



PATIENT

Floyd Anderson

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

2.5yr

WEIGHT

5.57kg

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. Shally Gastelu

INVOICE

23809

DATE

02/05/2026

PRESENTING CLINICAL SIGNS

- Presented as a recheck for chronic ear infections with a recent TECA performed 10/16/25 or 3.5 months ago.
- Client also reports lethargy for a few days, not eating treats, not wanting to move around much. Was an outdoor cat until 05/2025.

Abnormal PE/Chem/CBC/UA Results: Oral Cavity: Mucous membranes white/moist, CRT unable to assess Cardiovascular: Grade III/VI murmur, gallop rhythm, pulses thready/synchronous Integument: Normal skin/haircoat, no evidence of ectoparasites Vetscan: triple negative PCV/TS: 9/7.0 EPOC: pCO2 23.2 L, bicarb 14.8 L, BE -9.8 L, Hct <10 L CBC: Hct 9.4 L, RBC 2.05 L, Hgb 3.1L, Retic 0.6 L, WBC 2.05 L, Neu 0.35 L + bands 0.05 (2.6%) H, Eos 0.05 L, Plt 4 (est 50-100) L Chem15: NSF, Tbili 0.1, A:G 0.6 Abd/thor rads: NSF

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 mild non-dependent particulate 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 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 4.2 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 0.45 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.43 cm width.

Spleen

The spleen was mildly enlarged with asymmetrical medial capsule contour and mild heterogeneous splenic parenchyma. No visualized masses or nodules were present. The spleen measured 1.2 cm in width at the level of the mid spleen.

Liver/Gallbladder

The liver was subjectively mildly enlarged in size. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Normal vascular volume. 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 cystic and common bile ducts were normal.

Gastrointestinal



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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.

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 omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Mildly enlarged non-homogenous spleen
- Hepatomegaly
- Mild gallbladder debris
- Normal gastrointestinal tract

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status and using 25ga needle, hepatosplenic FNA cytology is warranted to assess for occult disease, i.e. inflammatory, infectious or neoplastic disease. Hepatosplenic sampling may be dependent upon further monitoring of platelet count. A CBC pathology review +/- infectious disease serology and recheck retroviral status may be considered.

