

PATIENT

Jasper Nuss

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

15 Years

WEIGHT

4.5 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

Dr. Cara Sinopoli

INVOICE

13231

DATE

01/17/26

PRESENTING CLINICAL SIGNS

~6 days ago P presented to PETS for acute anorexia and vomiting. BW showed dehydration and elevated GGT/Tbil. Treated with fluids, cerenia, mirataz. Diarrhea has progressed to watery consistency, intermittent inappetence. Hx of hyperthyroidism: P takes methimazole 5 mg PO q24h MM pink/tacky, moderate tartar/gingival erythema grade II/VI systolic murmur prolonged skin tenting muscle atrophy along dorsum

Radiographs: Fluid distention of the colon, small intestines contain gas, stomach appears empty. CBC: HCT 37.7%, invue never ran** dot plot shows neutrophilia with lymphopenia EPOC: BE -7.6, iCa 1.17 Chem: Creat 0.6 (L), TP 9.0 (H), Alb 4.0 (H), Tbil 1.5 CPL: WNL T4: 5.4 (H) Pancreatic lipase: 2.2 N

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen.

Nondependent particulate to accumulated mild sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was present in the kidneys (subnormal left kidney size compared to the right kidney). A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. Mild pyelectasia was present bilaterally. The left kidney measured 3.2 cm in length. The right kidney measured 4.5 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.38 cm width.

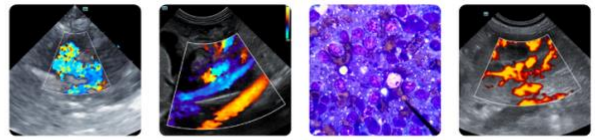
The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.40 cm width.

Spleen

The spleen presented mildly enlarged with symmetrical contour and mild heterogeneous splenic parenchyma with no evidence of mass or nodules. The spleen measured 1.1 cm width level of the mid spleen.

Liver & Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.



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The gallbladder appeared to be divided into two compartments, both containing anechoic bile. The proximal common bile duct was dilated and minor tortuous without overt post hepatic obstruction. The duodenal papilla was free of pathology.

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

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The small intestine presented intact wall layering with overall maintained wall layer ratio and with mild generalized thickened intestinal wall width. The duodenum wall measured 0.34 cm width. The jejunum wall measured 0.29 cm width. The ileocolic wall measured 0.41 cm width.

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Normal visible colon wall layers were present with soft fecal matter in lumen.

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The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

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R. McKenzie Daniel,
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- Urinary bladder sediment.
- Chronic renal changes exhibiting mild pyelectasia and borderline subnormal left kidney size.
- Mild splenomegaly- hyperplasia, hematopoiesis, inflammation, sedation if clinically indicated, emerging to occult splenic neoplasia are all possible.
- Normal liver.
- Bi-lobed gallbladder with minor nonobstructive proximal common bile duct dilation- bi-lobed gallbladders are a normal variant in cats, possible low-grade cholangitis.
- Mild heterogeneous pancreas.
- Empty gastrointestinal tract with intact mildly thickened small intestine wall.
- Soft fecal matter in colon.

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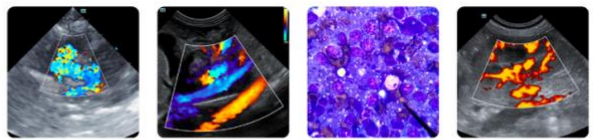
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended. Non-specific enterocolitis, IBD or other inflammatory enteropathy, triaditis given potential for mild cholangitis, less likely occult to emerging intestinal round cell neoplasia are all potentials, A GI panel to include PLI, TLI, cobalamin and folate is recommended. Gastrointestinal support with clinical monitoring and sonographic reassessment if non-responsive or progressive gastrointestinal signs or progressive hepatopathy is recommended.



