



PATIENT

Gatsby Sholley

SPECIES

Feline

BREED

Maine Coon

SEX

Neutered Male

AGE

7 Years

WEIGHT

5.6 kg

INTERPRETED BY

Karen Ebersole, DVM,
DABVP (Canine and
Feline practice)

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershey AEC

REFERRING VET

Dr. Shally Gastelu

INVOICE

36777

DATE

12/7/25

PRESENTING CLINICAL SIGNS

History: chronic weight loss with 4 pound weight loss in 1 year. ultrasound performed at rdvm that mentioned changes to small intestines. previous blood work at rdvm reported as unremarkable.

sedated for exam Dehydration: <5% EENT/oral: pale pink moist mm, crt <2s Abd: Doughy abdomen
Musc: Generalized cachexia, BCS 1-2/5, no lameness.

Abnormal PE/Chem/CBC/UA Results: on presentation: CBC: Eosinophils 0.04 (L) EPOC: pO2 55.6 (H) cSO2 86.1 (H) BE,ECF -5.3 (L) Lactate 4.15 (H) Chem15: Unremarkable Total T4: 1.4 (n) ProBNP: Normal BP: 4a- 92 Radiographs: Radiology Report- CONCLUSIONS: 1. There is a moderate amount of heterogenous material in the gastric lumen. This could be residual food as the patient recently ate. Gastric foreign material possibly contributing to the clinical signs cannot be ruled out. 2. No evidence of a mechanical small intestinal obstruction or radiopaque small intestinal foreign material is seen. 3. There is splenomegaly. u/a: usg 1046, trace protein, 250 blood (cysto).

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder was normal in size and shape. The bladder wall was normal in thickness for the volume of urine present. The bladder contents were anechoic with echogenic sediment, without visible discrete urolith formation. There was no visible inflammation in the bladder or urethra. The pelvic urethra was visualized to a depth of 2.0 cm past the cystourethral junction.

Both kidneys were normal in size with a mildly irregular capsule contour. There was a mild to moderate increase in cortical echogenicity. The corticomedullary junction was mildly indistinct. There was no pelvic dilation. The left kidney measured 3.7 cm in length. The right kidney measured 3.9 cm in length.

The iliac trifurcation was visualized and evaluated. There was normal vascular perfusion with no evidence of thrombus formation. There was no visible lymphadenopathy.

Adrenal Glands

Both adrenal glands were normal in size, with a normal ovoid shape. The parenchyma was homogeneous. The left adrenal gland measured 0.24 cm in width. The right adrenal gland measured 0.25 cm in width.

Spleen

The spleen was increased in size with a mildly rounded capsule contour. The splenic parenchyma was diffusely heterogenous without any distinct nodules or masses. The spleen measured 1.1 cm in width at the hilus.

Liver/Gallbladder

The liver was normal in size and shape, with a smooth capsule contour. The hepatic parenchyma displayed normal echotexture and normal portal markings. The hepatic vasculature was normal in volume and structure. The gall bladder was normal in size and contents. The cystic and common bile ducts were normal with no evidence of obstruction or inflammation.

Gastrointestinal



PATIENT

Gatsby Sholley

SPECIES

Feline

BREED

Maine Coon

SEX

Neutered Male

AGE

7 Years

WEIGHT

5.6 kg

INTERPRETED BY

Karen Ebersole, DVM,
DABVP (Canine and
Feline practice)

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershey AEC

REFERRING VET

Dr. Shally Gastelu

INVOICE

36777

DATE

12/7/25

The visible gastric walls were of normal thickness with maintained layering. The stomach contained echogenic to progressively shadowing ingesta most consistent with a hairball density or similar. There was no overt evidence of gastric outflow obstruction. The small intestine displayed normal curvilinear patterns throughout. Subjectively normal wall thickness and layering was maintained. The visible colon wall was normal in thickness and layering. There were no visible masses or focal lesions in the GI tract.

Pancreas

The pancreas was mildly to moderately enlarged in size. The capsule contour was mildly asymmetric and irregular. The parenchyma was hypochoic to heterogeneous with mildly bright mesentery around it. There was no overt evidence of neoplasia.

Free Abdomen

There were reactive to rounded mesenteric lymph nodes, including the pancreaticoduodenal lymph node, which measured 0.6 cm x 0.6 cm with adjacent mesenteric inflammation present.

