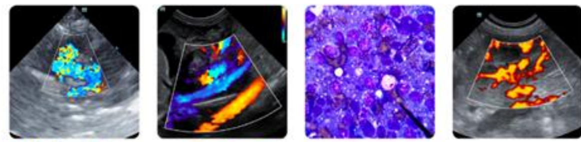


PATIENT
Bonino Strenger

SPECIES
Feline

BREED
DSH

SEX
MN

AGE
15yr

WEIGHT
13.5lb

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

IMAGING PERFORMED BY
Jack Reese

HOSPITAL NAME
Willow Run Veterinary Clinic

REFERRING VET
Jack Reese DVM

INVOICE
22898

DATE
11-08-2025

PRESENTING CLINICAL SIGNS

Intestinal small cell lymphoma patient. Currently being managed with chlorambucil 2.25mg three times weekly along with prednisolone 5mg SID. Recently development of decreased appetite and elevated liver enzymes on labwork. Concern for changes secondary to chlorambucil administration, which was discontinued on 11/3/25. New development of anisocoria over last 5 days with no other noted neurologic abnormalities. Patient presented for recheck this evening due to depressed mentation, potential development of ataxa (vs. weakness as P has severe osteoarthritis currently managed on gabapentin and Solensia). Recheck bloodwork indicates further elevation of liver enzymes, abnormal cPL.

Abnormal PE/Chem/CBC/UA Results: WBC 25.64 (2.87 - 17.02) ALP 268 (14-111) ALT 2145 (12-130) GGT 14 (0-4) TBil 2.8 (0.0 - 0.9) Pancreatic Lipase 14.9 (0-4.4)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild non-particulate sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Mildly enlarged size and normal margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Bilateral areas of pinpoint medullary mineral were present. Mild perinephric inflammation was present without effusion. The left kidney measured 4.9 cm in length. The right kidney measured 5.3 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

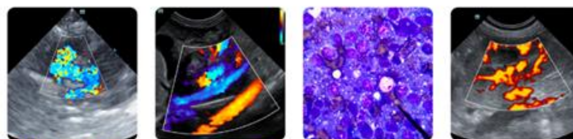
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.43 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.60 cm width.

Spleen

The spleen exhibited borderline enlargement (1.0 cm in width at the mid spleen) with a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/Gallbladder

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thickened wall and minor particulate non-



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organized gallbladder debris. The gallbladder wall measured 0.45 cm in diameter. An ill-defined mild non-homogenous lesion was noted in the area of the common bile duct without overt evidence of post-hepatic obstruction. The lesion measured 1.5 cm in diameter.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild non-shadowing ingesta sonographically suggestive of food echogenicity with no signs of 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 mechanical/metabolic ileus, obstruction or foreign material.

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

Pancreas

The pancreas was normal in size with capsule asymmetry and heterogeneous remodeled parenchyma. Mildly prominent pancreatic duct was present.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Mild enlarged swollen liver
- Thickened nondistended gallbladder
- Thickened nonobstructive common bile duct / ill-defined bile duct mass lesion
- Bilateral mild renomegaly exhibiting intact architecture and mild perinephric inflammation
- Structurally normal gastrointestinal tract with gastric ingesta - ingesta suggests food echogenicity
- Suspect chronic pancreatitis
- Borderline splenomegaly

Secondary

- Urine sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although the hepatopathy may possibly be secondary to current medical therapy, significant hepatobiliary inflammation and concern for progressive to multicentric neoplasia with patient history or combination is of primary concern. No evidence of current post hepatic obstruction yet monitoring going forward given ill-defined bile duct lesion is indicated. Assuming normal clotting status and using 25 ga needle, hepatic +/- splenic FNA cytology is recommended for further assessment and recheck oncology consultation. Correlation with recent meal ingestion and U/A.

SonoPath.com info@sonopath.com 1.800.838.4268

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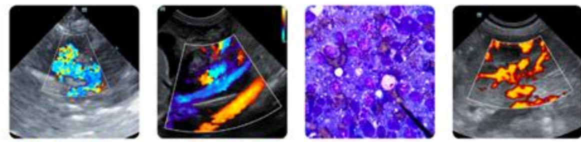

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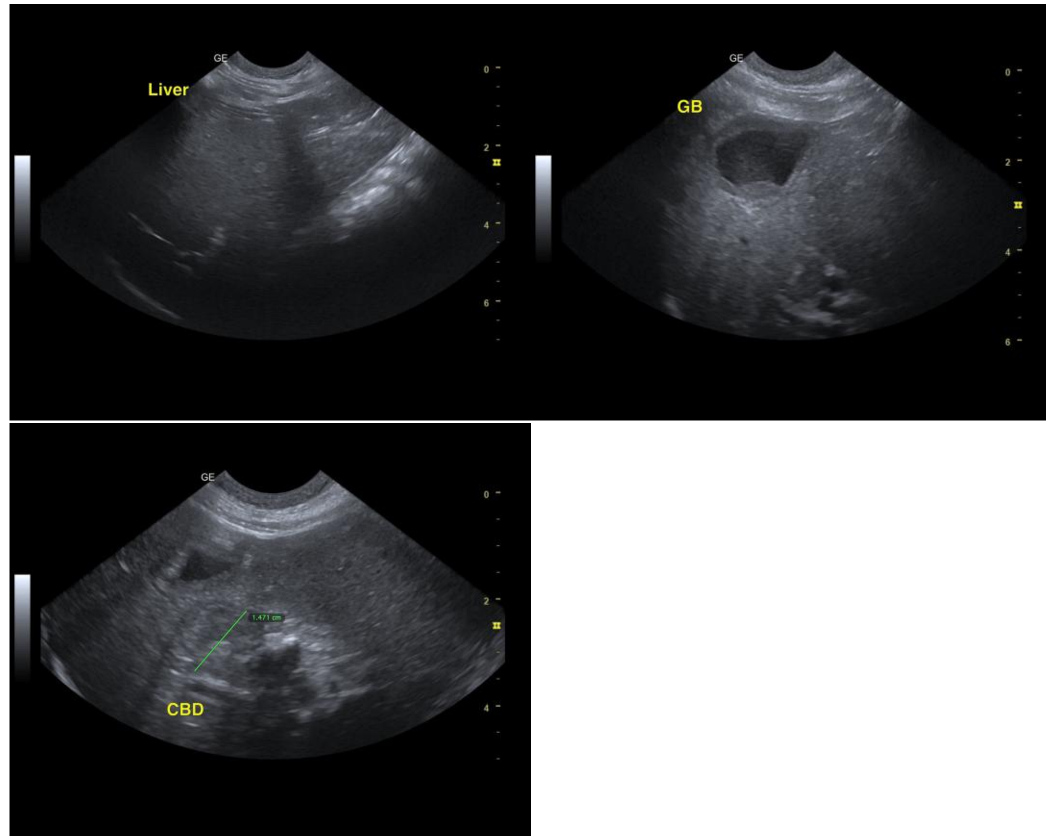

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@sonopath.com