



PATIENT

Amalfi Fenton

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

13yr

WEIGHT

4.7kg

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

23254

DATE

12/17/2025

PRESENTING CLINICAL SIGNS

Presented 12/16 as transfer for progressive hyporexia and weight loss over the past few months, leading to anorexia with lethargy for the past 4-5 days; referred from primary care for severe anemia diagnosed today. Noted pale mucous membranes, tachycardia with murmur, and mild dehydration on exam; hematocrit reportedly 8% and non-regenerative.

Abnormal PE/Chem/CBC/UA Results: EENT/oral: pale/muddied dry mm H/L: Gallop rhythm, Grade 2/6 murmur, snappy pulses Musc: Significant generalized muscle wasting/cachexia Integ: Slightly prolonged skin tent; poorly kempt haircoat 12/16 rDVM: CBC - RBC 1.38 L, Hct 8.3% L, Hgb 2.6 L MCV 60.1 fL (35.9-53.1), MCH 18.8 H, Reticulocytes 0.1%, Absolute Reticulocytes 1.2 L, Neutrophils 1.71 L, Eosinophils 0.06 L, PLT 34 L, Plateletcrit 0.07% L Felv/FIV/HW negative AFAST (abdominal focused assessment with sonography for trauma) - No free fluid seen. 12/16 HAEC: PCV/TS - 11% / 8.8 clear Manual platelet count - 57-85.5K Blood typing - A Cross match - negative 12/16 ON: Anemia PCR panel - pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with non-dependent particulate to accumulated sediment. 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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. A right kidney cranial cortical infarct was present. The left kidney measured 3.9 cm in length. The right kidney measured 3.4 cm in length.

The area of the aortic trifurcation was free of pathology. No evidence of distal aortic thrombus.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.56 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.47 cm width at the caudal pole.

Spleen

The spleen was mildly enlarged with mild asymmetrical medial capsule contour and generalized mild heterogeneous parenchyma. Subtle to indistinct intermittent hypoechoic micronodules were present, an example measured 0.22 cm in diameter. The spleen measured 1.25 cm in width at the level of the mid spleen.

Liver/Gallbladder



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Generalized hepatomegaly with symmetrical, mildly rounded contour. Primarily homogenous parenchyma was present. Subjective prominent hepatic vasculature was present most notable at the level of the hepatic vein /caudal vena cava junction. Concurrent mildly prominent cranial abdomen caudal vena cava measuring 0.6 cm diameter was present. The gallbladder was non-distended in size with thin walls and mild non-organized non-dependent 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 wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material.

The small intestine wall measured 0.22 cm in width. The ileocolic wall measured 0.35 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 overt lymphadenopathy was present.

Mild volume peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Hepatomegaly with evidence of congestion
- Mild gallbladder debris
- Mildly enlarged spleen exhibiting mild non-homogenous subtle nodular parenchyma
- Sonographically normal gastrointestinal tract / area of pancreas
- Mild volume peritoneal effusion

Secondary

- Chronic renal changes with right kidney cortical infarct
- Mild urine sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If the patient is non-sedated the congested liver and peritoneal effusion may indicate cardiac or intrathoracic pathology. Correlation with thoracic radiographs is recommended. Assuming normal clotting status and using 25ga needle yet likely dependent upon stabilization of the anemia, a hepatosplenic FNA cytology is warranted to assess for a occult disease i.e. occult neoplasia.



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Correlation with pending diagnostics +/- CBC pathology review is recommended.