There was no visible free fluid within the abdomen.

ULTRASONOGRAPHIC FINDINGS

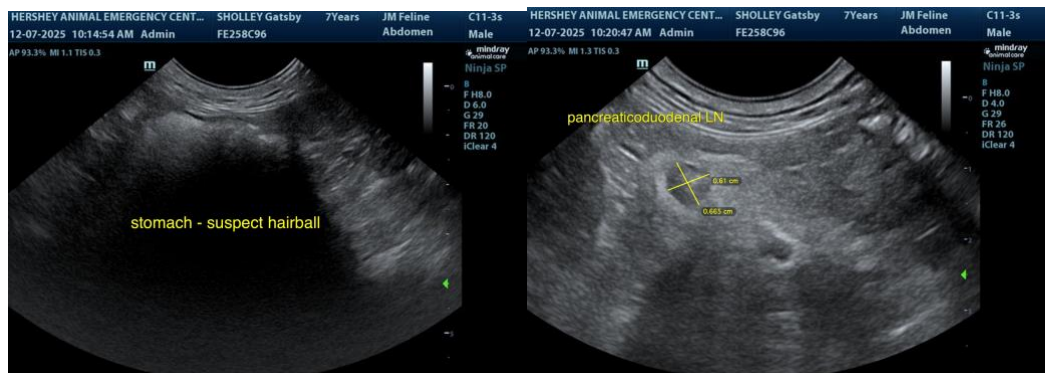
- Splenomegaly w/heterogeneous parenchyma - ddx secondary to sedation, splenitis vs potential for emerging round cell neoplasia
- Suspected hairball in stomach - no evidence of outflow obstruction
- Pancreatitis - suspect acute-on-chronic
- Mesenteric lymphadenopathy - most consistent with reactive pattern

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The visible sonographic findings don't necessarily explain with such a dramatic weight loss. The small intestines appear normal sonographically, however, there can be clinically significant IBD and/or even low-grade alimentary lymphoma present with minimal changes visible. Biopsies would be needed for further assessment and diagnosis.

A GI panel is recommended.

Supportive care and analgesia is recommended for the pancreatitis. An FNA of the spleen could be done for further assessment. Benadryl administration prior to FNA is recommended in case of MCT.





PATIENT

Gatsby Sholley

SPECIES

Feline

BREED

Maine Coon

SEX

Neutered Male

AGE

7 Years

WEIGHT

5.6 kg

INTERPRETED BY

Karen Ebersole, DVM,
DABVP (Canine and
Feline practice)

