



PATIENT

Julia Gavlick

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

8.5yr

WEIGHT

6.2kg

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

23337

DATE

12/24/2025

PRESENTING CLINICAL SIGNS

Presenting for hyporexia over ~2 weeks with prior vomiting that has resolved for ~10 days; concern for weight and muscle loss and possible dehydration per outside labs. Hx asthma, prev. on prednisolone but stopped beginning of Nov. Oral Cavity: Mucous membranes pink/tacky, CRT <2s, minimal tartar/gingival erythema, sublingual clear Abdominal: Soft and compliant, dough like palpation Integument: Decreased skin turgor Musculoskeletal: Ambulatory x 4 limbs, no lameness, PROM x 4 limbs WNL, significant cachexia along dorsum

Abnormal PE/Chem/CBC/UA Results: CBC: WBC 50.34K H, neut. 37.56K H, bands suspected, lymph 7.74K H, mono 4.64K H, plt 634K H Chem: Ca 7.7 L, TP 5.5 L, Alb 2.2 L, GGT 7 H EPOC: glu 158 H, Na 146 L

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 minor accumulated dependent lumen 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. The left kidney measured 4.1 cm in length. The right kidney measured 4.2 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 0.43 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.42 cm width.

Spleen

The spleen exhibited mild splenomegaly, primarily symmetrical to mild asymmetrical medial capsule contour and mild non-homogenous hypoechoic parenchyma. The spleen measured 1.1 cm in width at the level of the mid spleen.

Liver/Gallbladder

The liver was subjective mildly enlarged with mildly prominent hepatic vasculature The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The gallbladder was non-distended in size with thin walls and mild to moderate non-organized debris. The common bile duct was not visualized without overt evidence of dilation or post hepatic obstructive criteria.

Gastrointestinal



PATIENT

Julia Gavlick

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.

SPECIES

Feline

Variably thickened small intestine exhibiting segmental intact indistinct to segmental loss of wall layering. An example measured 0.79 cm in wall width. Associated segmental primarily mild metabolic to paralytic intestinal ileus was present. Intact non-thickened small intestinal wall measured 0.20 cm in wall width.

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

BREED

Pancreas

DSH

The pancreas was prominent in size with capsule asymmetry and non-homogenous remodeled parenchyma. Prominent pancreatic duct was present.

SEX

Free Abdomen

FS

Subjective mild volume transdiaphragmatic pleural effusion and mild volume peritoneal effusion was present.

AGE

8.5yr

Solitary to probable intermittent mild to variably enlarged non-homogeneous mesenteric lymph nodes were present exhibiting width to length ratio greater than 0.5. An example of a lymph node measured 2.1 cm x 1.5 cm.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

6.2kg

Primary

- Mild splenomegaly exhibiting non-homogenous mildly hypoechoic parenchyma
- Hepatomegaly with possible emerging hepatic congestion
- Gallbladder debris
- Variably thickened small intestine exhibiting intact to loss of mural detail and emerging intestinal masses
- Chronic / chronic active pancreatitis pattern with remodeling
- Generalized non-homogenous omental hyperechogenicity and bicavitary effusion

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further clarification multicentric neoplasia, i.e. multicentric lymphoma or other is probable. Significant multicentric inflammatory disease or FIP thought less likely given patient age. Effusion analysis and three view chest radiographs may be considered if not done. Assuming normal clotting status and using a 25g needle, a hepatosplenic FNA for screening cytology could be considered for further clarification. An unfavorable prognosis is indicated.

