



PATIENT

Weed Jenkins

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

18yr

WEIGHT

4.12kg

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. Cara Sinopoli

INVOICE

23347

DATE

12/26/2025

PRESENTING CLINICAL SIGNS

Presented 12/26 AM for acute respiratory distress, decreased appetite, decreased drinking Hx: mammary cancers removed, DM

Abnormal PE/Chem/CBC/UA Results: Oral Cavity: mms pale cyanotic, tacky. Cardiovascular: bradycardia. Decreased PQ. Abdominal: nodular material palpated in cranial abdomen Integument: R mammary gland mass. Musculoskeletal: cachexia, gen m atrophy. TFAST: marked pleural effusion. Areas of abnormal liver architecture. Slight peritoneal effusion. CBC: Hct = 28.7%, WBC = 19k, Neut = 14.4k. Chem: Glu = 548, BUN = 45, ALT = 142. EPOC: pH = 7.235, BE = -7.9, Lact = 6.67, BUN = 45, Creat = 1.78, Glu = 496.

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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. Minor left kidney pyelectasia was present. Small right kidney cortical cyst was present. The left kidney measured 3.5 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 left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.33 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.45 cm width.

Spleen

The spleen exhibited a small to mildly expansive non-homogenous splenic mass measuring ~ 2.1 cm in diameter. The remainder of the spleen exhibited normal size, symmetrical contour and homogenous parenchyma.

Liver/Gallbladder

The liver was subjectively mildly enlarged. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. A solitary non-capsule deforming cystic nodule was present in the deep mid to right liver measuring ~ 2 cm in diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size with thin walls and mild non-organized debris. The proximal common bile duct was dilated and tortuous without overt post hepatic obstruction.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained minor retained gastric fluid with no signs of ileus, obstruction or foreign material.

The small intestine presented intact wall layering with overall maintained muscularis/mucosa ratio. borderline thickened small intestinal wall with minor segmental non-obstructive intestinal ileus to the level of the colon. The duodenum wall measured 0.29 cm width. The jejunum wall measured 0.26 cm width.

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

Pancreas

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

Free Abdomen

Transdiaphragmatic mild volume caudal pleural effusion with visualized concurrent mild volume peritoneal effusion was present.

Generalized mild omental hyperechogenicity.

No obvious visualized significant omental lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

Primary

- Mildly enlarged non-homogenous liver with intraparenchymal cystic nodule, nodule suggestive of complex hepatic cyst or cystic biliary adenoma
- Mild gallbladder debris with non-obstructive common bile duct dilation
- Mildly expansive splenic mass
- Chronic pancreatitis pattern with remodeling
- Subjective mild non-specific gastroenteropathy
- Mild bicavitary effusion and omental hyperechogenicity

Secondary

- Chronic renal changes with small right kidney cortical cyst

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status using 25ga needle, hepatic parenchyma and small splenic mass FNA cytology as well as, if possible, effusion analysis cytology +/- C/S if effusion inflammatory component is suggested for further clarification. UA with urine C/S or UPC level for renal staging, and assessment for evidence of ketonuria is recommended. Multi-centric inflammatory, neoplastic /metastatic or combined etiology is possible.



