



PATIENT

Haze Mcelroy

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

11 Years

WEIGHT

4.5 kg

INTERPRETED BY

Brad Harris, DVM,
DACVECC, DACVIM
(cardiology)

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

Dr. Brittany Lang

INVOICE

72448

DATE

1/24/26

PRESENTING CLINICAL SIGNS

2 week hx of vomiting, hiding, hyporexia. Seen by rdvm and bloodwork revealed anemia. PCV has dropped, gallop rhythm noted, and rdvm palpated possible cranial abdominal mass -- referred to HAEC for AUS + Transfusion. Sedated examination. Oral Cavity: Mucous membranes pale pink to white/moist, CRT unattainable, mild-moderate tartar/gingival erythema, sublingual clear. Cardiovascular: *no gallop sound while sedated* No murmurs/arrhythmias, pulses strong/synchronous

Abnormal PE/Chem/CBC/UA Results: Diagnostics: EPOC: BE -9.6, BUN 10 (L), HCT 17% CBC: HCT 9.1%, microcytic, hyperchromic, nonregenerative Chem: BUN 8 (L), Alb 2.3 (low n), TP >12, Glob Radiographs: Mild hepatomegaly (caudal displacement of gastric axis). Unremarkable thorax Blood Type: Type A Cross match: pending Serum protein electrophoresis - pending *Received 1 unit pf Feline Type A pRBC early morning 1/24*

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are unremarkable with normal wall thicknesses and normal tone. The ureters were not visualized, which is a normal finding. The bladder is distended with a moderate amount of suspended echogenic mobile debris. The ureteral papillae appear normal. There is no evidence of inflammatory, infiltrative, or neoplastic disease.

The kidneys are normal in size and structure, with appropriate corticomedullary definition and cortex to medulla ratio. The cortices are uniform in texture with normal echogenic relationship to liver and spleen. The medullary structure differed distinctly from the cortex and no evidence of pyelectasis is present. The capsules are uniform without significant irregularities noted. Left kidney measures 4.75 cm. Right kidney measures 5.06 cm.

Adrenal Glands

Both adrenal glands are visualized and have normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient.

Spleen

The spleen measures 1.37 cm at the hilus. The parenchyma is diffusely mottled and heterogeneous. The capsule is smooth without significant irregularity. The splenic vasculature is normal without signs of congestion, spontaneous echo contrast, or thrombosis.

Liver

The liver is subjectively enlarged with a diffusely heterogeneous or mottled parenchymal pattern. Vasculature is within normal limits with no evidence of congestion. The gallbladder has thin walls which contain anechoic bile. There is no evidence of intra- or extra-hepatic biliary dilation. The cystic and common bile ducts were normal. No hepatic lymphadenopathy is documented.

Gastrointestinal

The stomach and intestines are free of stasis and peristaltic activity, with no significant dilation noted. There is normal wall thickness and acceptable curvilinear mural detail. The pyloric-duodenal junction and ileoceocolic junction are patent, and the colon contains normal shadowing feces. There is no



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evidence of shadowing obstructive material or overt infiltrative disease noted. No associated abnormal lymphatic activity is documented.

Pancreas

The pancreas is hypoechoic and irregular with no significant hyperechoic mesentery or omental fat. There is a focal cystic, rounded mass effect within the mid body of the pancreas. There is no significant lymphadenopathy or free fluid.

ULTRASONOGRAPHIC FINDINGS

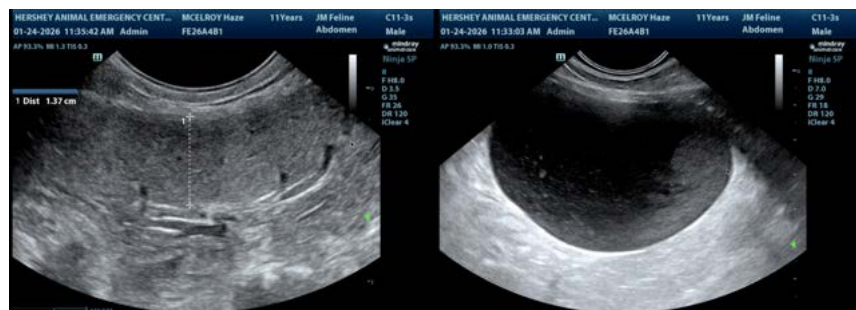
- The urinary bladder contains echogenic, suspended debris contrasted with anechoic urine. This is often related to urinary tract infection but may represent exfoliated debris or sterile inflammation.
- There is mild splenomegaly with a mottled or heterogeneous parenchyma – This may represent reactive splenitis. However, infiltrative metastatic neoplastic disease can't be definitively ruled out.
- The liver is enlarged with a hyperechoic and mottled parenchyma. Infiltrative metastatic or neoplastic disease must be considered. However, chronic hepatopathy or chronic active hepatitis can't be definitively ruled out at this time.
- The rounded cystic pancreatic mass may represent pancreatic hyperplasia secondary to chronic pancreatitis or active pancreatitis. Infiltrative neoplastic disease must also be considered.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A urinalysis and urine culture via cystocentesis are recommended to evaluate the urinary tract changes for potential urinary tract infection.

