

**PATIENT**

Pickles Leeper

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

1.5 Years

**WEIGHT**

3.73 kg

**INTERPRETED BY**Brad Harris, DVM,  
DACVECC, Residency  
trained in cardiology**IMAGING  
PERFORMED BY**

Lindsay Powell, CVT

**HOSPITAL NAME**Hershey Animal  
Emergency Center**REFERRING VET**

Dr. Brittany Lang

**INVOICE**

71849

**DATE**

11/16/25

**PRESENTING CLINICAL SIGNS**

Lethargic and decreased appetite approximately 24 hour duration. History of IBD per owner.

Abnormal PE/Chem/CBC/UA Results: Moderate tartar/gingival erythema CBC: WNL Chem/Lytes: Glob 5.2 (H) HW/FIV/FelV: negative x 3 Radiographs: normal thorax and abdomen FWO PCR Panel: pending

**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. There are no uroliths or sediment noted, and anechoic urine is present. 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 3.7 cm. Right kidney measures 3.9 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. Left measures 0.46 cm. Right measures 0.43 cm.

**Spleen**

The spleen measures 0.98 cm at the hilus. It is smooth with homogeneous parenchyma and hyperechoic to liver and renal cortical parenchyma. The capsule is without noticeable irregularity or deformation. The splenic vasculature is normal without signs of congestion, spontaneous echo contrast, or thrombosis. No evidence of acute or chronic inflammatory, neoplastic, or infarct are documented.

**Liver**

The liver is slightly mottled with a heterogeneous parenchyma with some mild mixed echogenicity. The liver is normal in size. Vasculature is within normal limits with no evidence of congestion. The gallbladder is slightly dilated with a prominent neck and a tortuous cystic duct. The gallbladder wall is appropriately thin with no evidence of intra- or extrahepatic biliary dilation. The common bile duct appears normal.

**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 ileocecolic junction are patent, and the colon contains normal shadowing feces. There is no evidence of shadowing obstructive material or overt infiltrative disease noted. No associated abnormal lymphatic activity is documented.



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## Pancreas

The base and limbs of the pancreas are isoechoic to surrounding omental fat. The pancreatic duct and capsular contour are normal. There is no overt evidence of active inflammatory or neoplastic disease.

## Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

## ULTRASONOGRAPHIC FINDINGS

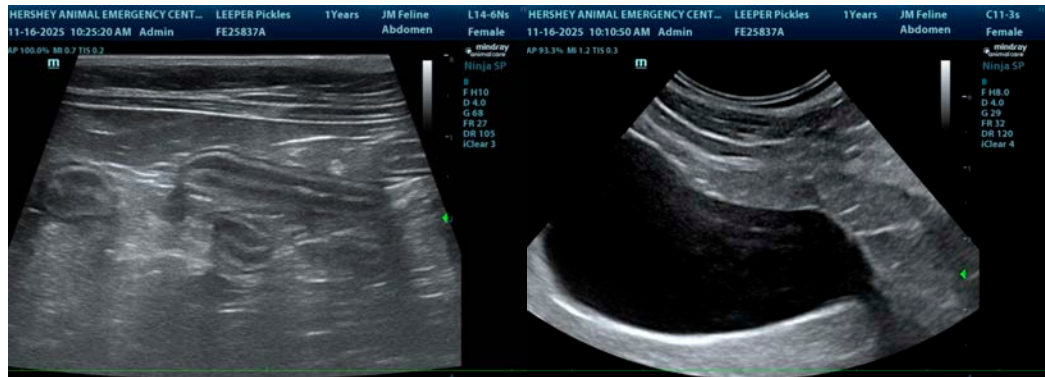
- The hepatic parenchyma is coarse with some mixed echogenicity. The gallbladder was slightly dilated with a dilated gallbladder neck and tortuous cystic duct. This could be an age-related change or related to underlying cholecystitis/cholangiohepatitis, especially if elevated liver enzymes are present currently or in the recent past.
- The normal appearance of the GI tract does not rule out an underlying chronic enteropathy, as microscopic infiltrative disease cannot be excluded.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urinalysis and, if indicated based on urinalysis results, urine culture is recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ratio is recommended.

A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

Consider empiric antibiotic therapy pending results of the urine culture and fever of unknown origin panel.





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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, Residency trained in cardiology**

[info@SonoPath.com](mailto:info@SonoPath.com)