



PATIENT

Greyson Liskey

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

8yr

WEIGHT

5.6kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

Dr. Cara Sinopoli

INVOICE

23398

DATE

01/02/2026

PRESENTING CLINICAL SIGNS

anorexic x 5 days, vomiting, diarrhea on monday- none since. was seen at rdvm and blood work was unremarkable. Treated with cerenia sq last night and does seem to have an appetite this morning but was fasted for AUS history of cystitis and asthma- no issues with those currently.

Abnormal PE/Chem/CBC/UA Results: unremarkable

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 4.2 cm in length. The right kidney measured 4.2 cm in length.

Intermittent mildly prominent to enlarged medial iliac lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

Adrenal Glands

The bilateral adrenal glands were normal in size and contour. Pinpoint areas of mineralization were present without capsular distortion or overt tumors. This is an age-related finding and not pathological. The left adrenal gland measured 0.46 width, and the right adrenal gland measured 0.54 width.

Spleen

The spleen exhibited mild enlargement (1.1 cm width mid spleen) with a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. A caudate lobe intraparenchymal cyst or cystic nodule was present measuring 1.6 cm in diameter. The gallbladder was non-distended in size with thin walls and mild non-organized debris. The cystic and common bile ducts were normal.

Gastrointestinal



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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.

The small intestine presented intact wall layering exhibiting mild thickened intestinal wall and mild altered wall layer ratio owing to propensity for mildly thickened submucosa and muscularis layers. The duodenum wall measured 0.28 cm width. The jejunum wall measured 0.26 cm width. The ileocolic wall measured 0.47 cm width.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

No peritoneal effusion was present.

Focally enlarged colic lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was present. An example of lymph node size was 1.1 cm in diameter.

ULTRASONOGRAPHIC FINDINGS

Primary

- Normal empty stomach
- Enteropathy.
- Sonographically normal area of pancreas
- Caudate liver intraparenchymal cyst / nodule -cyst or biliary cyst adenoma probable.
- Mild gallbladder debris
- Mildly swollen colic lymphadenopathy.
- Sonographically normal mildly enlarged spleen -likely secondary to sedation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of mechanical gastrointestinal obstruction or foreign material. Acute to subacute enteropathy with considerations including non-specific inflammatory bowel or emerging IBD, infectious disease, enterotoxin or other with reactive colic lymphatic hyperplasia or lymphadenitis favored. Potential for occult to emerging intestinal round cell neoplasia and early metastatic lymphadenopathy felt less likely. Mild pancreatitis at times may present sonographically normal. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

Continued gastrointestinal support is indicated. Monitoring of hepatic parameters for evidence of emerging hepatopathy given short half-life of hepatic enzymes in cats in presence of mild gallbladder debris which may suggest potential triaditis is recommended. Sonographic reassessment suggested if continued or progressive gastrointestinal signs or weight loss.



