



## PATIENT

Skye Atkins

## SPECIES

Feline

## BREED

DSH

## SEX

Female Spayed

## AGE

2.5 yrs

## WEIGHT

3.07 kgs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

DR. Meghan Myers

## HOSPITAL NAME

Hershey Animal  
Emergency Center

## REFERRING VET

Victoria Orlando

## INVOICE

12843

## DATE

11/20/25

## PRESENTING CLINICAL SIGNS

History: O states that in the last 2 weeks P has drastically lost weight. O states that she is not eating. P started sniffing or sneezing PE: Eyes: moderately sunken bilaterally; minimal sclera visualized but sliver that is icteric Ears: Inner pinna icteric Oral Cavity: Mucous membranes pink & icteric/tacky, CRT 2-3s Abdominal: Markedly painful on cranial abdomen - large, swollen, spongy, lobulated kidneys bilaterally; firm cranial abdomen - hepatomegaly Musculoskeletal: moderate generalized cachexia Nervous system: noted lateral, horizontal head tremor for a singular event while sitting on table

Abnormal PE/Chem/CBC/UA Results: @ rDVM 11/19 @ 4:25p: CBC: HCT 28.4 (L), MCHC 40.9 (H), RDW 33.0 (H), Retic 2.6 (L), Neut 13.1 (H), Plt 135 (L) Chem: SDMA 17 (H), Crea 2.8 (H), Ca 7.7 (L), TP 10.0 (H), Alb 2.1 (L), Glob 8.0 (H), A:G ratio 0.3 (L), Tbili 3.4 (H) HAEC Dx: EPOC: pO2 73.0 (H), K 3.2 (L), BG 160 (H), Lactate 3.88 (H), BUN 33 (H), Crea 2.31 (H), cSO2 92.7% (H) U/A: USG 1.026, BG 100, Blood/HGB 250, WBC 7/hpf, RBC >50/hpf, Non-squa epith 1-2/hpf Pancreatic lipase: 1.7 (WNL) Triple: negative x 3

## 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. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted. Catheter was present at the level of the trigone and proximal urethra.

The area of the aortic trifurcation was free of pathology.

The kidneys were mildly enlarged with moderately to variable hyperechoic renal cortex and medulla echogenicity exhibiting indistinct corticomedullary border demarcation. A hypoechoic halo was present at the periphery of the cortex. Mild dilation of the renal diverticuli was present. Mild dilation of the renal pelvis noted. Mild left and right retroperitoneal effusion present. The left kidney measured 4.7 cm in length. The right kidney measured 5.1 cm in length.

### Adrenal Glands

No obvious pathology in the area of the left and right adrenal glands.

### Spleen

The spleen was borderline mildly enlarged in size with mild asymmetrical capsule contour exhibiting subtle micronodular parenchyma. The spleen measured 1.1 cm width level of the mid spleen.

### Liver

The liver exhibited generalized hepatomegaly with areas of mild lobar asymmetrical capsule contour and variable heterogeneous hepatic parenchyma. Indistinctly marginated, non-homogeneous, echogenic intraparenchymal mass lesion and concurrent nodular parenchymal changes. The mass lesion measured 3.6 cm in diameter. The gallbladder was normal to subnormal in size without evidence of inflammation or post hepatic obstruction. The cystic and common bile ducts were normal.



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## 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 wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

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

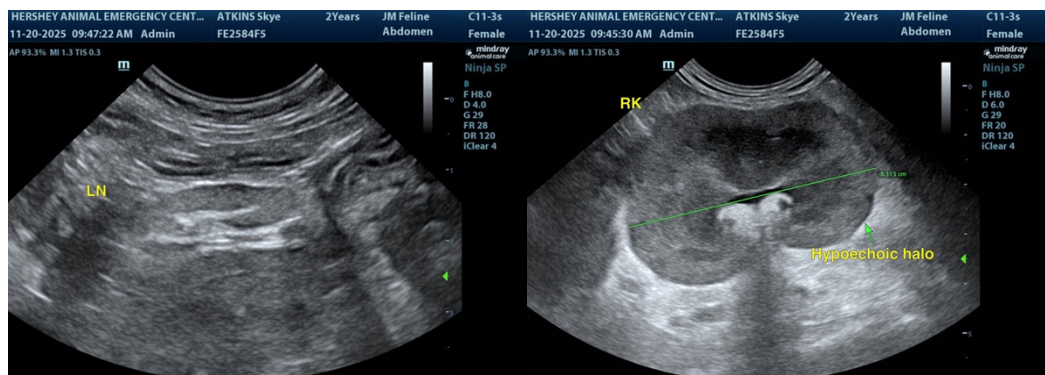
Intermittent, mildly prominent, irregular mesenteric node was present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). Scant to minor pockets of peritoneal effusion was present.

