



## PATIENT

Daisey Bolton

## SPECIES

Feline

## BREED

DSH

## SEX

Spayed Female

## AGE

4 Years

## WEIGHT

2.6 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Meghan Myers

## HOSPITAL NAME

Hershey Animal  
Emergency Center

## REFERRING VET

Dr. Shally Gastelu

## INVOICE

14723

## DATE

03/29/26

## PRESENTING CLINICAL SIGNS

- Pt presented to HAEC on 3/27/26 for episodes of hind end ataxia, urinating/defecating outside the litter box, weight loss and decreased appetite. Pt has a history of IBD and pancreatitis that was diagnosed in October 2025. Pt is currently on Prednisolone 2.5mg every 3 days and daily Mirataz (last dose 3/27/26 for both medications).
- Nasal: ulceration and crusts on nasal planum (owner reports she injured herself in carrier on way over)
- Cardiovascular: Occasional sinus arrhythmias noted;
- Abdominal: urinary bladder moderately full and easily expressed on gentle palpation
- Integument: Bilateral alopecia and erythema caudal hocks
- Musculoskeletal: underconditioned, generalized sarcopenia
- Nervous system: paraparesis in hind end

CBC: RBC 5.70 (L), HCT 26.6 (L), Hgb 9.0 (L), Eosinophils 0.03 (L), Platelets 32 (L), Platelet Crit 0.06 (L) Invue: % immature neutrophils 7.8 (H), Lymphocytes 0.09 (L), Platelet est <50k (L) Chem: BUN 11 (L), Ca 7.7 (L), Globulins 5.8 (H), Tbili 1.7 (H), Alb:Glob 0.4 (L) EPOC: pO2 61.7, cSO2 91.4, pCO2 28.5, BE -8.0, K 3.5, iCa 1.13, Lactate 4.81, BUN 12 UA: USG 1.044, pH 6.5, bili 1, urobilinogen 4, WBC 2/hpf, RBC 2/hpf Radiographs: thorax appears unremarkable; abdomen: generalized decrease in serosal detail throughout abdomen due to effusion PT/aPTT: PT wnl, ptt slightly prolonged at 141.9 (96-124) BP: 122mmHg

## 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 urethra was visible to 2.0 cm.

The iliac trifurcation was normal in structure and volume. Focally enlarged iliac lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic with a smooth capsule contour. Evidence of perilymphatic inflammation was evident. An example measured 1.9 cm x 0.30 cm.

The kidneys were normal in size with a mild to moderately irregular capsule contour. In the left kidney, there was a possible expansive nodule. There was a pronounced medullary rim sign in both kidneys. The left kidney had trace pelvic dilation. The left kidney displayed a subcapsular rim which may represent fluid or possibly compressed tissue. The left kidney measured 4.1 cm in length. The right kidney measured 3.8 cm in length.

### Adrenal Glands

Both adrenal glands were normal in size and shape. The parenchyma was homogeneous. The left adrenal gland measured 0.30 cm width. The right adrenal gland measured 0.32 cm width.

### Spleen

The spleen was normal in size and shape, with a smooth capsule contour. The parenchyma was finely textured and homogeneous. The spleen measured 0.60 cm width at the hilus.



## PATIENT

Daisey Bolton

## SPECIES

Feline

## BREED

DSH

## SEX

Spayed Female

## AGE

4 Years

## WEIGHT

2.6 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Meghan Myers

## HOSPITAL NAME

Hershey Animal  
Emergency Center

## REFERRING VET

Dr. Shally Gastelu

## INVOICE

14723

## DATE

03/29/26

## Liver

The liver was normal in size and shape, with a smooth capsule contour. The hepatic parenchyma displayed normal echotexture and portal markings. The hepatic vasculature was normal in volume and structure.

The gallbladder was normal in size and shape. The gall bladder was normal in size and shape. The luminal contents were anechoic. The cystic and common bile ducts were normal with no evidence of obstruction or inflammation.

## Gastrointestinal

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The gastric body wall measured 0.50 cm width. Mild gastric distension with primarily anechoic fluid was present.

The small intestines were diffusely mildly thickened with intact wall layering and all visible bowel loops.

The colon was diffusely thickened with a possible early loss of wall layering in the descending colon. The colon wall measured 0.25 cm in width. The luminal contents appeared semi-formed to unformed.

