



PATIENT

Neeko Yi

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

8 months

WEIGHT

2.7 kg

INTERPRETED BY

Dr Brittany Sinclair,
BVSc(hons),
DACVECC

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

Dr. Shally Gastelu

INVOICE

11108

DATE

1/15/2026

PRESENTING CLINICAL SIGNS

P presented 1/14 as a transfer for a blood transfusion. P presented to rDVM 1/14 for lethargy, decreased activity, decreased appetite for about 1.5 weeks. Dehydration: 6-8% EENT/oral: pale pink tacky mm, crt 3-4s H/L: Gallop rhythm present Abd: Non painful, small, ropey, thickened intestines on palpation.

Abnormal PE/Chem/CBC/UA Results: 1/14 @ rDVM: CBC: RBC 2.13 (L), HCT 4.7 (L), HGB 2.0 (L), MCV 21.9 (L), MCH 9.2 (L), MCHC 42.0 (H), RDW 12.9 (L), WBC 17.13 (H), Mono 2.95 (H), Eos 0.05 (L) Chem: SDMA 18 (H), Phos 7.6 (H), K 3.1 (L), TP 9.9 (H), Glob 7.0 (H), A:G Ratio: 0.4, ALT 415 (H), ALP <10 (L), TBili 1.0 (H) Triple: FeLV +, FIV -, HW - 1/14 @ HAEC Intake: PCV/TP: 8/9.4 Saline agglutination test: positive on macro and micro evaluation Blood type and cross match: Type A Auburn FIP test - pending FELV PCR test - pending 1/14 O/N: EPOC: pO2 60.6 (H), cSO2 84.2 (H), Bicarb 13.9 (L), TCO2 13.7 (L), pH 7.177 (L), BE -14.5 (L), Lact 4.85 (H), HCT <10 (L) PCV/TS (post-transfusion): 16%, 9.0

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

The kidneys were both normal size and structure, with smooth capsule and normal corticomedullary definition and ratio. Medullary structure differed distinctly from that of the cortex. No evidence of pelvic dilation was present. Left kidney measures 3.93 cm in length and the right kidney measures 3.87 cm in length.

Adrenal Glands

Both adrenal glands were visualized and recognized as having normal shape, size, position and echogenicity for this breed and age. The visible phrenic vasculature was unremarkable. Left adrenal measures 0.26 cm in thickness. Right adrenal measures 0.32 cm in thickness.

Spleen

The spleen is enlarged measuring 1.0 cm in thickness, with a smooth capsule and diffusely micronodular echotexture. No specific masses were seen.

Liver

The liver is enlarged and diffusely hyperechoic with poorly defined hypoechoic nodules throughout.

Gall bladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate. No masses or focal lesions were observed.



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The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The visible pancreas was observed to be largely isoechoic to surrounding omental fat.

Lymph Nodes

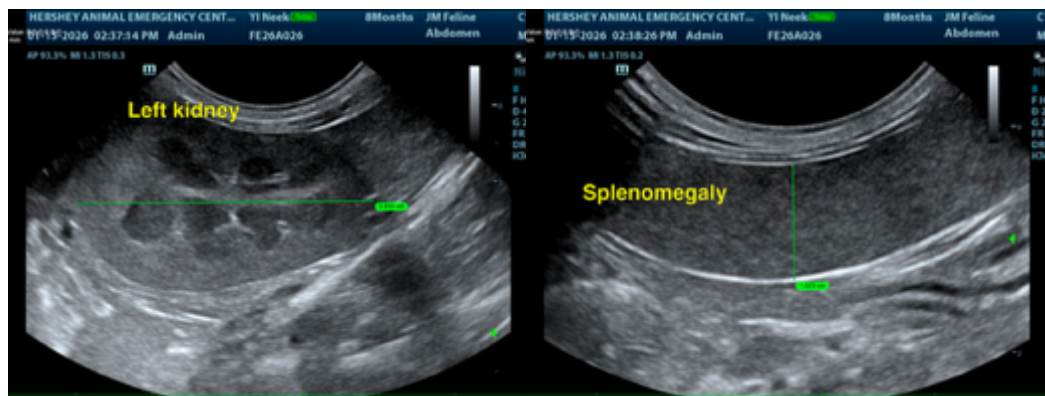
Mesenteric lymph nodes are prominent with normal length to width ratio, normal echogenicity consistent with age. One mesenteric lymph node is slightly rounded, measuring 1.3 cm x 0.74 cm.