**IMAGING
PERFORMED BY**

Dr. Meghan Myers

HOSPITAL NAME

Hershey AEC

REFERRING VET

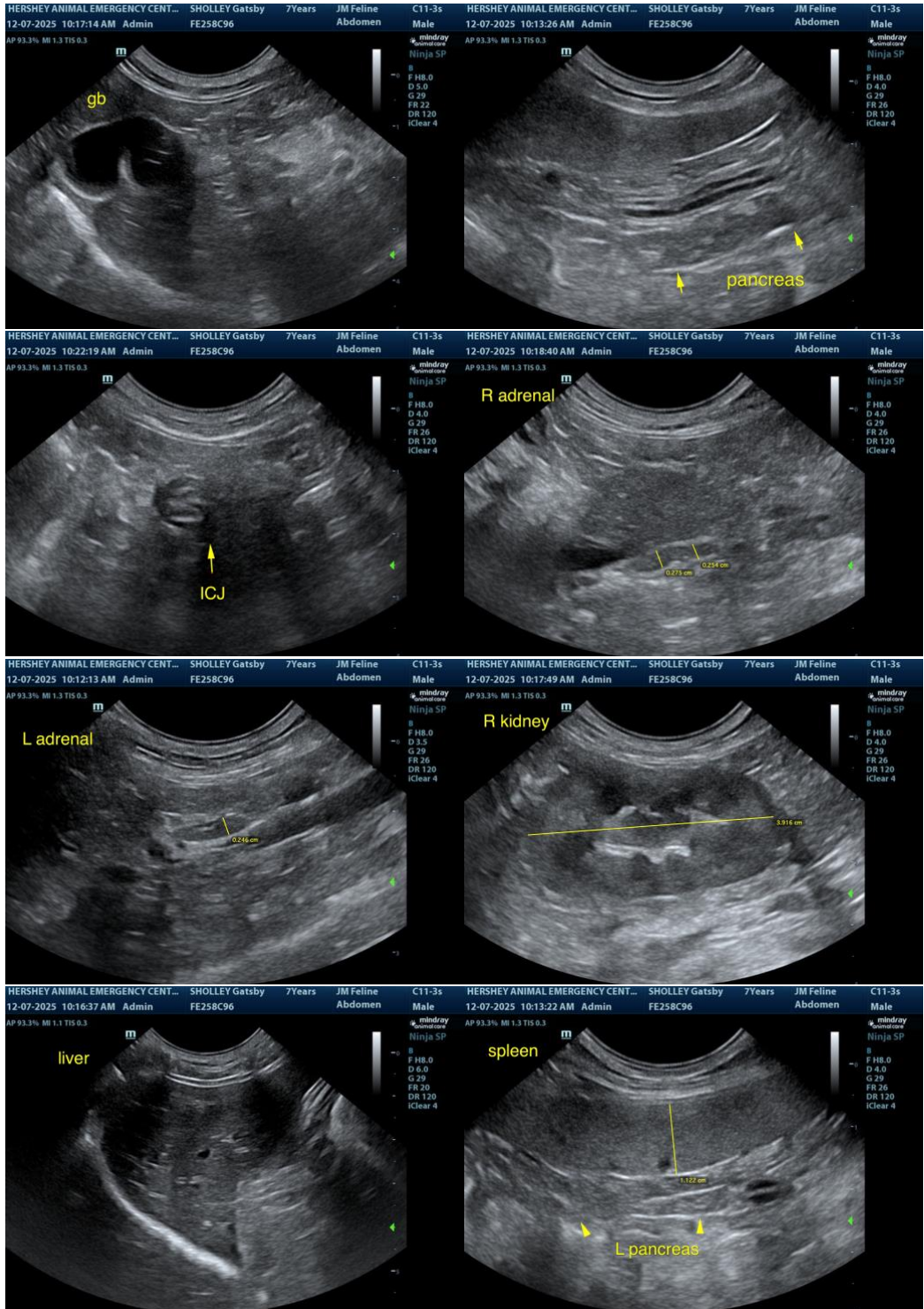
Dr. Shally Gastelu

INVOICE

36777

DATE

12/7/25





PATIENT

Gatsby Sholley

SPECIES

Feline

BREED

Maine Coon

SEX

Neutered Male

AGE

7 Years

WEIGHT

5.6 kg

INTERPRETED BY

Karen Ebersole, DVM,
DABVP (Canine and
Feline practice)

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershey AEC

REFERRING VET

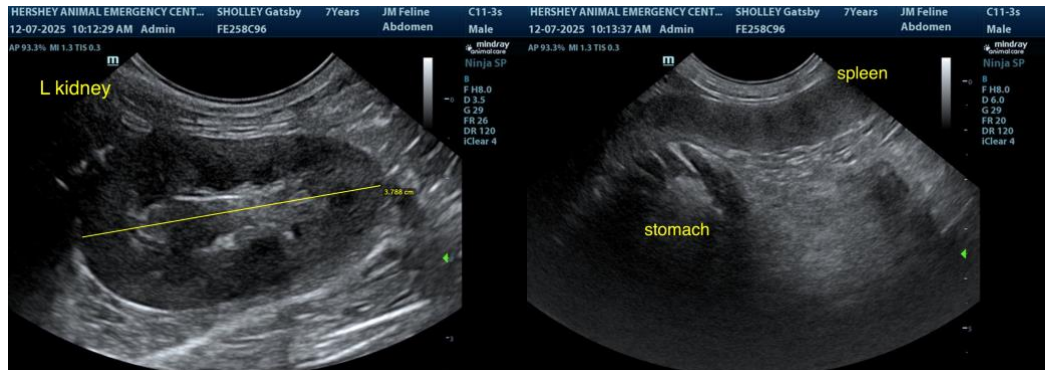
Dr. Shally Gastelu

INVOICE

36777

DATE

12/7/25



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.

Karen Ebersole, DVM, DABVP (Canine and Feline practice)

info@SonoPath.com