



PATIENT

Tansy Umble

SPECIES

Feline

BREED

DSH/Bobtail?

SEX

FS

AGE

12yr

WEIGHT

4.64kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Lindsay Powell, CVT

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

Dr. Brittany Lang

INVOICE

23707

DATE

01/29/2026

PRESENTING CLINICAL SIGNS

- Presented 1/28 as transfer from Furdunkin for AUS. Patient had anorexia for 3-4 days, lethargy, weight loss over 4 months. Patient has a history of constipation and diarrhea.

Abnormal PE/Chem/CBC/UA Results: Tenses when palpating caudal abdomen hairless, raised ~5mm pink nodule on dorsal aspect of cranium MCS 2/3 Furdunkin records AXR: soft tissue opacity in central ventral abdomen, generalized lack of serosal detail, moderate gas dilation of distal colon CBC: Reticulocytes 55.9 (H), Baso 0.32 (H) CHEM17: K 3.2 (L), ALT <10 (L) During transfer call the Dr. verbally stated that she performed an AFAST and did not see any FF, but not stated in records HAEC baseline PCV/TS: 36%/6.0 clear

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. Mild bilateral pelvic dilation was present. The left kidney measured 3.7 cm in length. The right kidney measured 3.4 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.31 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.35 cm width

Spleen

The spleen exhibited 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. The gallbladder was



PATIENT

Tansy Umble

mildly distended in size with thin walls and primarily anechoic luminal content. The common bile duct was not visualized without overt evidence of dilation or post hepatic obstructive criteria.

Gastrointestinal

SPECIES

Feline

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.

BREED

DSH/Bobtail?

The intestinal walls demonstrated intact wall layers with diffusely thickened walls and altered 1:3 muscularis / mucosa ratio primarily consisting of muscularis hypertrophy. Segmental thickened, mid-abdomen intestine containing progressively shadowing content was present which may indicate retained ingesta, hairball density, or similar. Thickened intestinal wall measured up to 0.35 cm in width.

Normal visible colon wall layers were present with subjective formed feces and lumen gas.

SEX

FS

Pancreas

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

AGE

12yr

Free Abdomen

Peri-intestinal to generalized mild hyperechoic omentum.

Mild volume echogenic peritoneal effusion.

WEIGHT

4.64kg

Intermittent mildly swollen to hypoechoic mesenteric lymph nodes were present, an example measured 1.1 cm in diameter.

ULTRASONOGRAPHIC FINDINGS

INTERPRETED BY

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

Primary

- Diffusely thickened small intestine exhibiting segmental indistinct mural detail and progressively shadowing content- segmental retained intestinal ingesta vs hairball density or similar.
- Normal empty stomach.
- Mild heterogeneous pancreas- remodeling vs chronic pancreatitis.
- Intermittent mild hypoechoic/swollen mesenteric lymphadenopathy.
- Mild volume echogenic peritoneal effusion.
- Subjective formed fecal matter in colon.

IMAGING PERFORMED BY

Lindsay Powell, CVT

Secondary

- Bilateral chronic renal changes.

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

Dr. Brittany Lang

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The segmental intestinal content does not appear to be obstructive. IBD or other inflammatory enteropathy, neoplasia such as lymphoma with potential for lymphomatosis are primary potentials. Neoplastic criteria is favored.

INVOICE 23707

DATE
01/29/2026



PATIENT

Tansy Umble

Effusion analysis cytology, +/- C/S for further clarification could be considered. Definitive diagnosis would require intestinal biopsies for histopathology. Technically FIP is a possibility yet considered unlike given patient age.

SPECIES

Feline

BREED

DSH/Bobtail?