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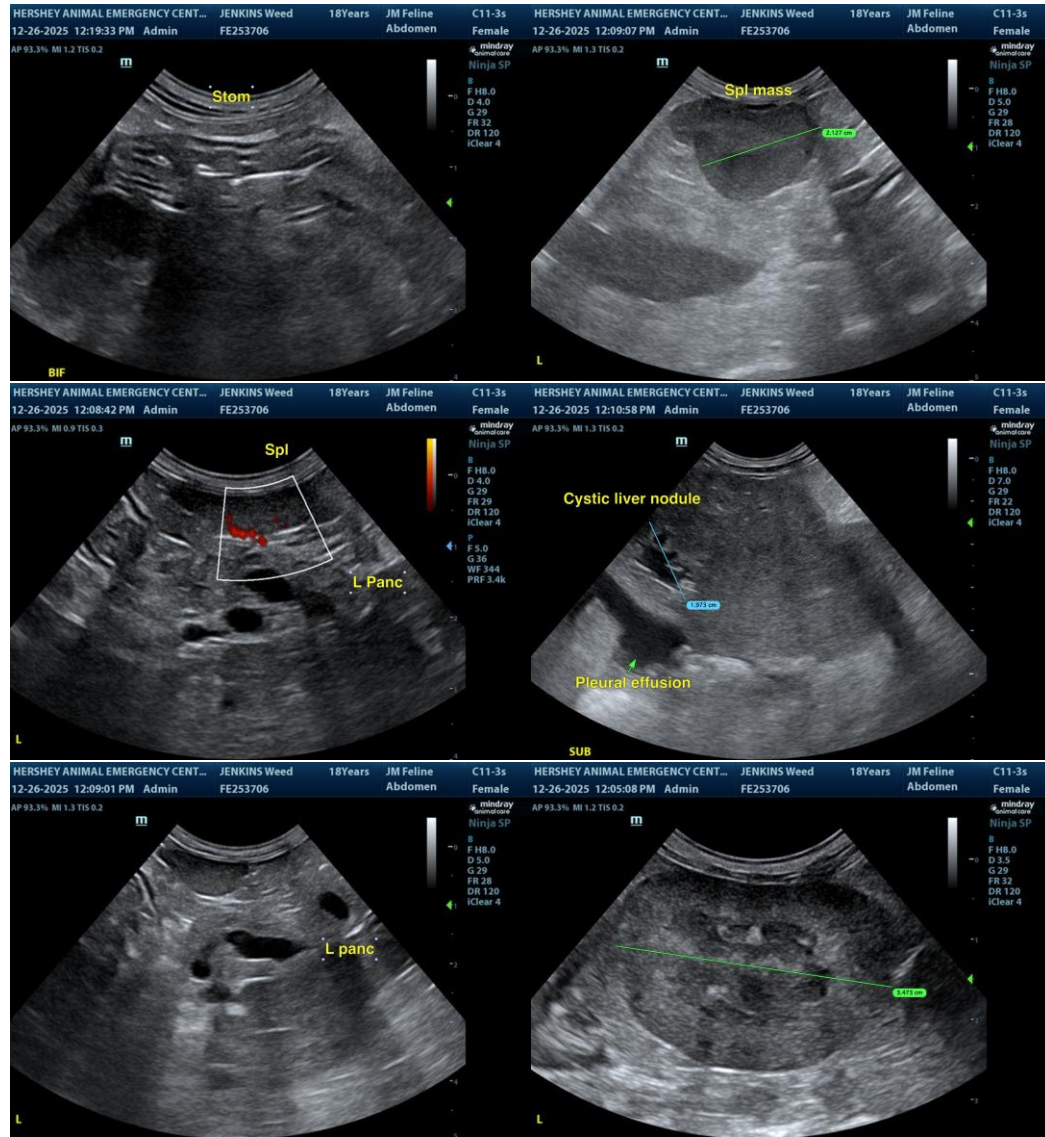
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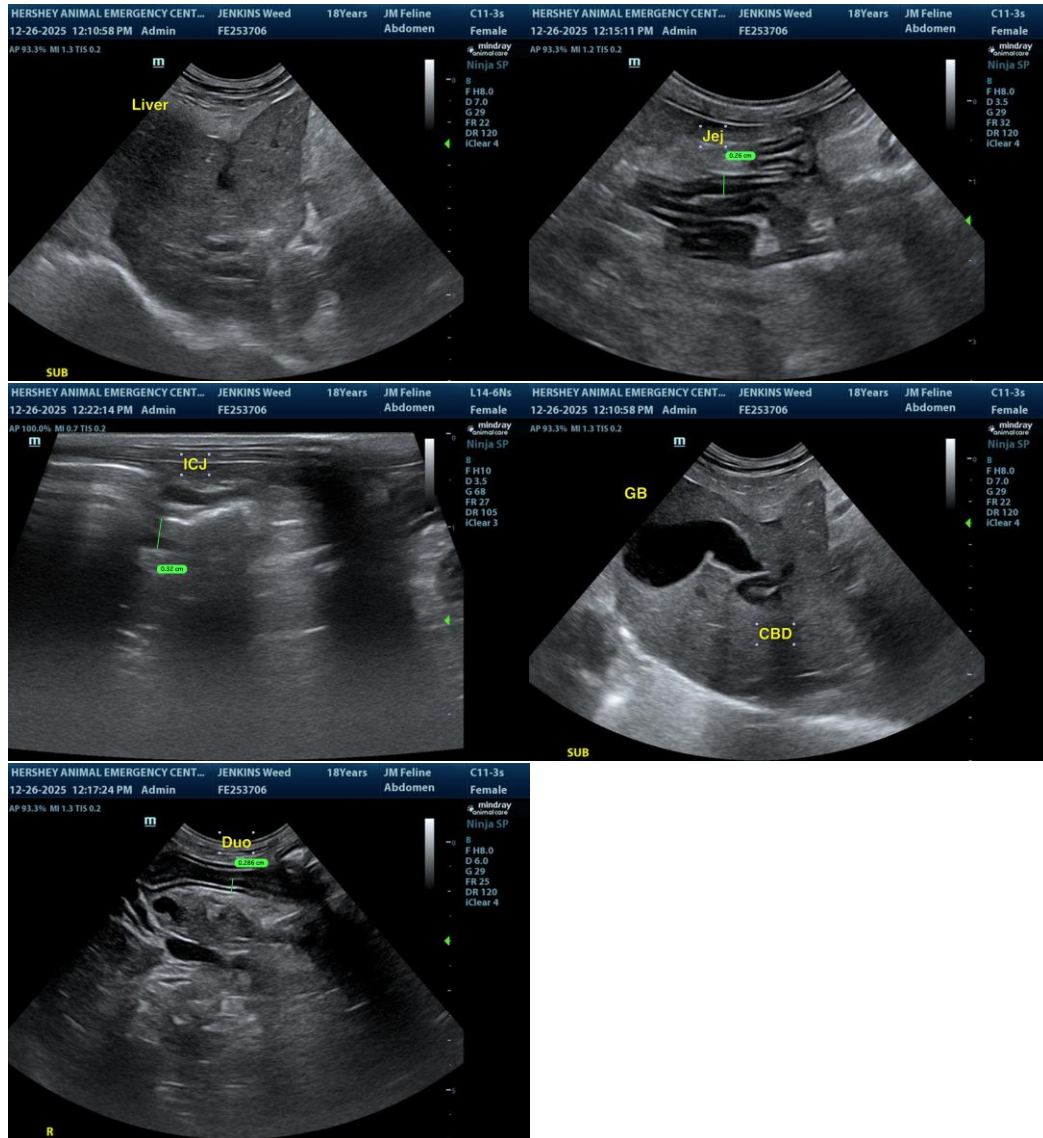
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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