## ULTRASONOGRAPHIC FINDINGS

- Bilateral renomegaly exhibiting indistinct architecture, mild pyelectasia and perinephric hypoechoic halo/inflammation
- Enlarged non-homogeneous nodular liver with intraparenchymal mass lesion
- Non-distended gallbladder
- Mild splenomegaly exhibiting subtle micronodular parenchyma
- Sonographically unremarkable gastrointestinal tract

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further clarification, a multicentric neoplasia, i.e. lymphoma or other I favored. Multicentric inflammatory disease or FIP is also possible. Further assessment may include, assuming normal clotting status, hepatic parenchyma/mass lesion and renal cortex FNA cytology. Recheck retroviral status, 3-view chest radiographs and +/- protein electrophoresis could be considered. Extremely guarded to unfavorable prognosis probable.





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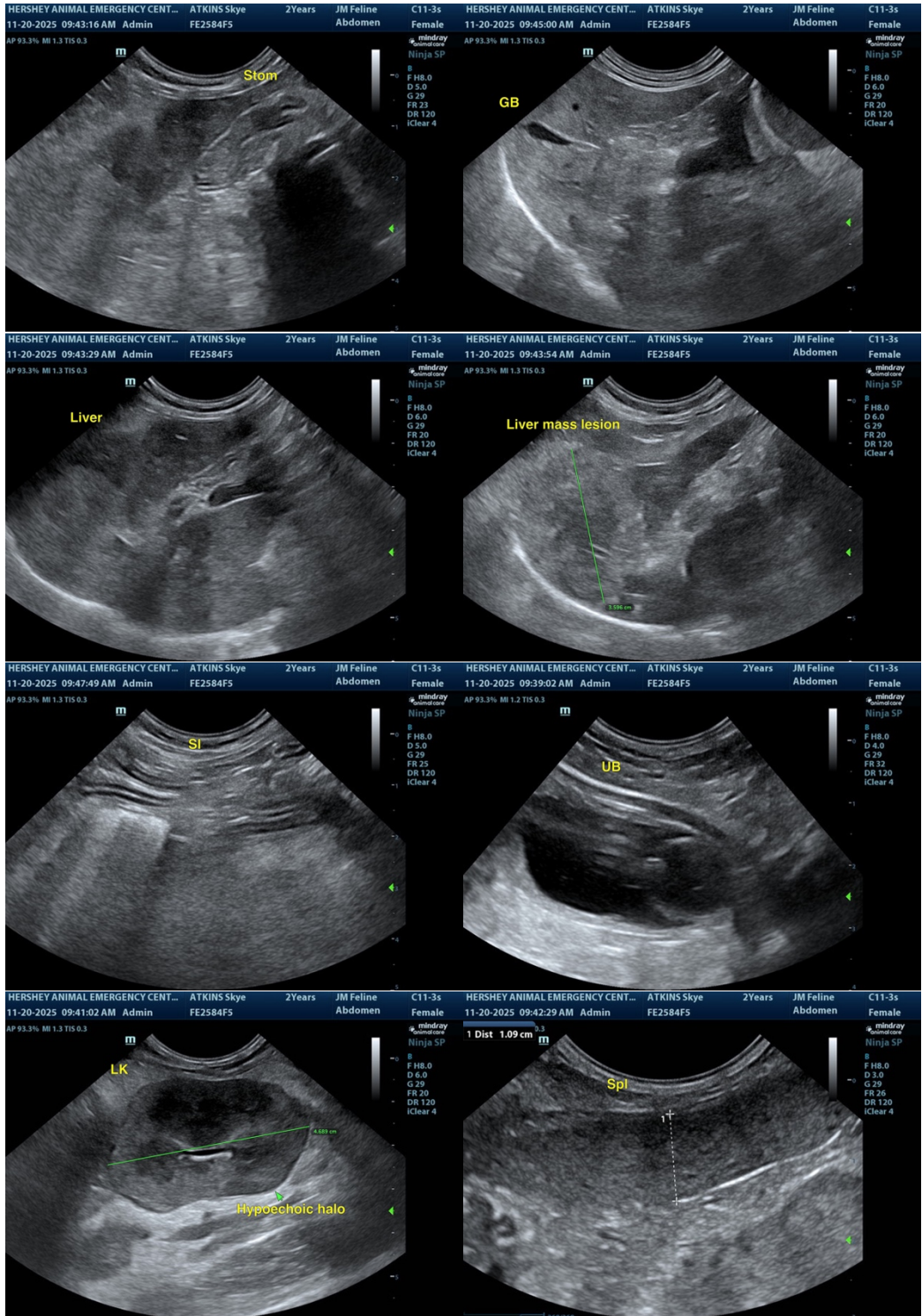
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)