SEX

FS

AGE

12yr

WEIGHT

4.64kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Lindsay Powell, CVT

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

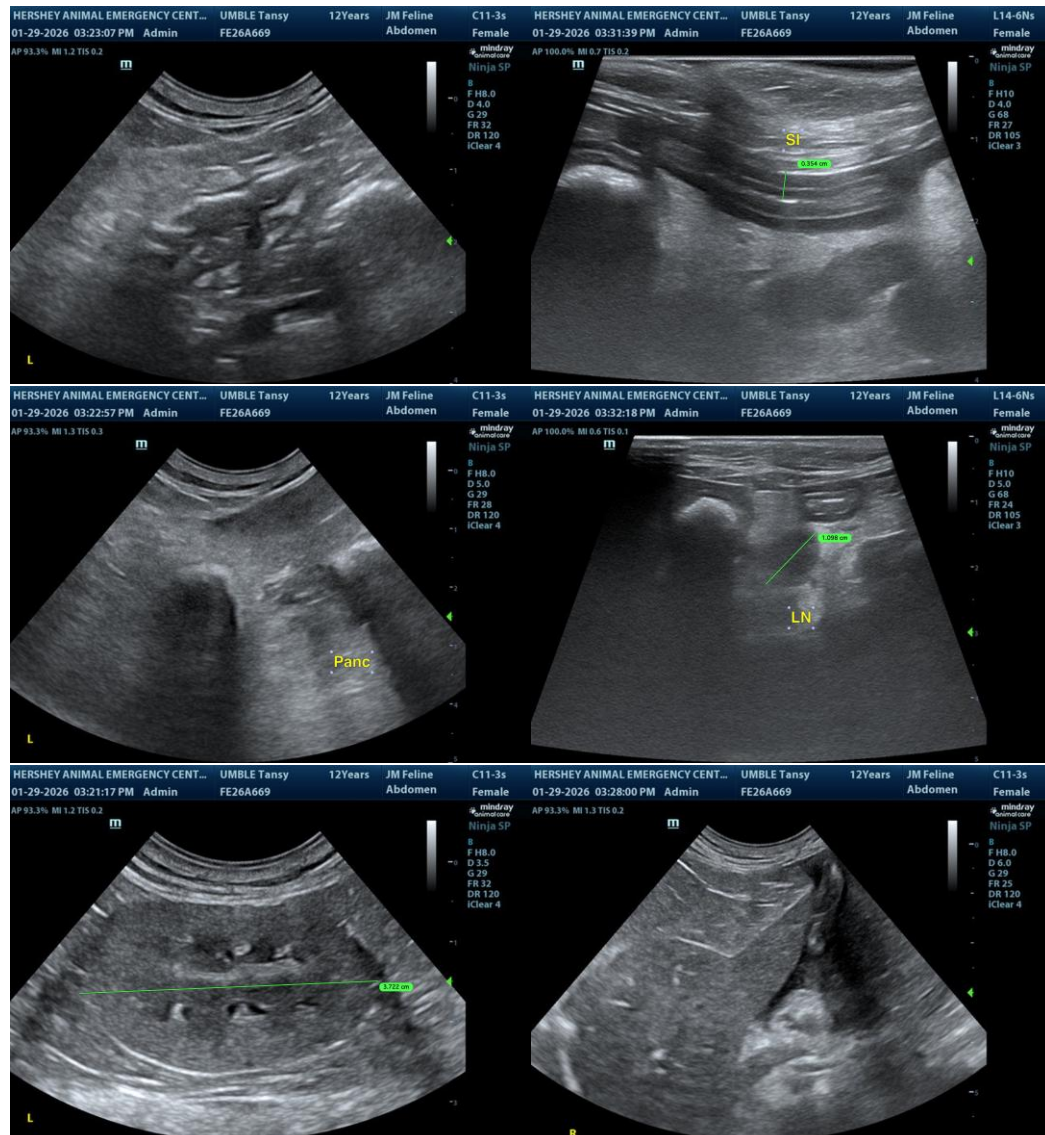
Dr. Brittany Lang

INVOICE

23707

DATE

01/29/2026





PATIENT

Tansy Umble

SPECIES

Feline

BREED

DSH/Bobtail?

SEX

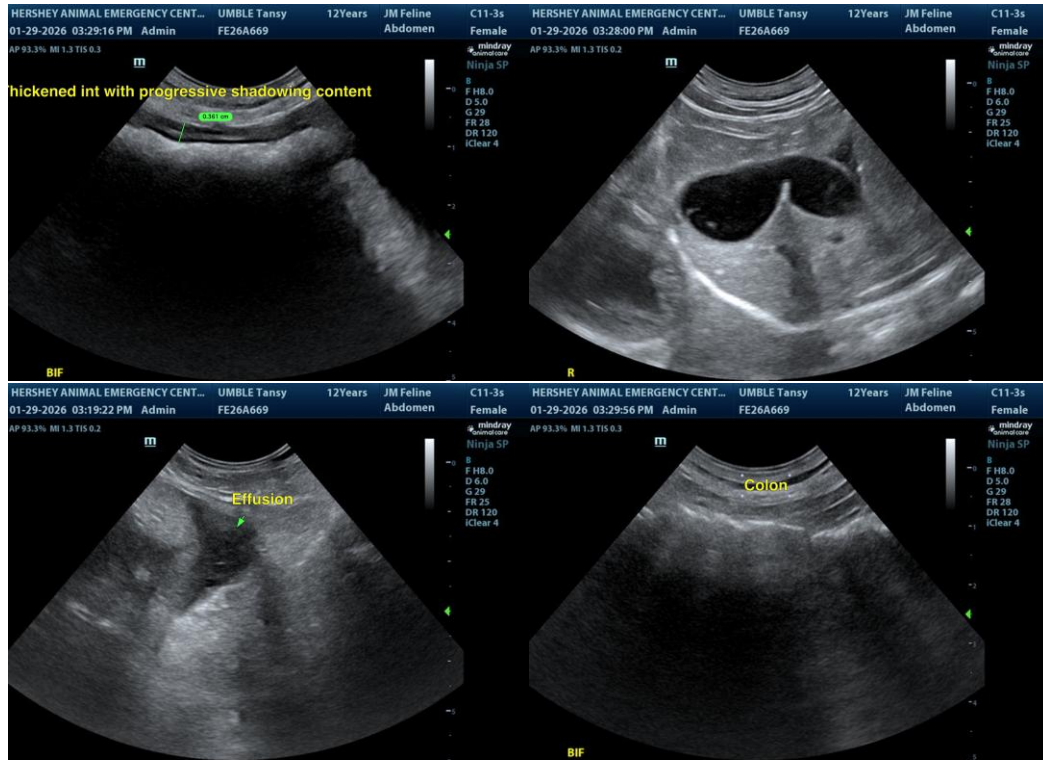
FS

AGE

12yr

WEIGHT

4.64kg



INTERPRETED BY

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

IMAGING PERFORMED BY

Lindsay Powell, CVT

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

Dr. Brittany Lang

INVOICE
23707

DATE
01/29/2026

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