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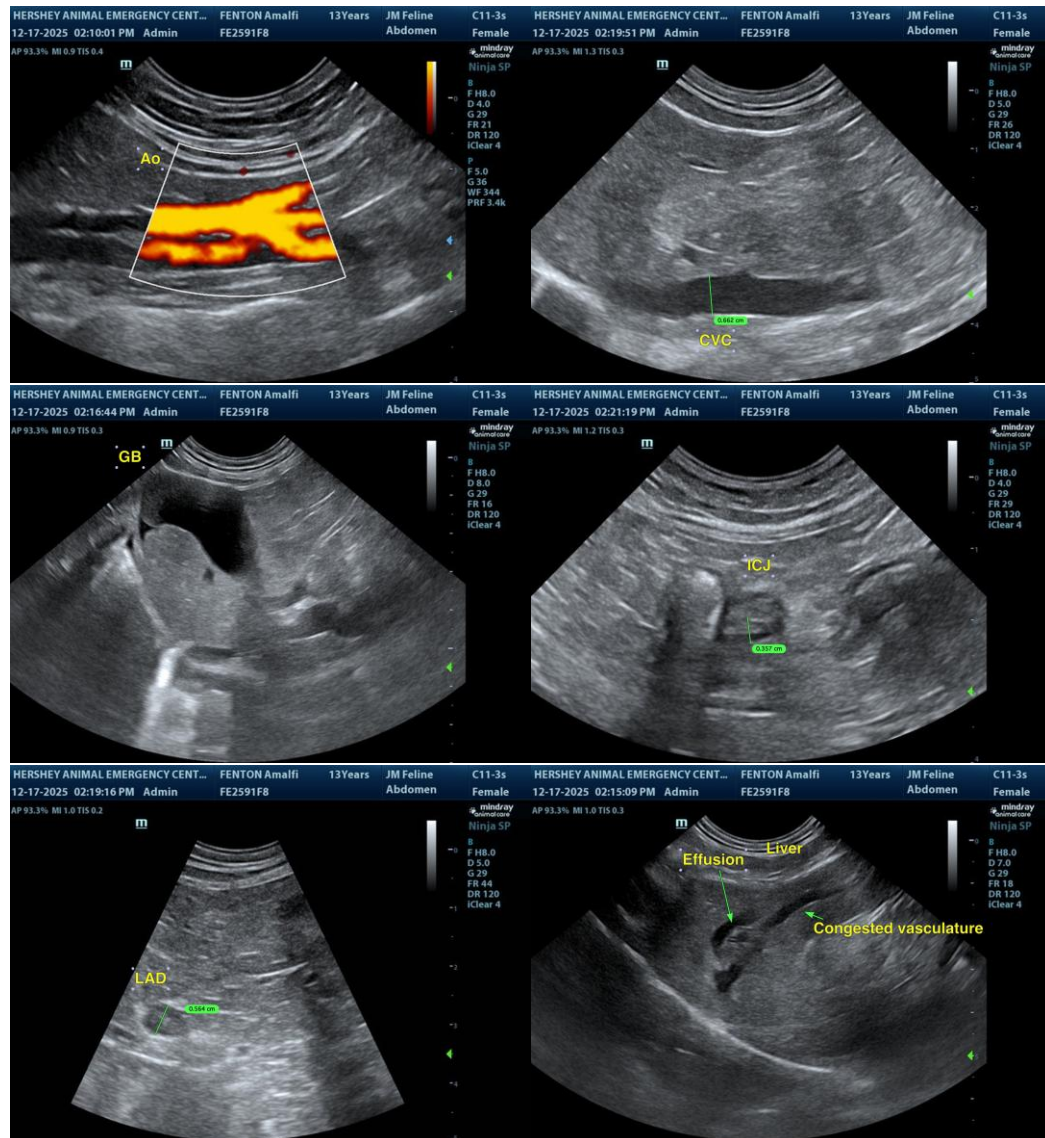
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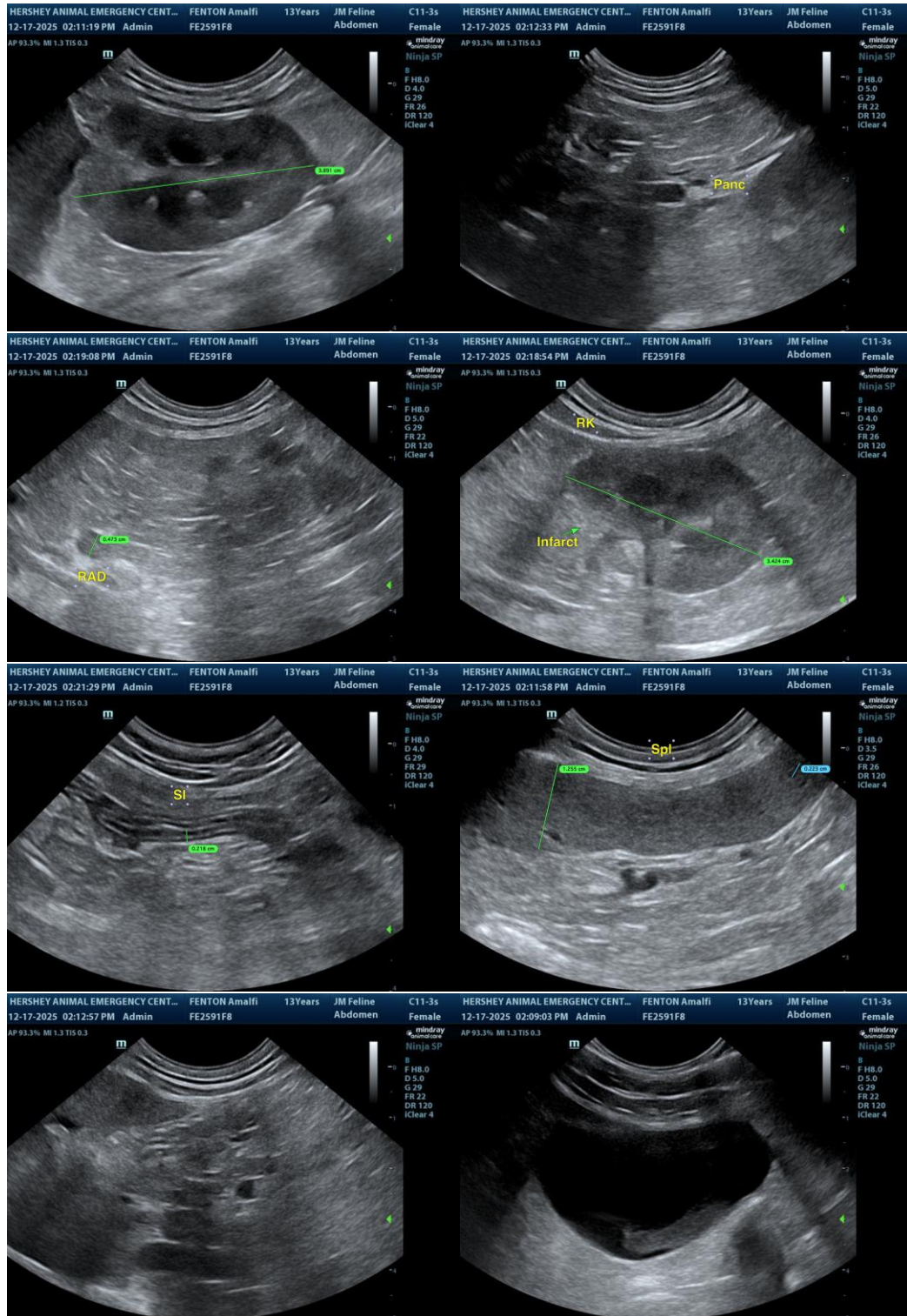
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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