



PATIENT

Shadow Retherford

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

8 Years

WEIGHT

6.57 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP (Canine
/ Feline Practice)

IMAGING PERFORMED BY

Lindsay Powell CVT

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

Dr. Leann Murphy

INVOICE

13936

DATE

02/24/26

PRESENTING CLINICAL SIGNS

- Lethargy and decreased appetite for 5 days, not eating past 24 hours, decreased urinations/bowel movements, occasional sneezing.
- PE: Mucous membranes icteric/dry
- Area of thickening vs. mass mid-abdomen, doughy with moderate pain on abdominal palpation
- Icteric sclera and skin
- Depressed
- 8% dehydrated

Abnormal PE/Chem/CBC/UA Results: 2/23 CBC: WBC 22.42 H, Neutrophils 19.85K H, suspected bands, Eosinophils 0.01K L, platelet clumping Chem: Glu 180, BUN 37 H, creatinine 1.8, calcium 7.5 L, ALP <10, GGT 6, Tbili 3.9 H, Amylase 1803 H, Sodium 142 L, Chloride 108 L Catalyst pancreatic lipase: 1.4 (WNL) 2/24 EPOC: pH 7.3, BE -11.9 L, TCO2 14 L, Bicarb 14.6 L, pCO2 29.6 L, Sodium 130 L, Chloride 105 L, Calcium 0.96 L, BUN 41 H, Creatinine 2.23 H, Glucose 189 H PCV/TS: 45/6.8 UA: USG 1.060 H, pH 6.5, protein 3+, blood 3+, bilirubin 2+, urobilinogen 4+, RBC 5/hpf, WBC 8/hpf Abdominal/thoracic radiographs: Normal thorax, abdominal effusion, mild gas and fluid in small intestines, stomach moderately distended with gas Abdominocentesis: Yellow clear fluid

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Echogenic to particulate nondependent mild sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

No obvious medial iliac or sublumbar lymphadenopathy or masses.

Normal size and margination was present in the kidneys. 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 with no evidence of pelvic dilation. The left kidney measured 4.6 cm in length. The right kidney measured 4.6 cm in length.

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 width.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.55 cm width.

Spleen

The spleen was mildly enlarged and 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



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evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. The spleen measured 1.1 cm width level of the mid spleen.

Liver & Gallbladder

The liver revealed subjective borderline hepatomegaly. The hepatic parenchyma revealed diffuse reduced echogenicity compared to the spleen with a mild coarse echotexture. Increased prominence of the intrahepatic hyperechoic portal vascular borders. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with mild nonorganized biliary sludge. The proximal common bile duct was dilated and mild tortuous without overt post hepatic obstruction.

Gastrointestinal

The stomach presented mild thickened wall. Intact wall layering was maintained and distinct. The pylorus wall measured 0.32 cm width. The stomach contained a mild amount of retained anechoic fluid.

The visualized segments of 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. The small intestine wall measured 0.23 cm wall width.

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

Pancreas

The pancreas was indistinctly visualized owing to increased peripancreatic to generalized hyperechoic omentum. The visualized pancreas exhibited normal size, symmetrical contour and mild nonhomogenous hypoechoic parenchyma compared to adjacent omentum.

Free Abdomen

No visualized significant or swollen mesenteric lymphadenopathy was present. Generalized hyperechoic omentum and mild to moderate volume of mildly echogenic effusion.

ULTRASONOGRAPHIC FINDINGS

- Hypoechoic liver.
- Mild gallbladder debris with mild proximal common bile duct dilation- no overt concurrent posthepatic obstruction.
- Mild splenomegaly.
- Hypomotile gastritis, sonographically unremarkable empty visualized small intestine.
- Possible mild pancreatitis.
- Nonspecific peritonitis.
- Sonographically normal bilateral kidneys.
- Urinary bladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hypoechoic liver suggests acute or acute on chronic hepatopathy criteria in conjunction with mild gallbladder debris and current non-obstructive proximal common bowel dilation. Nonspecific acute or



