



PATIENT

Moon Pie Revay

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

8 Years

WEIGHT

7.4 kg

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

72580

DATE

12/15/25

PRESENTING CLINICAL SIGNS

Decreased appetite, lethargy and defecation since Nov. 28. Just before that he (and the other cats in the home) were treated for giardia. The day of presentation (Dec. 13) his owner noted he was jaundiced.

Abnormal PE/Chem/CBC/UA Results: Halitosis, ulcerations on soft palate, increased RR/RE with abdominal effort, marked icterus of the skin and sclera. 12/13 O/N: CBC: WNL CHEM: Glucose (194) BUN (15) ALT (235) ALP (299) GGT (9) tбили (11.1) EPOC: Na (145) K (3.4) iCa (1.16) Glucose (212) Pancreatic Lipase: 9.4 Radiographs: concerns with constipation with multiple fecal balls in descending colon 12/14 O/N: PCV/TS: 38%/6.2 icteric++ EPOC: iCal 1.03 (L) Creat 2.23 (H) Glu 191 (H) Chem15: Glu 180 (H) Cal 7.4 (L) ALT 493 (H) ALP 212 (H) GGT 5 (H) TBili 9.0 (H)

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.

The area of the aortic trifurcation was free of pathology.

Both kidneys were borderline to mildly enlarged. 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. Minor pyelectasia noted in both kidneys. Left measured 4.7 cm. Right measured 5.2 cm.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.50 cm.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.56 cm.

Spleen

The spleen was borderline enlarged measuring 1.1 cm in width at the level of the mid 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

Mild to moderate hepatomegaly noted with rounded symmetrical hepatic capsule contour. Generalized mildly heterogeneous parenchyma noted and indistinct portal vasculature borders. Normal vascular volume. No masses or nodules. The gallbladder was non-distended to mildly contracted in size. Minimal bile present with subjective mild bile debris. Mildly thickened gallbladder wall measuring 0.28 cm in width. The common bile duct was not definitively visualized.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild nonshadowing ingesta/chyme most consistent with post prandial presentation without signs of ileus, obstruction to pyloric outflow, or foreign material.

The small intestine presented generally intact thickened wall with mildly altered wall layer ratio. Propensity for thickened muscularis and mucosal layers. Duodenum wall measured 0.31 cm. Jejunum wall measured 0.34 cm. Generalized empty intestinal lumen without mechanical or metabolic ileus to the level of the colon. No evidence of pathology in the area of the duodenal papilla. Ileocolic wall measured 0.40 cm.

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

Pancreas

The left limb of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic inflammation. No overt evidence of neoplasia.

Free Abdomen

Intermittent, mildly prominent to enlarged mesenteric nodes were present, an example measures 3.5 cm x 0.65 cm. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

Minor volume perihepatic to peritoneal effusion present.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy.
- Non-distended to contracted gallbladder with mild cholecystitis.
- Non-shadowing gastric ingesta.
- Thickened, intact small intestinal wall.
- Pancreatitis with peripancreatic to cranial abdominal mildly hyperechoic omentum.
- Possible bilateral non-specific nephritis.
- Intermittent mild mesenteric lymphadenopathy and minor peritoneal effusion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Triaditis is suspected, with multicentric emerging round cell neoplasia not excluded yet thought less likely. Further assessment may include (assuming normal clotting status and using 25-gauge needle) hepatic FNA cytology primarily to assess for inflammatory cell type, a GI panel to include PLI, TLI, cobalamin and folate. Correlation with urinary workup is recommended. No evidence of post-hepatic obstruction. Supportive care with clinical and as-needed sonographic monitoring if evidence of progressive hepatopathy, clinical signs or weight loss would be reasonable. Biopsies may be required for definitive diagnosis.



