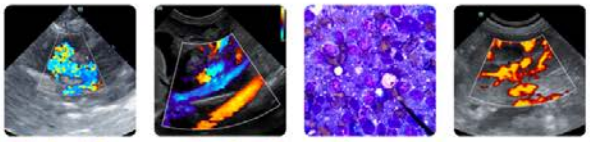


PATIENT

Norman Christianson

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

2 Years

WEIGHT

11 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Elaina Petrone

HOSPITAL NAME

Long Branch Animal Hospital

REFERRING VET

Dr. Elaina Petrone

INVOICE

75473

DATE

5/27/26

PRESENTING CLINICAL SIGNS

Norman is a 2-year-old, male neutered, Domestic Short Hair presenting for a recheck appointment. He has a history of a neurologic episode in October 2024 and was diagnosed with plasmacytoid lymphoma versus multiple myeloma in June 2025. The patient has experienced weight loss and has been having soft, malodorous stools. He is reported to be a picky eater. Current medications include Keppra 500mg extended release, Prednisone 2.5mg twice daily, and Lomustine 10mg orally every three weeks. A CBC is performed before each dose of Lomustine.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with urine. The Bladder wall appears of normal thickness with a smooth mucosal surface. In the trigone region there is a large amount of dependent debris, some of which includes small mineralized/sandy debris. The region of the urethra appears free of any calculi or debris at this time.

The left kidney has a normal shape and size (4.38 cm). Overall echogenicity is normal with adequate 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 pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.1 cm). Overall echogenicity is normal with adequate 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 pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

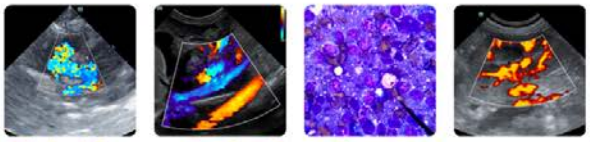
Spleen

The spleen is subjectively normal in size (0.68 cm), echotexture is homogenous, and 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 normal. No focal nodules or cystic lesions are observed.

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.



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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 0.22 cm. Visualized peristalsis appears appropriate. There are some segments of jejunum with a more pronounced muscularis layer.

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 left limb of the pancreas is prominent and mottled compared to the surrounding isoechoic mesentery. 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 a rare, mildly prominent mesenteric lymph node. An example measures 0.28 cm. The omentum is mildly hyperechoic/reactive around some sections of prominent small intestine.

ULTRASONOGRAPHIC FINDINGS

- Dependent echogenic and slightly mineralized debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.
- Pancreatic changes most consistent with mild pancreatic remodeling +/- mild pancreatitis.
- Segmental sections of small intestine with a prominent muscularis layer and some mild regional reactive mesentery.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The previously described mottled spleen and lymphadenopathy is not apparent on today's exam. There is persistent echogenic debris in the dependent portion of the urinary bladder. Much of this is in the trigone region, and there is some sandy mineralized debris as well.

The left limb of the pancreas is somewhat prominent. The significance of this is uncertain. If there is concern for current pancreatitis, consider a quantitative PLI level for further evaluation.

There are segmental areas of small intestine that appear to have a prominent muscularis layer, and some of these areas have mildly reactive surrounding mesentery. Findings could be consistent with mild inflammatory type change, early neoplastic change, etc. Options include continued monitoring, or if gastrointestinal symptoms are present you could consider switching to a hydrolyzed protein prescription diet +/- GI panel to Texas A&M for a qualitative fPLI, TLI, cobalamin and folate.

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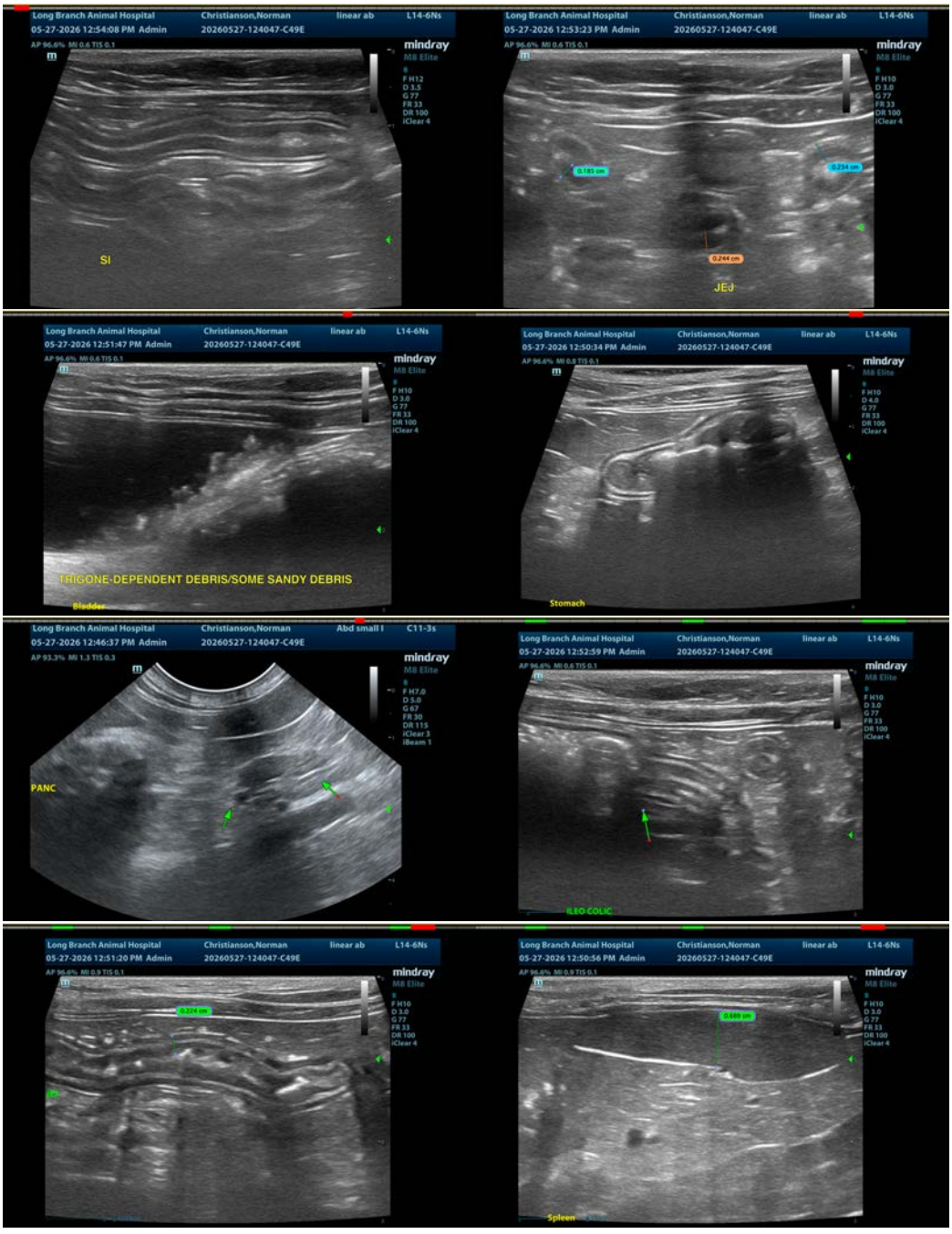

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@sonopath.com