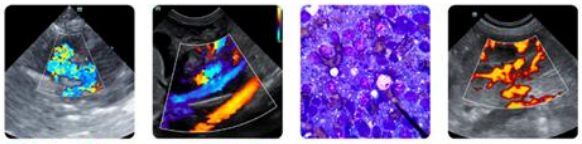


PATIENT

Bones Cook

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

3yr

WEIGHT

2.2kg

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
22938

DATE
11/12/2025

PRESENTING CLINICAL SIGNS

Oct: Bloodwork was performed which revealed a moderate non-regenerative anemia, mild neutropenia and moderate to marked thrombocytopenia. Doxycycline and prednisone. O discontinued over last month. declined again. Seen on Nov. 6 with worsening BW. Restarted Doxy/Pred. Presented to HAEC on 11/11 Cardiovascular: Sinus bradycardia, grade III/VI systolic heart murmur, pulses thready Musculoskeletal: Previous right forelimb amputation, able to ambulate well on remaining 3 limbs but showing generalized weakness, moderate generalized muscle wasting, underconditioned

Abnormal PE/Chem/CBC/UA Results: rDVM Oct. 14: CBC - HCT 21.8 (non-regenerative), neut 2.15, plt 30 with clumping Chemistry - unremarkable TT4 - 0.9 (WNL) rDVM Nov. 6: CBC - HCT 7.6 (non-regenerative), MCV 55.1, neut 0.80, baso 0.00, plt 39 HAEC Nov. 11: CBC - non-regenerative severe macrocytic anemia (HCT 6.0%), panleukopenia (neut 1.09, lymph 0.52, mono 0.03, eos 0.00, baso 0.00), thrombocytopenia (plt 89) PCV/TP - 7% / 7.0 clear EPOC - pCO2 24.2, bicarb 10.7, K 3.0, lac 6.85, BUN 61, BG 279 FIV/FeLV/HW triple snap - negative Blood type - A Overnight CBC: RBC (4.28) HCT (18.1) HGB (6.4) RDW (19.8) WBC (2.52) Neu (1.52) Lymphocytes (0.89) Eos (0.04) Platelets (61) platelet crit (0.09) EPOC: Lactate (4.4) Na (145) pH (7.202) Glucose (135) HCT (18) PCV/TP: 20/8.2

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 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 3.4 cm in length. The right kidney measured 3.6 cm in length.

The area of the aortic trifurcation was free of pathology.

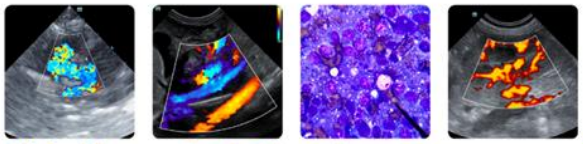
Adrenal Glands

The bilateral adrenal glands were borderline subnormal in size, likely secondary to previous or current steroid administration. No evidence of pathology. The left adrenal gland measured 0.30 cm width. The right adrenal gland measured 0.28 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. The spleen measured 0.76 cm in width at the level of the mid spleen.

Liver/Gallbladder



PATIENT

Bones Cook

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

3yr

WEIGHT

2.2kg

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
22938

DATE
11/12/2025

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 non-distended in size with thin walls and minor non-organized debris. The cystic and common bile ducts were normal.

Gastrointestinal

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 borderline thickened wall with subjective mild altered wall layer ratio owing to propensity for prominent muscularis layer. Segmental, generally mild non-shadowing intestinal ingesta was present without obstructive pattern to the level of the colon. The small intestine measured 0.26-0.27 cm in 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 omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

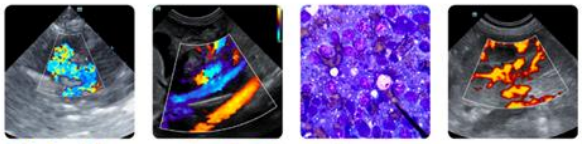
- Sonographically normal spleen / liver
- Borderline thickened small intestine with mild prominent muscularis layer

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no evidence of significant visceral pathology such as abdominal masses or significant lymphadenopathy. The small intestine is non-specific given no reported gastrointestinal signs or weight loss with possible patient variant. Occult to emerging enteropathy such as IBD or other inflammatory enteropathy with no obvious evidence of intra-abdominal neoplastic criteria thought less likely with potential suppression of intestinal mural changes or lymphadenopathy owing to recent or current steroid therapy possible.