ULTRASONOGRAPHIC FINDINGS

- Splenomegaly with microcystic echotexture – common with severe anemia.
- Hyperechoic hepatomegaly with poorly defined nodules throughout.
- Mesenteric lymphadenopathy – normal for age versus mild lymphadenitis versus infiltrative disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No definitive cause of anemia was identified on abdominal ultrasound. Splenohepatomegaly are concerning for infiltrative, inflammatory, or autoimmune disease. Splenic and liver aspirates are recommended to further define juvenile lymphoma, infectious disease (FELV, FIP, other viral, bacterial, fungal, etc.) are possibilities. Mesenteric lymphadenopathy is very mild and may be an age-related normal variant or may indicate infiltration or inflammation. Mesenteric FNA of the more rounded node could be attempted to further define.





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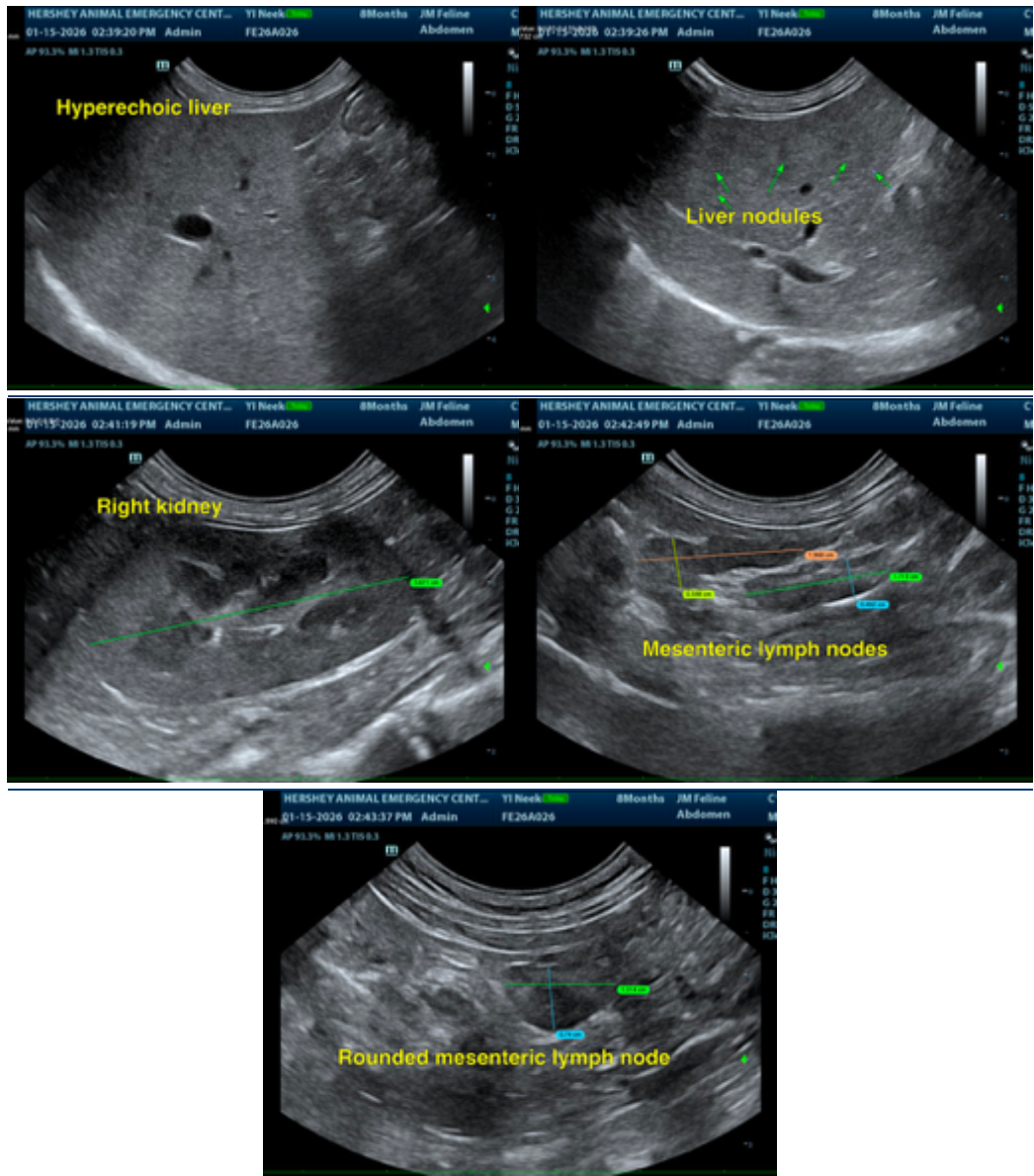
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC

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