Fine needle aspirates of the spleen, liver, and pancreatic mass with cytology are recommended. A coagulation profile and platelet estimate prior to sampling are indicated to ensure the absence of coagulopathy. Occasionally some tissues are poorly exfoliative, or cytology is non-specific, in which case biopsy with histopathology may be required for a definitive diagnosis.

**Fine needle aspirates should not be considered until blood transfusion is administered and the patient's hematocrit has stabilized within normal limits.





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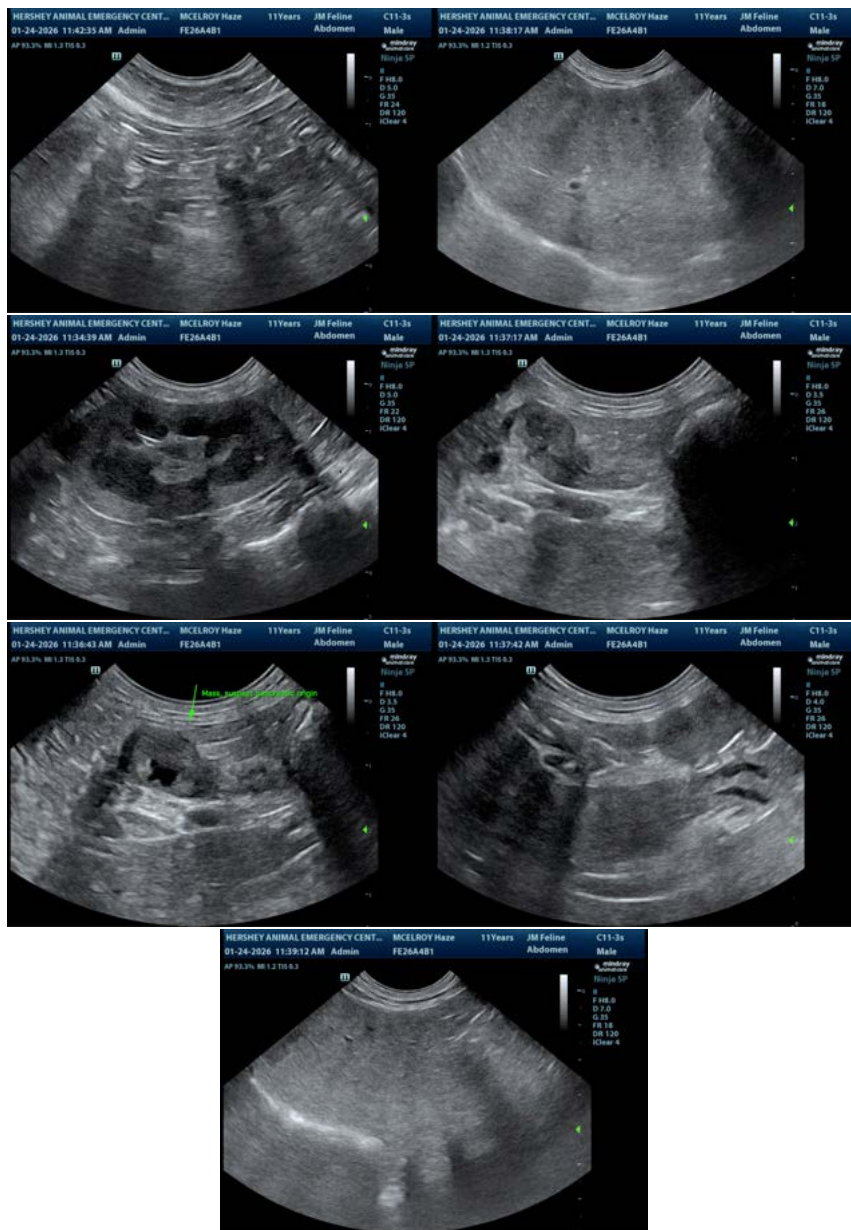
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Brad Harris, DVM, DACVECC, DACVIM (cardiology)

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