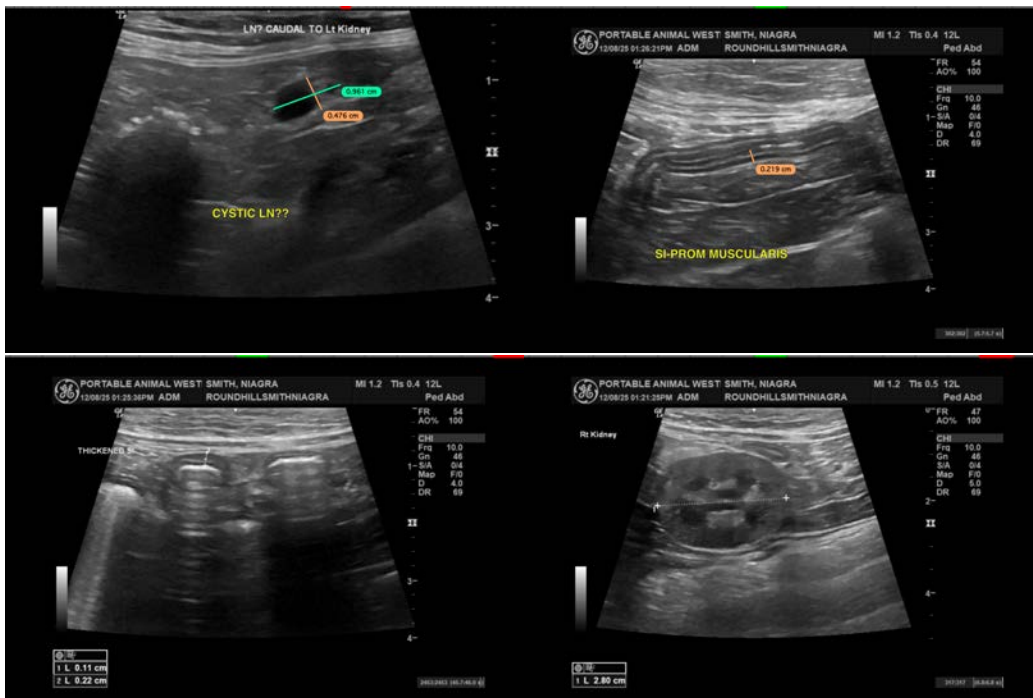
**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The spleen is large and somewhat mottled. Based on the history provided, infiltrative disease would be a significant concern. Fine needle aspirate should be strongly considered (I believe this was already done?).

Both kidneys have changes consistent with chronic renal disease. Additionally, there is pyelectasia. Recommend a urinalysis and culture to further evaluate.

There is some segmental small intestinal thickening and a prominent muscularis. These changes are most consistent with inflammatory type change, although early neoplastic change cannot be ruled out.

If sampling of the spleen is not diagnostic, recommend consultation with a veterinary oncologist regarding possible treatment options and/or additional diagnostics (bone marrow, surgical biopsies, empirical therapy, etc.).



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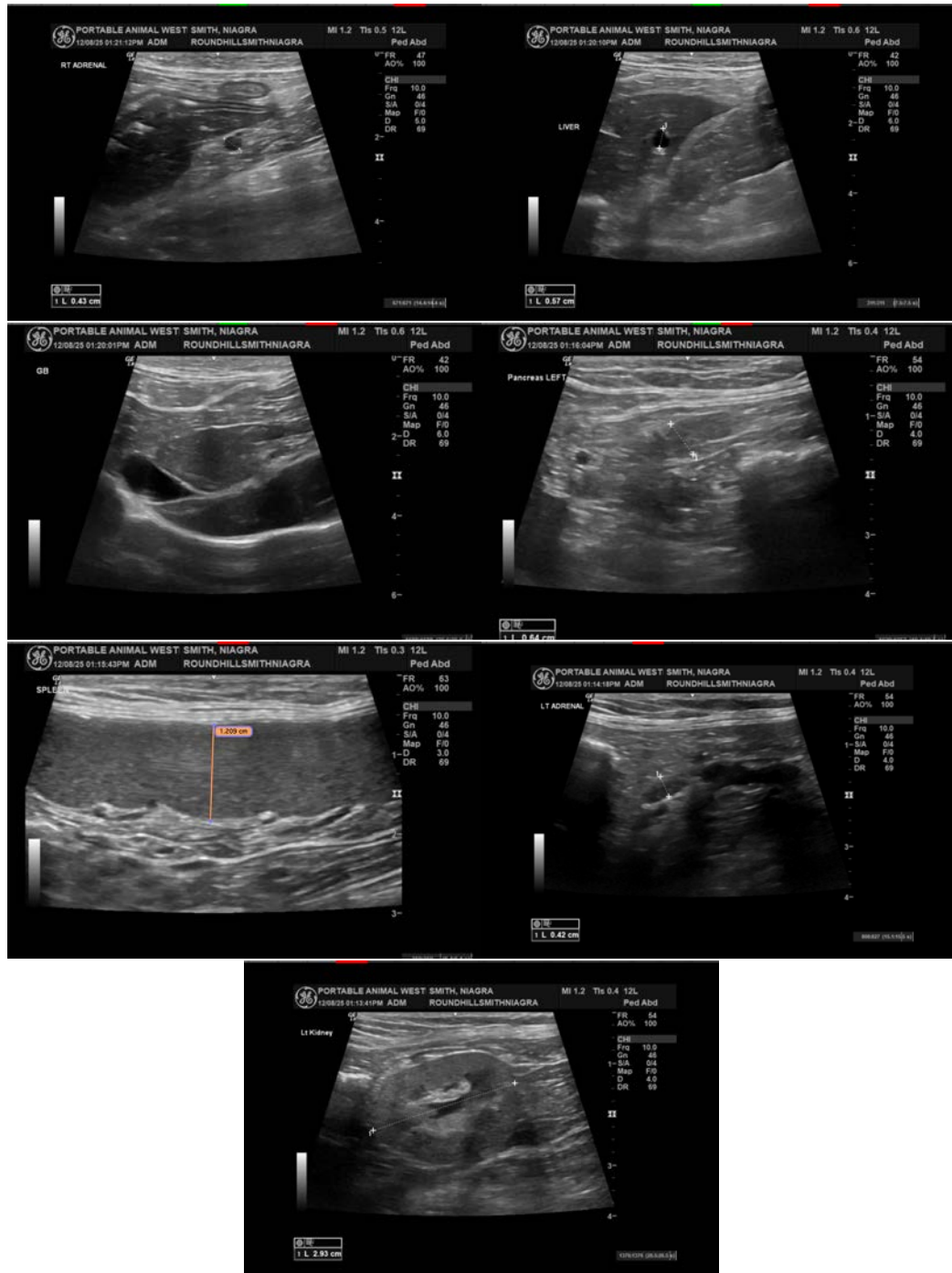
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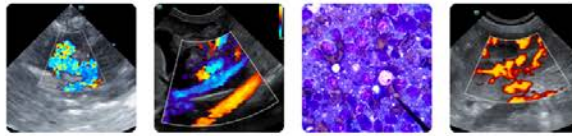
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)

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