



PATIENT

Marcie McCauley

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

2 Years

WEIGHT

4.8 kg

INTERPRETED BY

Brad Harris, DVM,
DACVECC, DACVIM
(cardiology)

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

Dr. Brian Jacobs

INVOICE

73463

DATE

3/7/26

PRESENTING CLINICAL SIGNS

P presents for dyspnea, increased respiratory rate noted this morning by owner. P has hx of pleural effusion noted by rDVM.

Dyspnea, increased respiratory effort and rate. Increased bronchovesicular sounds bilaterally. Abnormal PE/Chem/CBC/UA Results: Thoracocentesis performed by rDVM for diagnostic purposes showed lymphocyte rich effusion. CBC/Chem 10: Unremarkable FIV/FeLV testing: Negative Feline proBNP: Normal Radiographs performed today showed a large cranial thoracic mass displacing trachea dorsally with small volume pleural effusion. Point of care ultrasound showed soft tissue opaque mass with multifocal areas of effusion.

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 urinary bladder contains a minimal amount of suspended echogenic debris and sediment. 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 measured 3.09 cm. Right kidney measured 3.95 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 measured 0.41 cm. Right measured 0.41 cm.

Spleen

The spleen measured 0.82 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 subjectively normal liver size, contour, and structure. Parenchymal echogenicity is naturally coarse and hypoechoic to the spleen. 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. There is no overt structural evidence of inflammatory, infiltrative or regenerative pathology evident.

Gastrointestinal

The stomach is minimally distended with echogenic, partially shadowing contents. This may represent normal ingesta. However, a gastric foreign body or trichobezoar cannot be completely excluded. The



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pylorus and pyloroduodenal junction appear patent with no evidence of pyloric outflow obstruction. The intestines are free of stasis and peristaltic activity, with no significant dilation noted. There is normal wall thickness and acceptable curvilinear mural detail. The ileoceocolic junction is patent. The colon contains normal shadowing feces.

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.

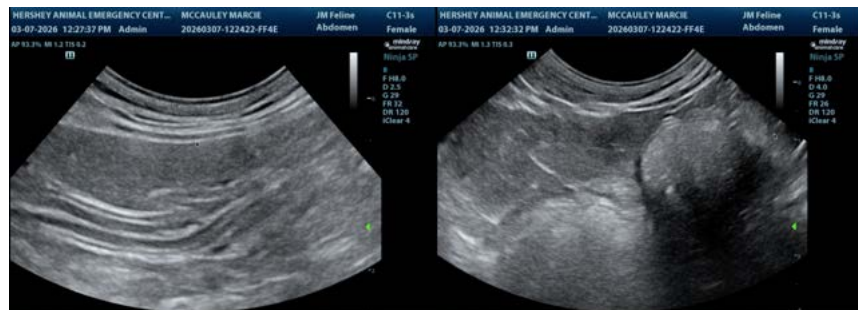
ULTRASONOGRAPHIC FINDINGS

- The 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.
- The gastric contents may represent normal ingesta. However, an occult currently non-obstructive foreign body can't be definitively excluded.
- The remainder of the abdomen is normal, with no overt underlying cause for the patient's respiratory signs noted at this time.

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.

Serial abdominal imaging of the stomach and gastric contents is recommended to monitor for appropriate passage.





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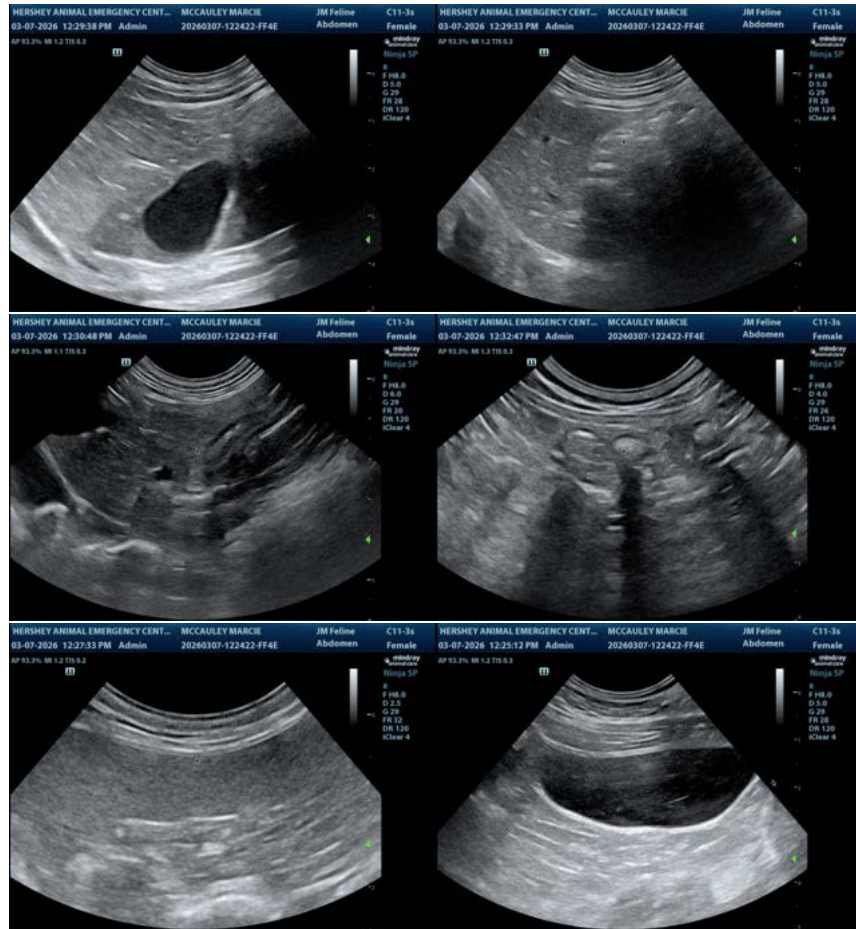
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com