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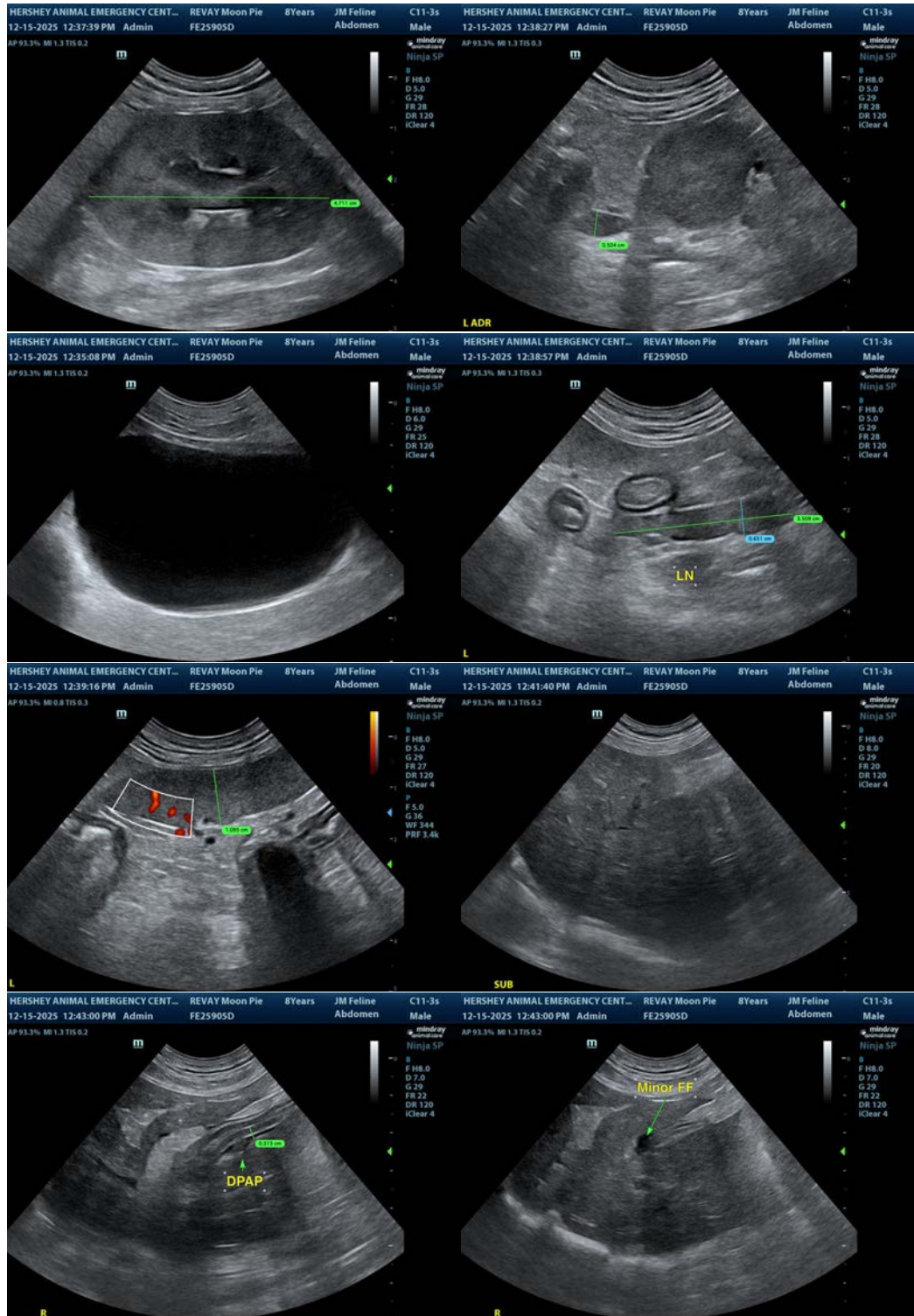
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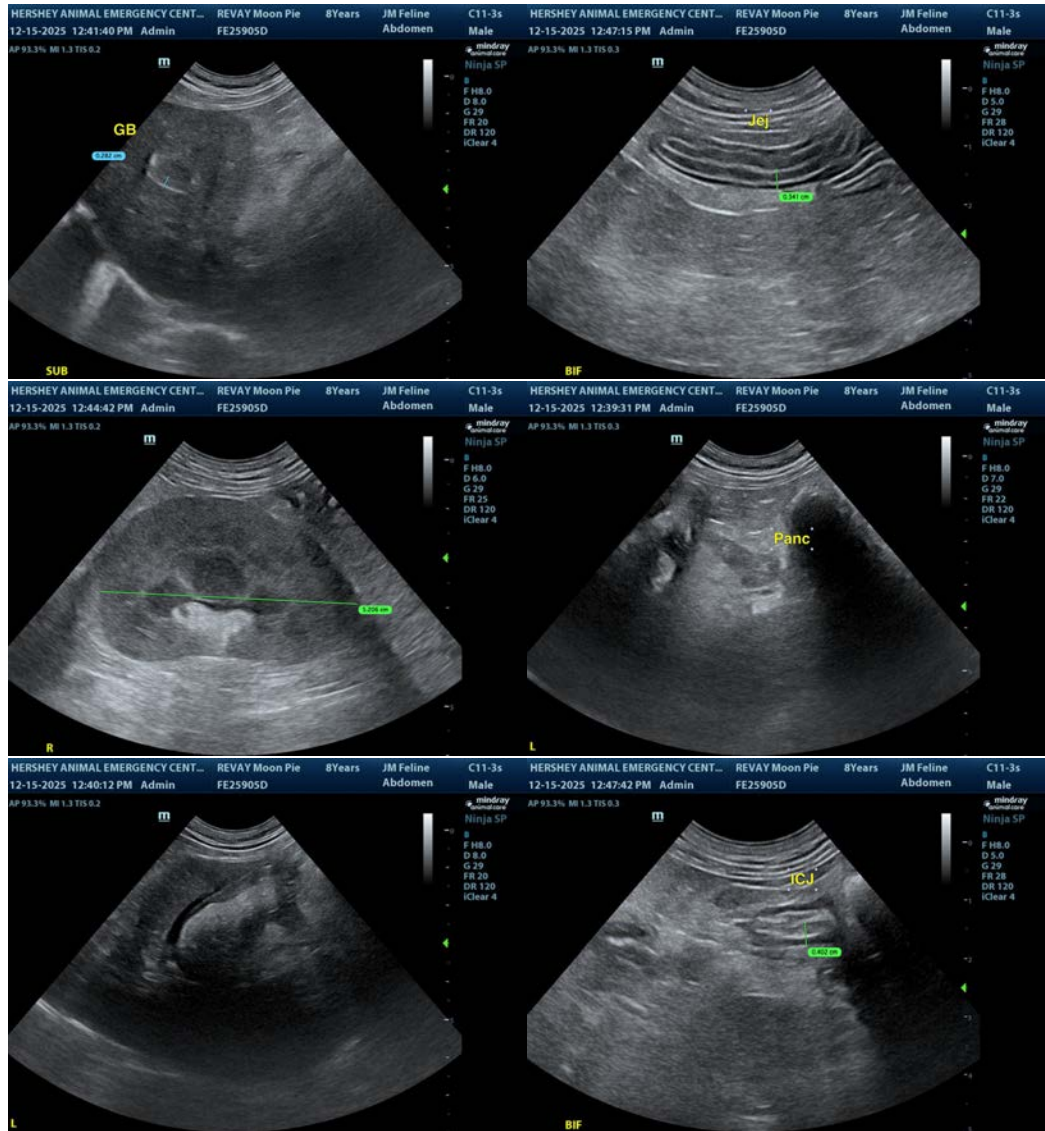
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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