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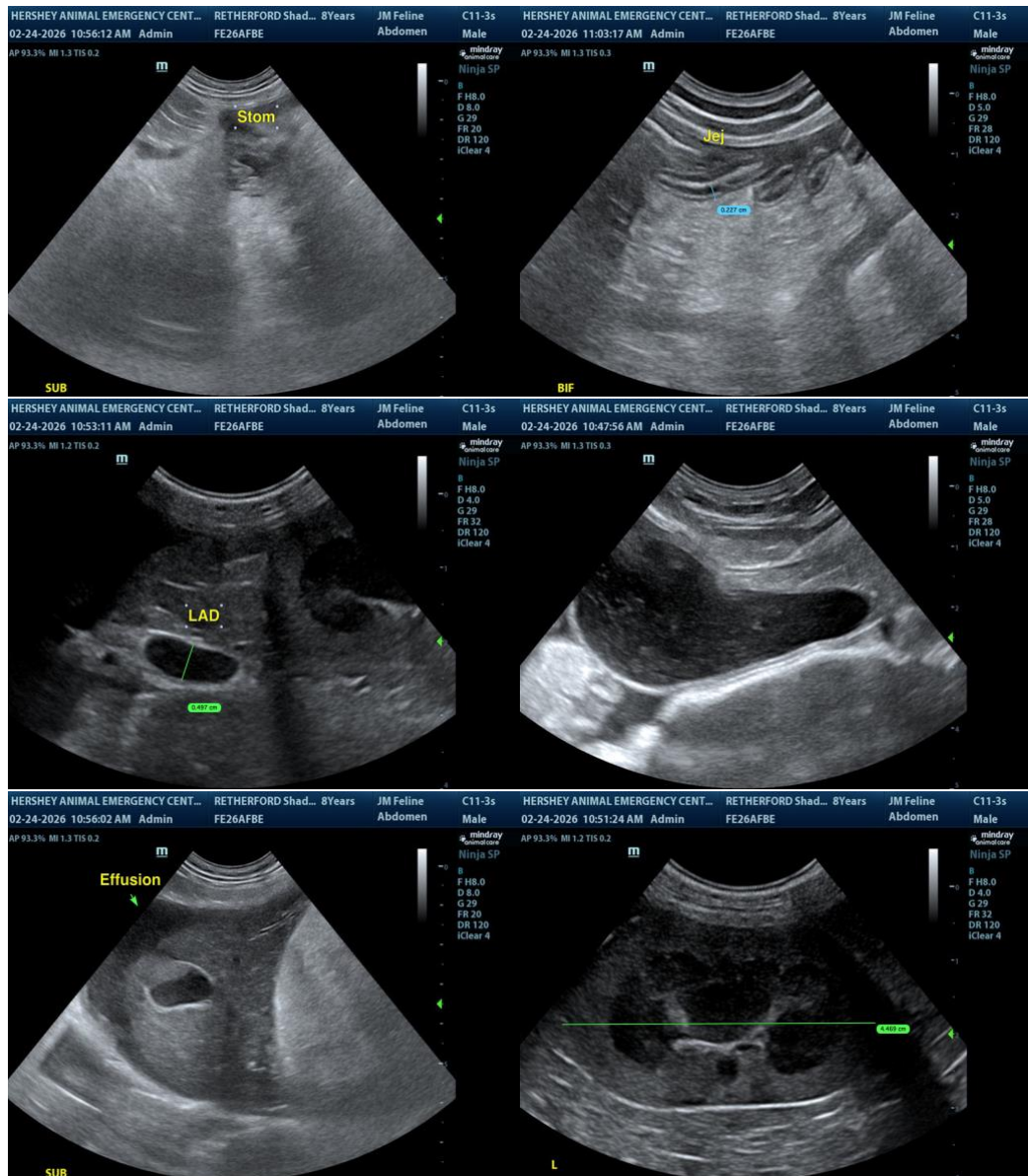
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acute on chronic cholangiohepatitis, non-obstructive cholestasis, occult hepatic neoplasia, or other hepatopathy is possible. Given no hepatic congestion and assuming normal albumin levels, nonspecific peritonitis owing to underlying hepatopathy, mild pancreatitis, FIP or potential occult neoplasia such as lymphomatosis, carcinomatosis, or similar is possible.

Assuming normal chronic status and using a 25-gauge needle, screening hepatosplenic FNA cytology in conjunction with effusion analysis cytology +/- culture and sensitivity, and FIP titers/PCR if clinically indicated is recommended for further clarification. No evidence of gastrointestinal mechanical obstruction or visualized tumors. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.





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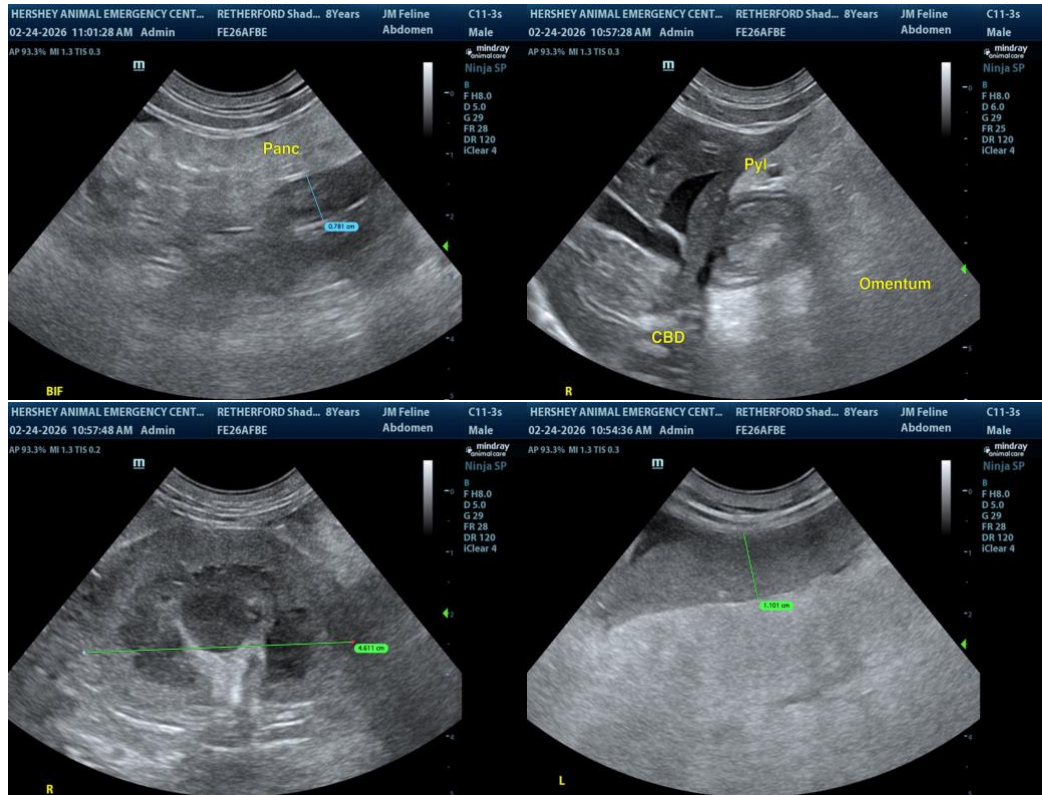
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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