



**PATIENT**

Mulligan Belanger

**SPECIES**

Feline

**BREED**

DLH

**SEX**

Male Neutered

**AGE**

15y 10m

**WEIGHT**

12.5 lbs

**INTERPRETED BY**

R. McKenzie Daniel,  
 DVM, DABVP  
 (Canine and Feline)

**IMAGING PERFORMED BY**

Kathleen Byrnes

**HOSPITAL NAME**

Armstrong AC

**REFERRING VET**

Dr. Aquino

**INVOICE**

13111

**DATE**

1/23/26

**PRESENTING CLINICAL SIGNS**

History:

- P presented for pain in lower back/back legs
- Bloodwork showed anemia, low WBC, elevated BUN

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

The area of the aortic trifurcation was free of pathology.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Indistinct loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. Cortical infarcts were present. The left kidney measured 3.6 cm in length. The right kidney measured 4.1 cm in length.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.38 cm. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.43 cm.

**Spleen**

Asymmetrical splenomegaly exhibiting variable heterogeneous parenchyma including indistinct, mildly expansive, non-homogeneous mid to caudal splenic mass lesion measuring 3.4 cm in diameter. Overall, the spleen measured 2.0 cm width level of the of the mid spleen.

**Liver**

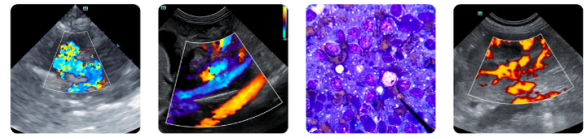
The liver exhibited subjective lobar swelling most notable in the right to caudate liver lobe with symmetrical rounded contour and maintained homogeneous parenchyma. Normal vascular volume and no visualized hepatic mass or nodules present. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.



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**Pancreas**

The left pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

**Free Abdomen**

Generalized mild increased omental echogenicity and mild volume peritoneal effusion present. No visualized significant omental lymphadenopathy.

**ULTRASONOGRAPHIC FINDINGS**

- Asymmetrically enlarged non-homogeneous spleen with indistinct mass
- Lobar hepatomegaly
- Mild omental hyperechogenicity and peritoneal effusion
- Chronic renal changes with cortical infarcts

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Although sampling is required for further clarification, the spleen meets infiltrative neoplastic criteria with high concern for multicentric hepatosplenic neoplasia, i.e. lymphoma or other. Multicentric, nonspecific, inflammatory disease is thought less likely. Correlation with pending hepatosplenic FNA cytology and potential oncology consult if suspected neoplastic process is confirmed, is recommended.

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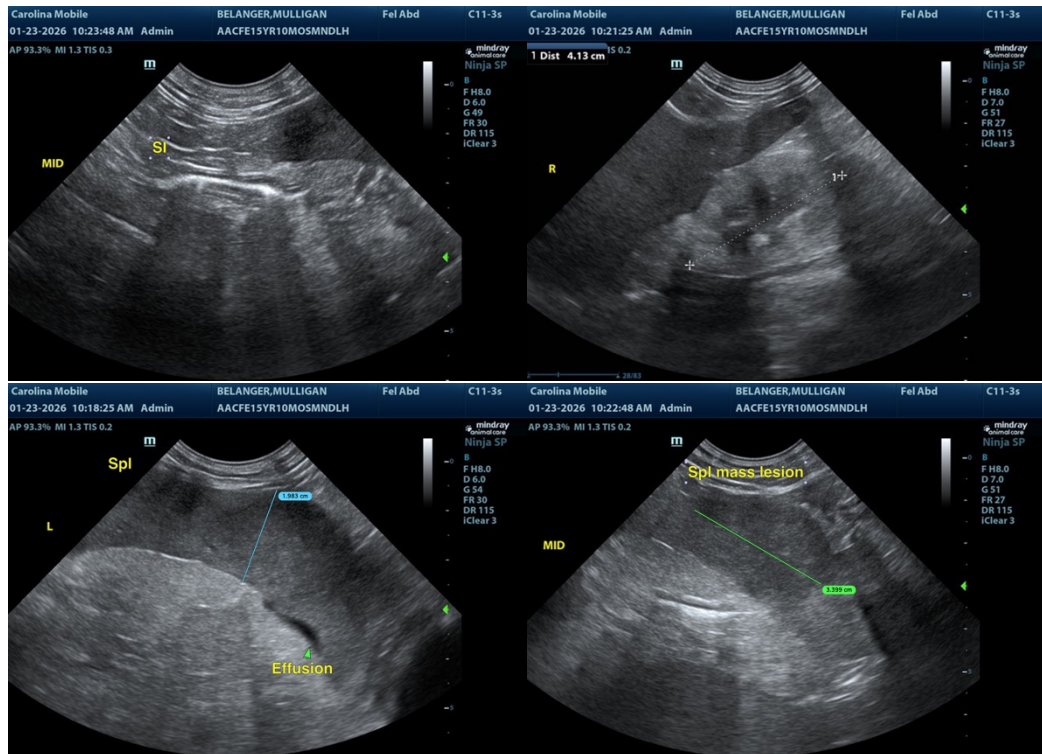
Dr. Aquino

