



## PATIENT

Swirly Geisel

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

5 Years

## WEIGHT

4.7 kg

## INTERPRETED BY

Dr Brittany Sinclair,  
BVSc(hons),  
DACVECC

## IMAGING PERFORMED BY

Dr. Meghan Myers

## HOSPITAL NAME

Hershey Animal  
Emergency Center

## REFERRING VET

Dr. Lang

## INVOICE

72999

## DATE

1/7/26

## PRESENTING CLINICAL SIGNS

Presented for acute anorexia, lethargy, vomiting. P mostly indoor, with brief supervised outdoor time twice daily. P was unsupervised outdoors recently (ran away). MM white, moist, CRT unattainable

Abnormal PE/Chem/CBC/UA Results: CBC: RBC 2.54 L, HCT 15.5 L, Hgb 4.2 L, MCV 61 L, MCHC 26.5 L, Retic 117.9 H, Rtc Hgb 25.5 H, WBC 24.9 H, Neu 19.7 H, Mono 1.7 H Chemistry panel: Glu 186 H, Glob 5.6 H EPOC: pO2 70.5 H, cSO2 91.0 H, TCO2 15.3 L, pH 7.246 L, BE -11.6 L, K 3.3 L, Glu 193 H, HCT 14 L Saline autoagglutination (macro/micro): Negative Feline triple: FIV positive

## 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. A large amount of swirling echogenic mobile debris present in the urinary bladder. 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 4.4 cm. Right kidney measures 4.3 cm.

### 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 measures 0.35 cm in thickness. Right measures 0.40 cm in thickness.

### Spleen

The spleen is diffusely enlarged, measuring 1.2 cm in thickness, with a smooth homogeneous parenchyma and smooth capsule.

### Liver

The liver is subjectively normal in size with normal contours and structure. There is age appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion.

The gallbladder is normally distended with a diffusely thickened, hyperechoic wall. There is no obvious common bile duct distention.

### Gastrointestinal

The stomach lumen has complete acoustic dropout, most consistent with foreign material, with some hyperechoic non-shadowing material visible, most consistent with ingesta.

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.



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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.

**SPECIES**

Feline

**Pancreas**

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

**BREED**

DSH

**Lymph Nodes**

A perisplenic lymph node is enlarged, rounded, and hypoechoic.

**SEX**

Neutered Male

**Free Abdomen**

No masses or free fluid were noted.

**AGE**

5 Years

**ULTRASONOGRAPHIC FINDINGS**

- Splenomegaly with surrounding lymphadenopathy.
- Significant urinary bladder debris.
- Thickened, hyperechoic gallbladder wall.
- Shadowing material in stomach.

**WEIGHT**

4.7 kg

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

A definitive cause of severe anemia is not identified on the abdominal ultrasound. Splenomegaly is concerning for possible infiltrative disease, especially given FIV positive status, and splenic aspirate is recommended to further define. Extramedullary hematopoiesis/reaction to anemia remains a possibility. The clinical significance of the gastric luminal contents is uncertain but is concerning given reported anorexia and vomiting. Abdominal radiographs may be of use to further visualize gastric contents. Ultimately, endoscopy should be considered to further visualize. Patient's PCV should be a minimum of 20% prior to general anesthesia, which will likely require blood transfusion. Pathology review of CBC and anemia infectious disease panel are recommended.

**INTERPRETED BY**

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DACVECC

The clinical significance of gallbladder wall changes is uncertain but may represent acute cholangitis, toxic or infectious among other things. Coverage with antibiotics is recommended. Amoxicillin, Amoxi-Clav, Cephalosporins, or Fluoroquinolones are good empiric first choices.

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The clinical significance of significant urinary bladder debris is uncertain. Given the severe anemia, I'm concerned about possible hemorrhage in the urinary bladder. Coagulation testing is recommended along with urinalysis.

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**REFERRING VET**

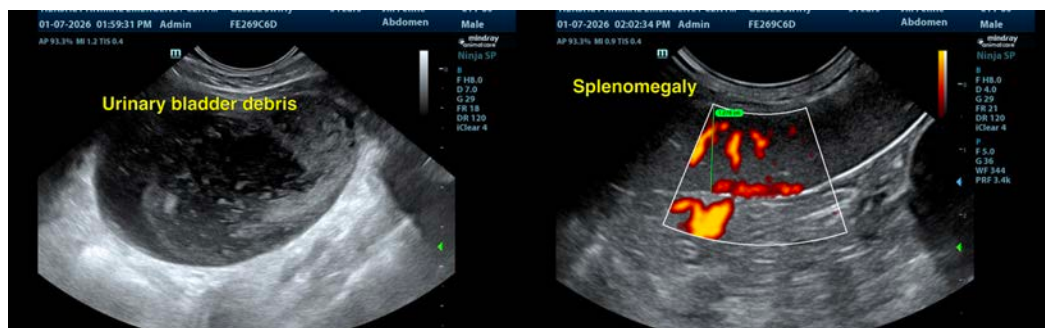
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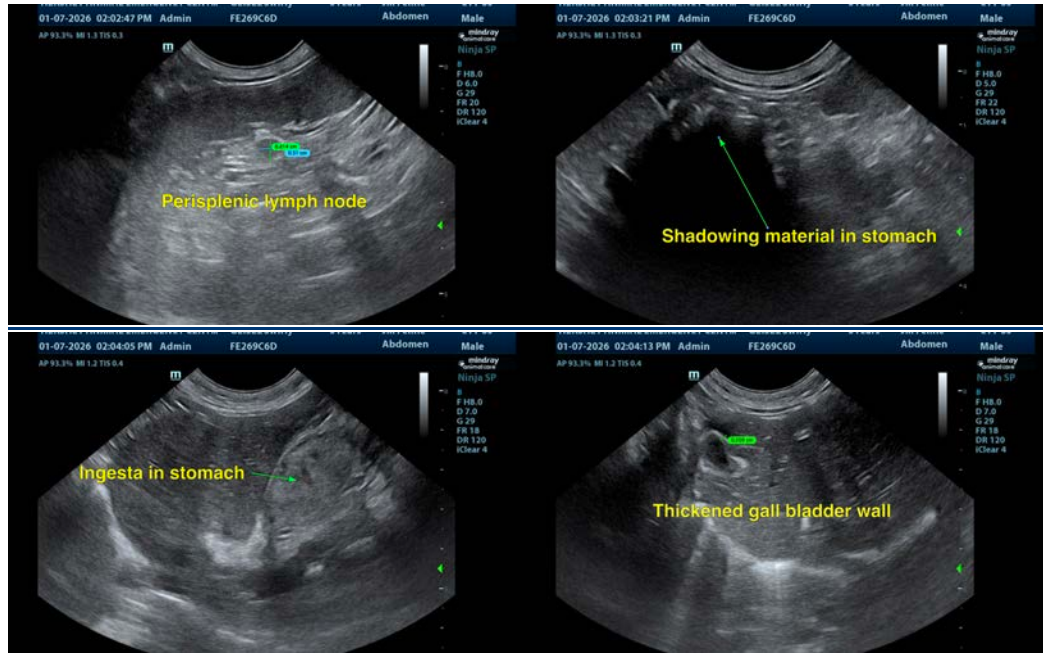
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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