INVOICE

23337

DATE

12/24/2025



PATIENT

Julia Gavlick

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

8.5yr

WEIGHT

6.2kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

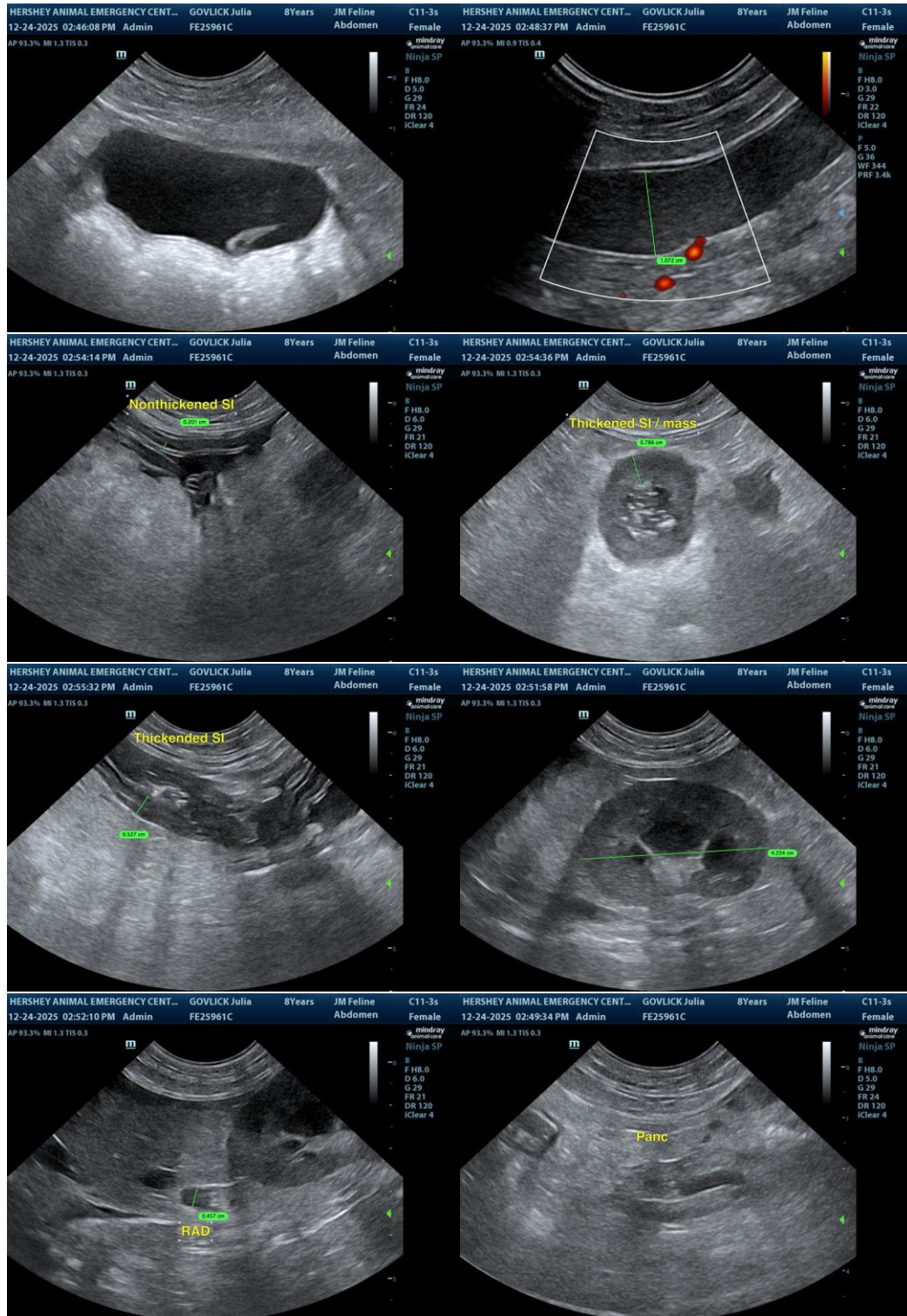
Hershey Animal
Emergency Center

REFERRING VET

Dr. Cara Sinopoli

INVOICE
23337

DATE
12/24/2025





PATIENT

Julia Gavlick

SPECIES

Feline

BREED

DSH

SEX

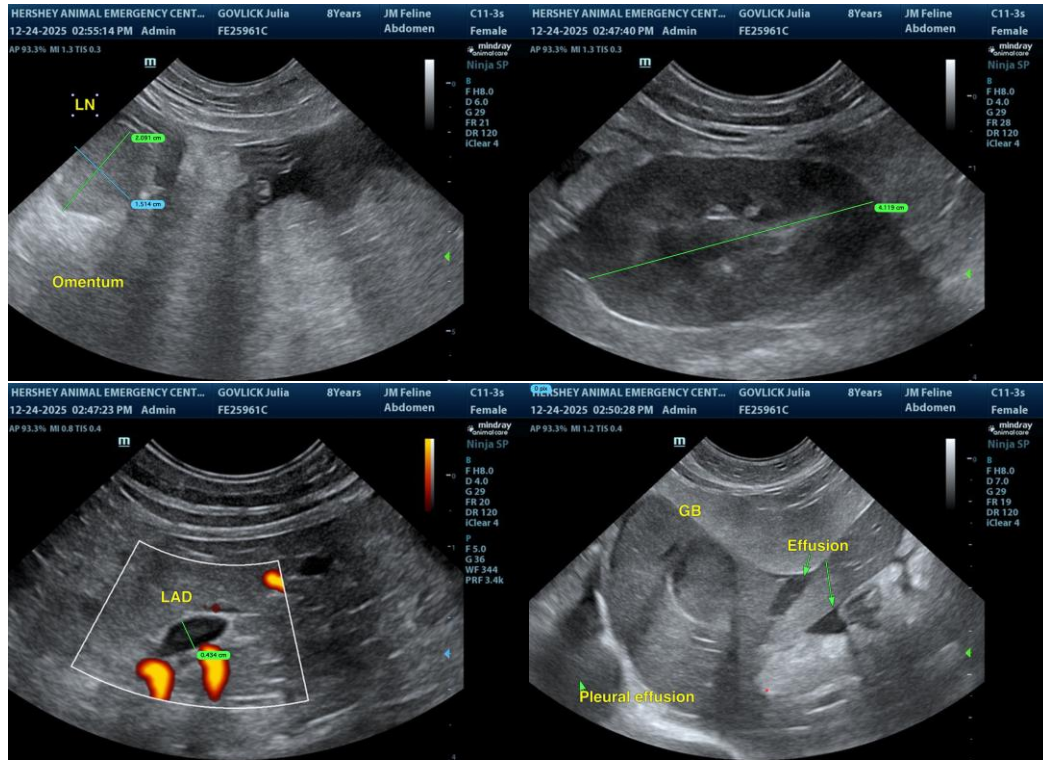
FS

AGE

8.5yr

WEIGHT

6.2kg



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.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Dr. Meghan Myers

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
info@sonopath.com

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

Dr. Cara Sinopoli

INVOICE
23337

DATE
12/24/2025