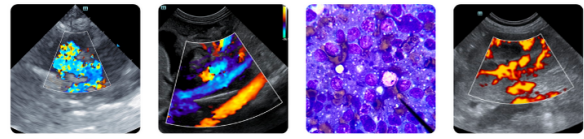
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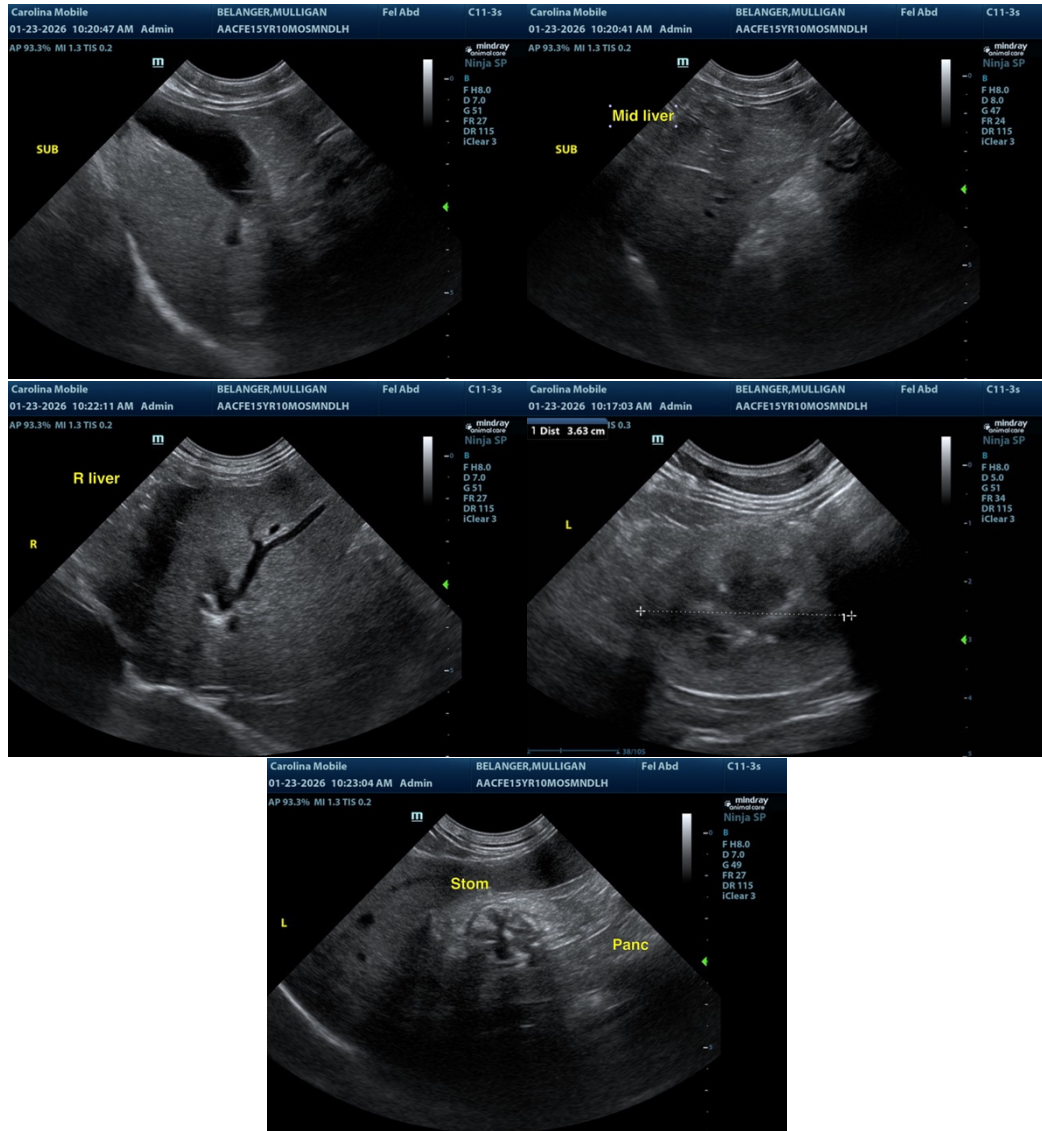
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

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