## Pancreas

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

## Free Abdomen

Focally enlarged mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic with a smooth capsule contour. A normal width: length ratio was maintained (<0.5). There was mild adjacent mesenteric inflammation. An example of colic lymph node size was 1.4 cm x 0.96 cm.

A small volume, cellular peritoneal effusion was present. The mesentery was hyperechoic and irregular with a diffuse nodular pattern.

## ULTRASONOGRAPHIC FINDINGS

- Mesenteric lymphadenopathy - ddx reactive vs infiltrative
- Peritoneal effusion - small volume
- Gastritis pattern
- Colitis pattern, possible early loss of wall layering
- Mild to moderate irregular renal capsule contour with medullary rim sign
- Renal subcapsular rim - ddx perirenal fluid, inflammation vs infiltrative disease
- Pancreatitis, active

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This clinical and sonographic presentation is strongly concerning for infiltrative disease such as FIP, although multicentric lymphoma could present similarly.

The current steroid administration could be partly suppressing more dramatic pathology.



## PATIENT

Daisey Bolton

## SPECIES

Feline

## BREED

DSH

## SEX

Spayed Female

## AGE

4 Years

## WEIGHT

2.6 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Meghan Myers

## HOSPITAL NAME

Hershey Animal  
Emergency Center

## REFERRING VET

Dr. Shally Gastelu

## INVOICE

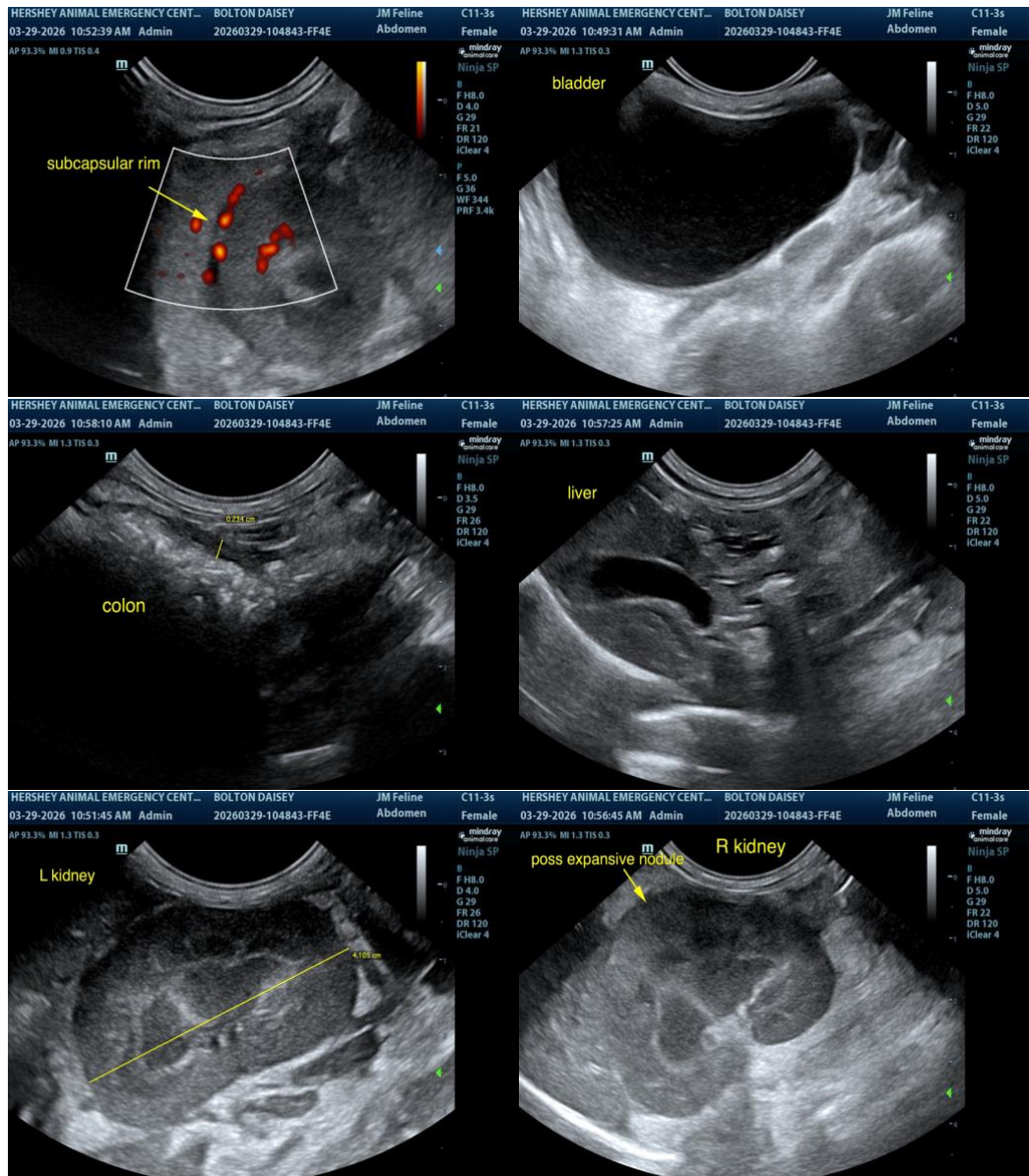
14723

## DATE

03/29/26

Abdominal tap for fluid analysis, cytospin preparation and FIP PCR could all be considered for further assessment. Ideally, tissue sampling would be done, but I would not recommend this with the current Platelet counts.

Prognosis is guarded pending results of further diagnostics.





**PATIENT**

Daisey Bolton

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

4 Years

**WEIGHT**

2.6 kg

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Meghan Myers

**HOSPITAL NAME**

Hershey Animal  
Emergency Center

**REFERRING VET**

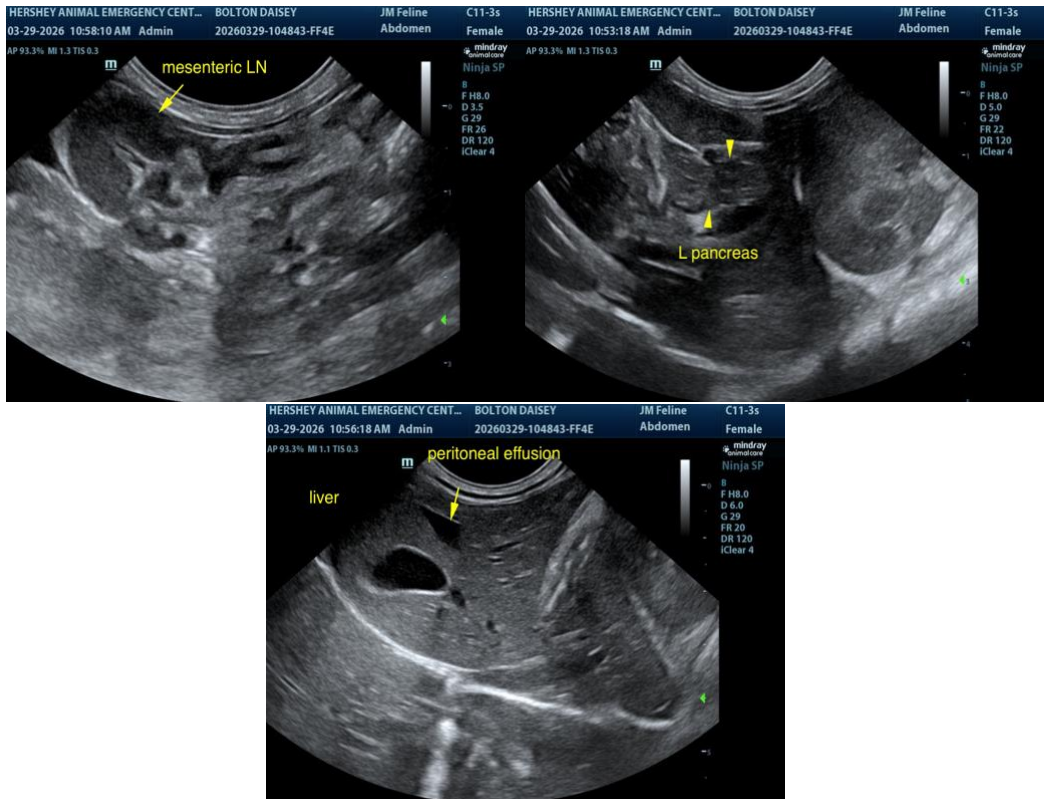
Dr. Shally Gastelu

**INVOICE**

14723

**DATE**

03/29/26



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