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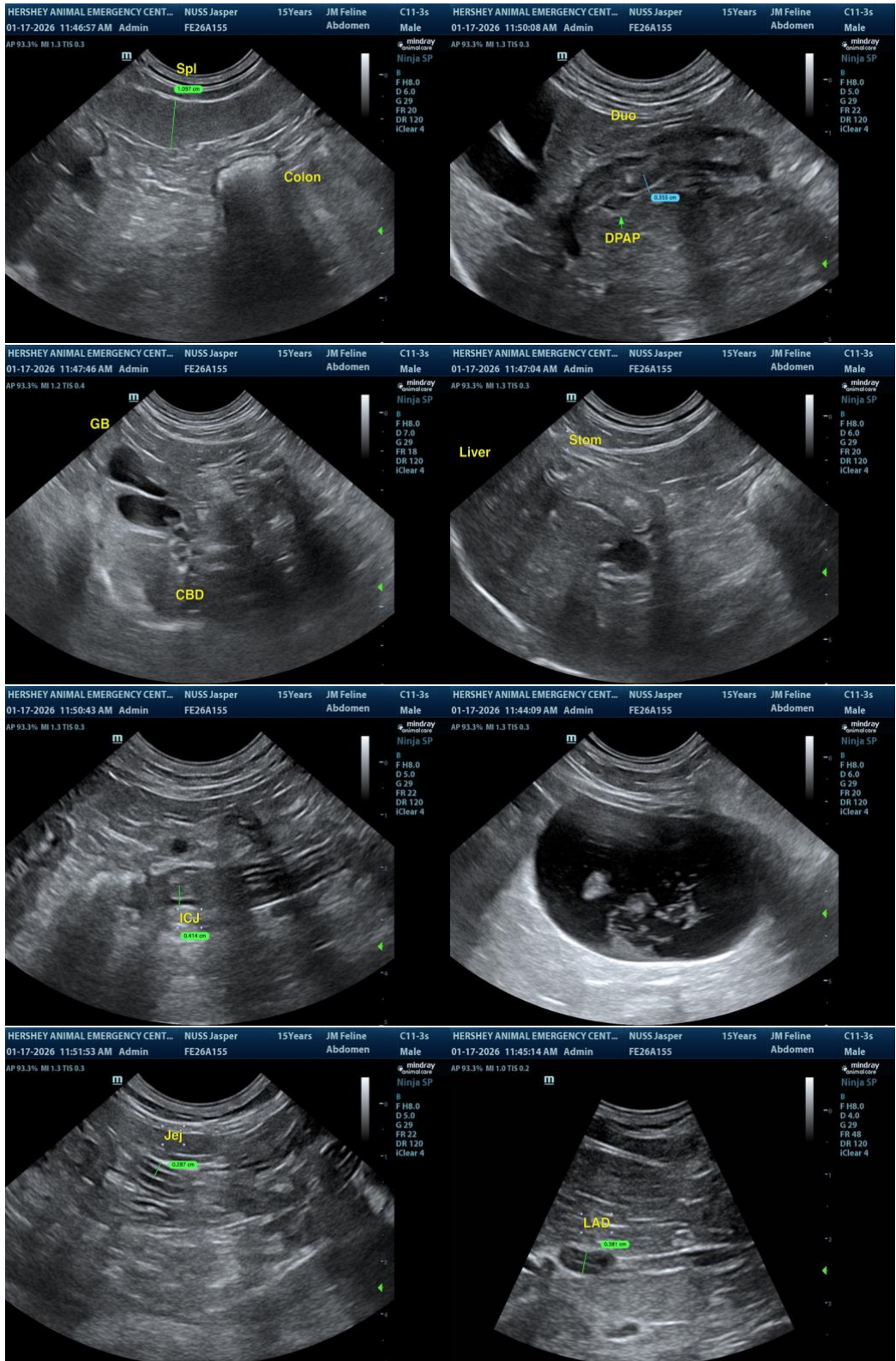
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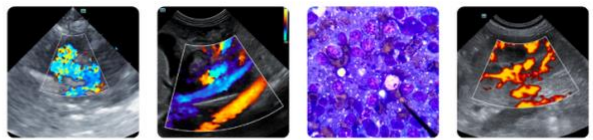
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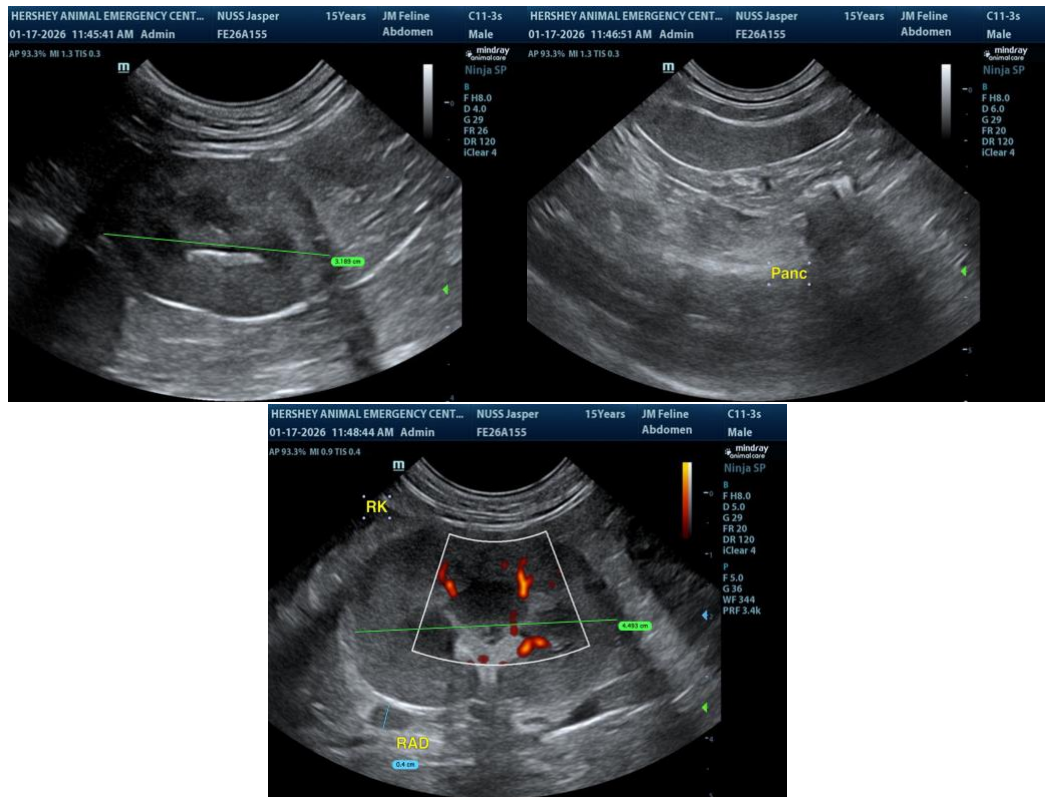
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com