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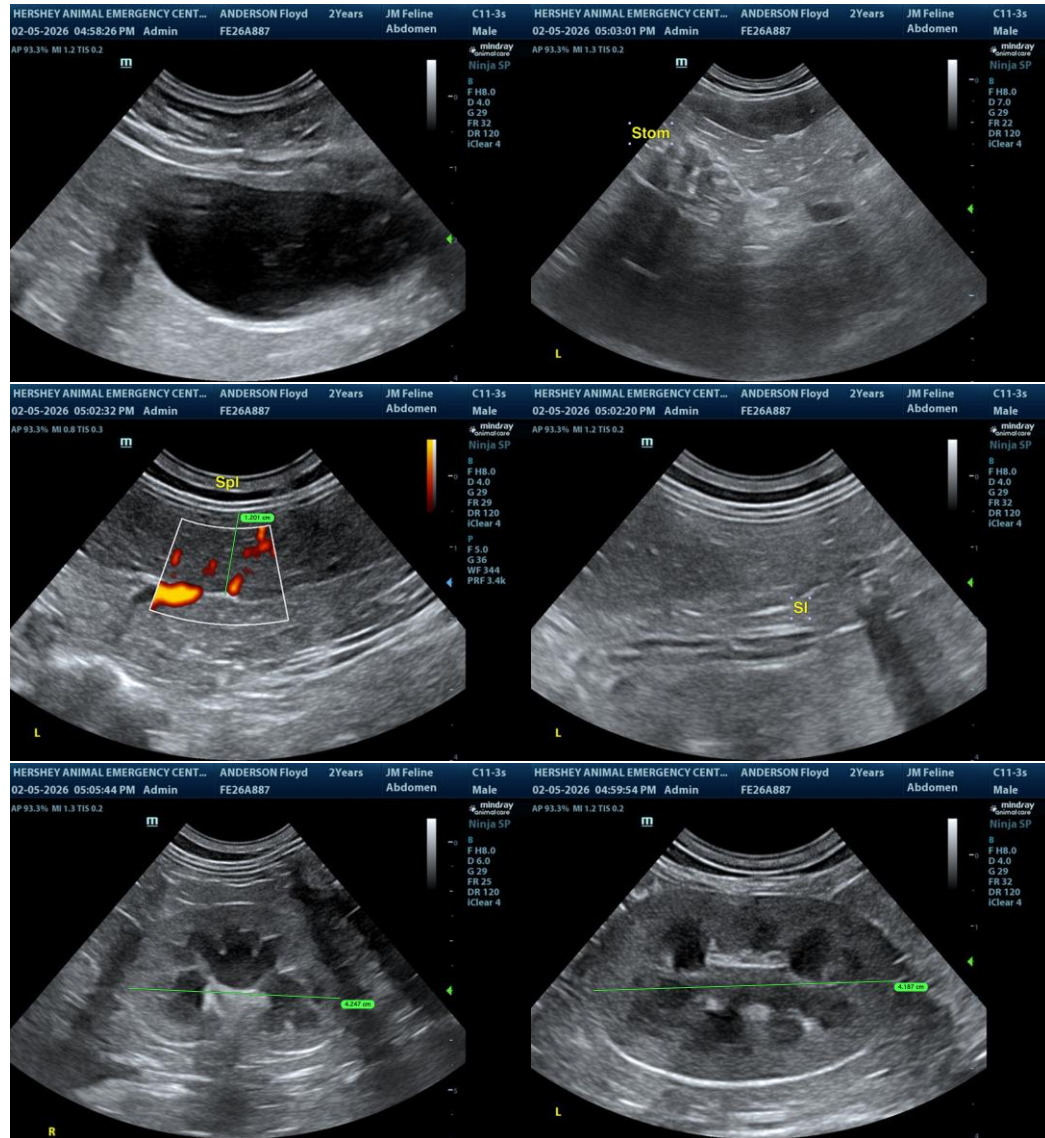
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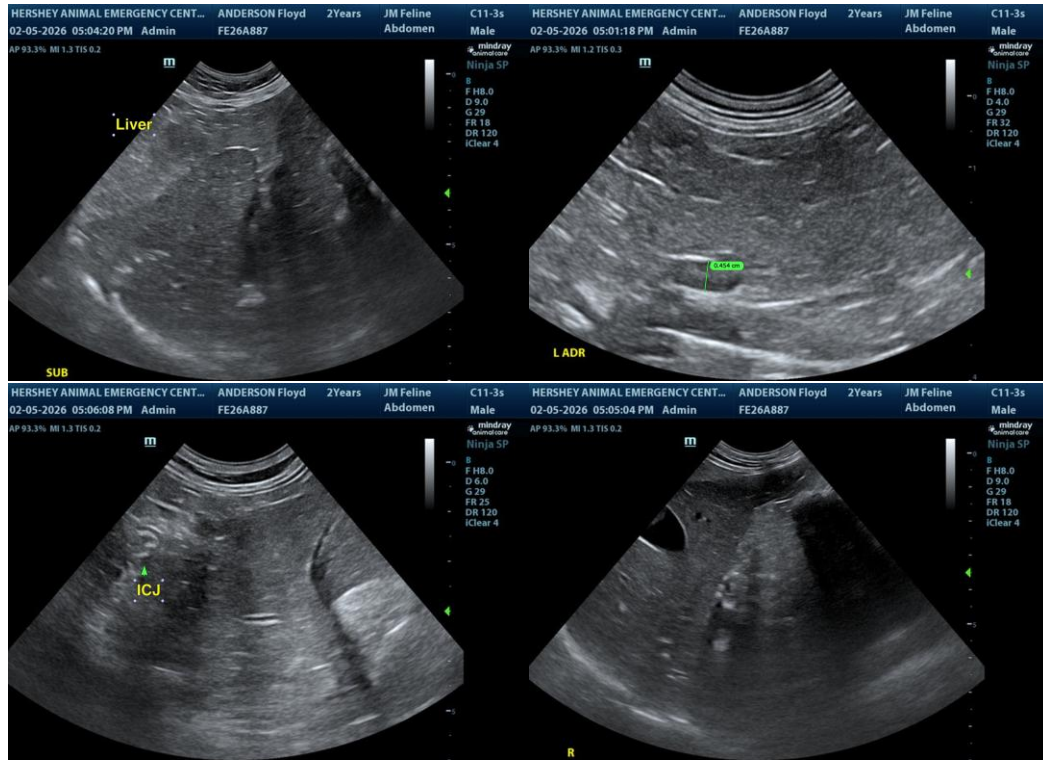
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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