Gastrointestinal support recommended, if clinically indicated. Monitoring for gastrointestinal signs or weight loss going forward, +/- a GI panel to include PLI/TLI/Cobalamin/Folate is recommended.
If not done, three view chest radiographs, CBC pathology review and infectious disease serology may be considered. Bone marrow biopsy / cytology may be indicated in this patient.

SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com | info@sonopath.com | 1.800.838.4268

PATIENT

Bones Cook

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

3yr

WEIGHT

2.2kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

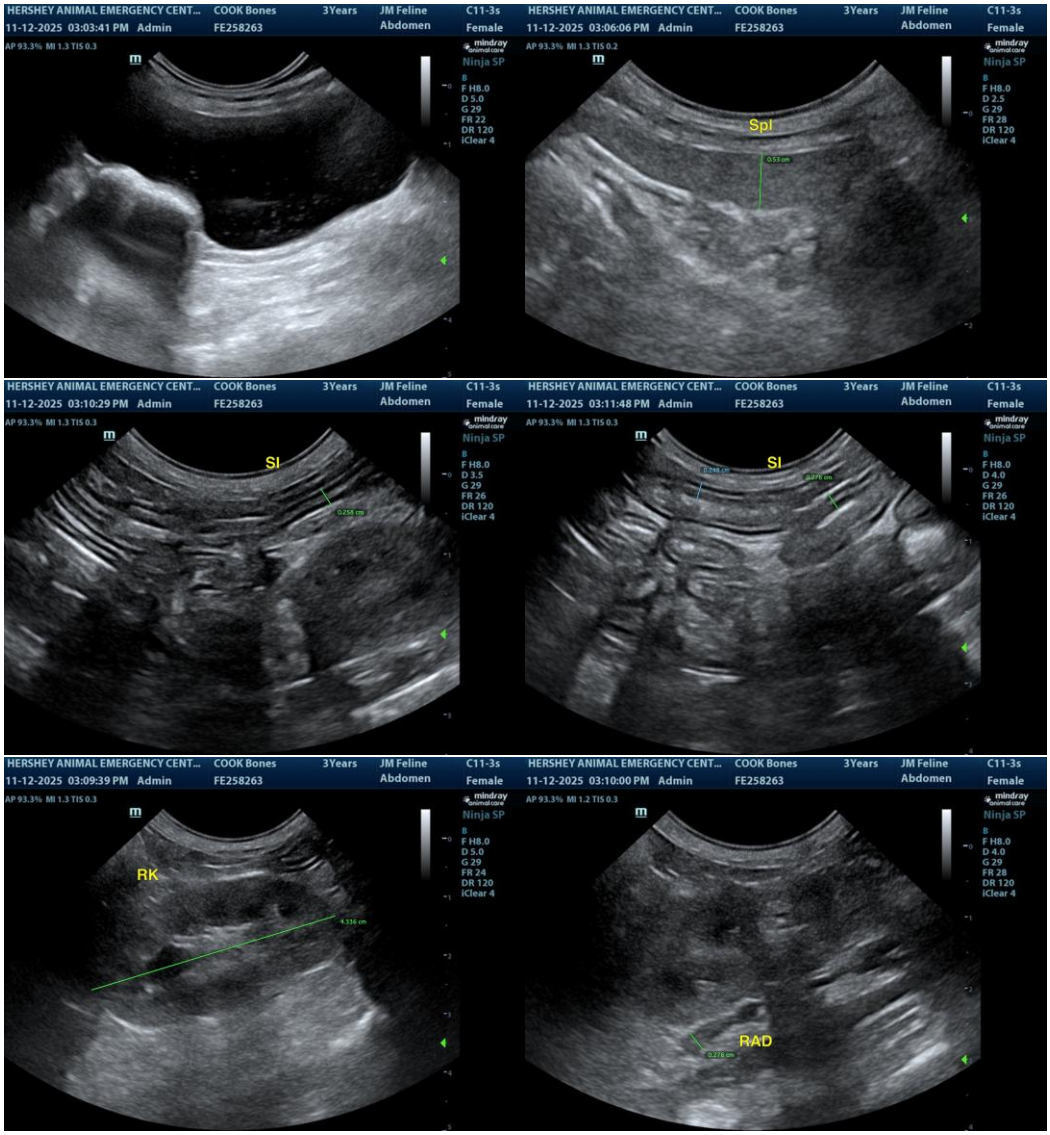
Hershey Animal Emergency Center

REFERRING VET

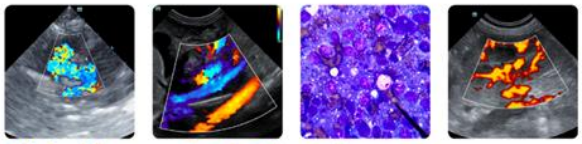
Dr. Cara Sinopoli

INVOICE
22938

DATE
11/12/2025



SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Bones Cook

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

3yr

WEIGHT

2.2kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

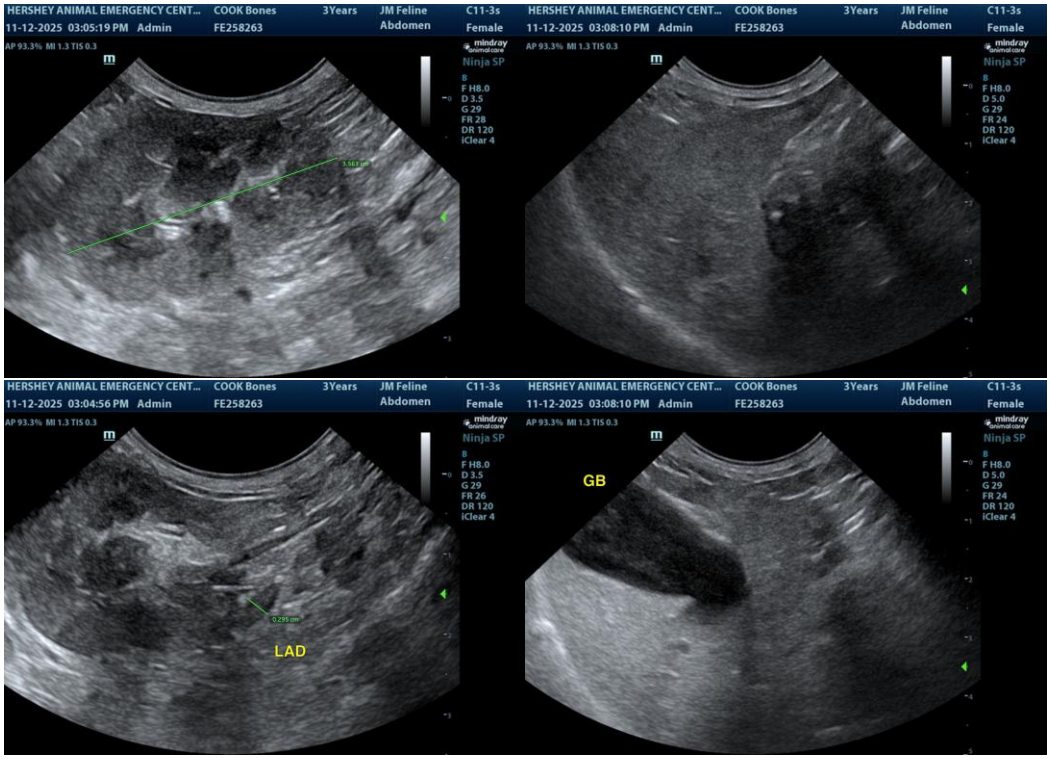
Hershey Animal Emergency Center

REFERRING VET

Dr. Cara Sinopoli

INVOICE
22938

DATE
11/12/2025



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