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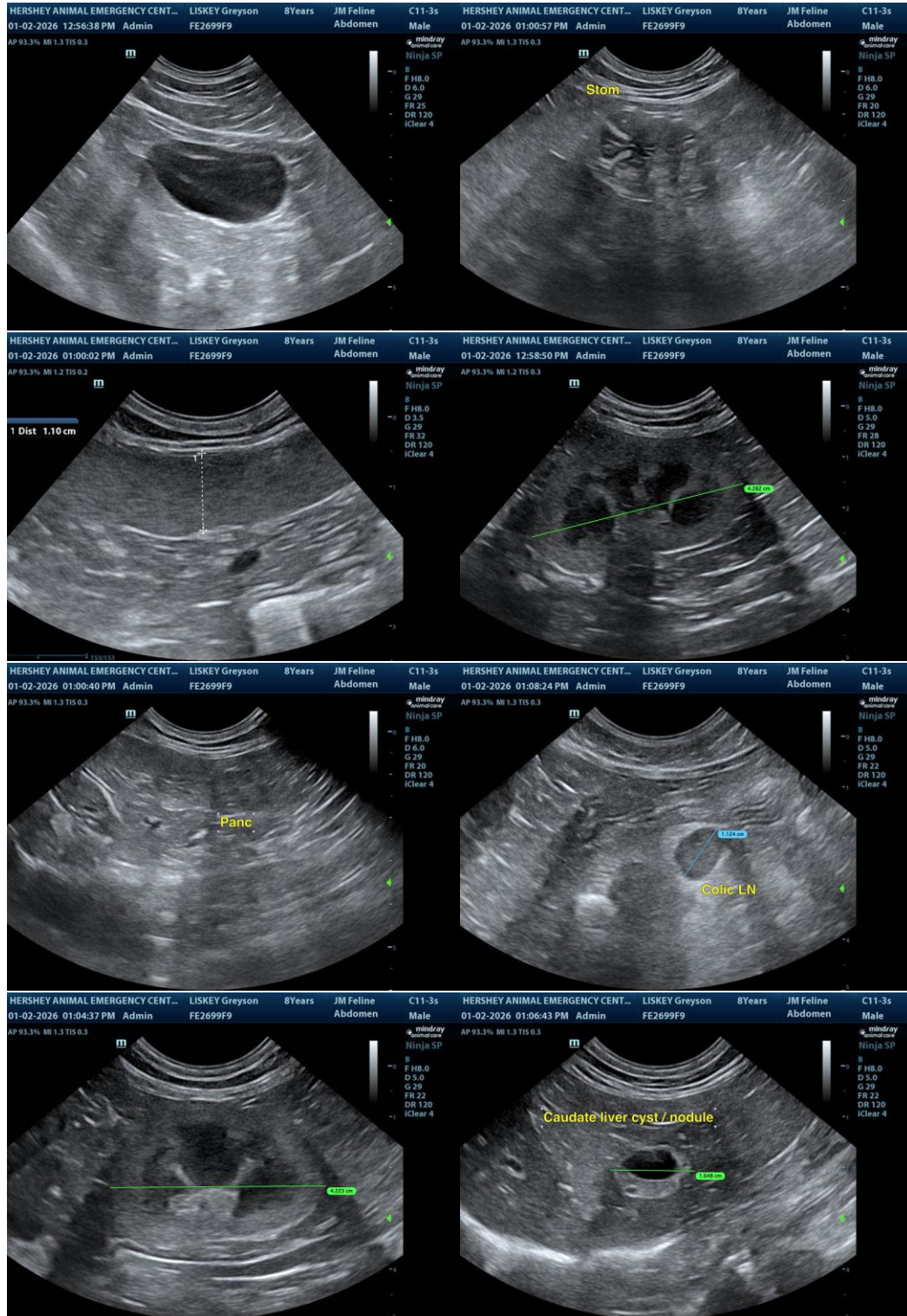
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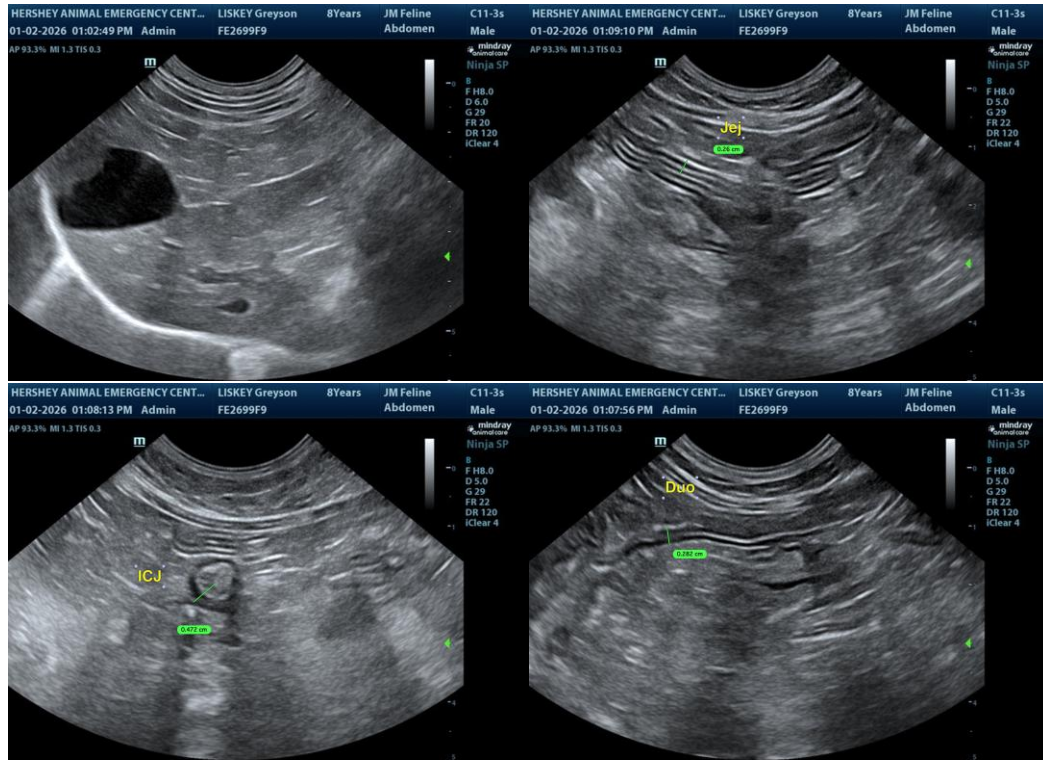
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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