



PATIENT

Gourdy Niehoff

SPECIES

Feline

BREED

DLH

SEX

MN

AGE

4yr

WEIGHT

5.8kg

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. Victoria Orlando

INVOICE

24458

DATE

04/11/2026

PRESENTING CLINICAL SIGNS

completely normal 24 hours ago. Acute vomiting multiple times in last 18 hours - came in lateral recumbant. Otherwise just sneezing noted at home a few days prior

pe- lateral, dehydrated, shocky, prolonged crt., tachypneic,

Abnormal PE/Chem/CBC/UA Results: POCUS :No obvious pleural, peritoneal, pericardial effusion, poor cardiac contractility noted Rad: Dilated stomach, no obvious foreign material appreciated, no obvious pulmonary consolidation, hypovolemia noted based on caudal vena cavae EPOC: pH 7.133 (L), BE -10.3 (L), iCa 1.14 (L), Lac 5.71 (H), BUN 57 (H), Crea 5.1 (H), Glu 44 (L), HCT 54 (H) CBC: HCT 55%, Hgb 17.6 (H), Neut 0.3 (L), Mono 1.29 (H), Eos 0.05 (L), Plt 109 (L), PCV/TS: 59/7

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 3.8 cm in length. The right kidney measured 4.1 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 0.38 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.40 cm width at the caudal pole.

Spleen

The spleen 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 evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. The spleen was mildly volume contracted in appearance, measuring 0.60 cm width at the level of the mid spleen.

Liver/Gallbladder

The liver presented normal in size. The hepatic parenchyma revealed diffuse reduced echogenicity compared to the spleen and renal cortical parenchyma with a mild coarse echotexture. Increased portal vein prominence was evident. 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. The gallbladder was distended in size with mildly thickened wall. Minor non-dependent gallbladder debris



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was present. Torturous common bile duct dilation was present exhibiting mild thickened common bile duct wall.

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The stomach presented intact wall layering with mildly thickened pyloric wall. The stomach exhibited moderate distention with retained mildly echogenic fluid and no evidence of shadowing content or obstruction to pyloric outflow. The pylorus wall measured 0.40 cm in with.

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The intestinal walls demonstrated normal non-thickened intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A mild segmental ileus pattern is present without obstruction or foreign material. The small intestinal wall measured 0.20 cm in width.

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

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Pancreas

The pancreas was enlarged in size with capsule asymmetry and non-homogenous hypoechoic parenchyma. A right pancreatic limb cystic lesion containing mild echogenic fluid was present measuring 1.3 cm in diameter.

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5.8kg

Free Abdomen

Generalized mild non-uniform hyperechoic omentum with mild volume effusion.

No obvious visualized significant omental lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

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(Canine and Feline)

Primary

- Acute hepatopathy with distended GB and common bile duct
- Pancreatitis with subjective right pancreas cystic lesion
- Acute gastroenteropathy with hypomotile stomach
- Peritonitis
- Volume contracted spleen
- Sonographically normal kidneys
- UB sediment

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given azotemia, the kidneys are most consistent with acute nephropathy or injury. No overt mechanical gastrointestinal obstruction without obvious indication for immediate surgical intervention. Multicentric nonspecific inflammatory / infectious / toxic episode accentuated by pancreatitis, acute hepatogastroenteropathy, and peritonitis possible. Occult neoplasia thought less likely. Monitoring for evidence of cholestasis secondary to acute hepatopathy or pancreatitis is indicated. The pancreas cystic lesion may indicate benign cyst, emerging abscess or necrosis. FNA cytology of the liver / pancreas and effusion analysis if possible +/- C/S could be considered for further assessment. Urinalysis and urine C/S is indicated. Aggressive resuscitation and empirical therapy for peritonitis / pancreatitis with close clinical and sonographic monitoring over next 24 hours is recommended at this stage. Some or all of the following protocol may prove beneficial. Guarded prognosis indicated.



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Colloids/Hetastarch

10 to 20 mL per kilogram per hour and dogs

10 to 15 mL per kilogram per hour cats

(Can bolus first 1/3 of dose over 15 minutes)

Plasma 10 mL / kilogram IV over 4 hours

Buprenorphine 0.02 mg/kg IV IM SC q4-6 hours Or CRI Lidocaine 30-50 ug/kg/min

Dolasetron for nausea: 0.6-1 mg/kg/day Iv or PO

Famotidine 1 mg/kg IV IM p.o. dc s.i.d. /b.i.d.

Sucralfate 0.5-1 g p.o. t.i.d. dogs, 0.5 g bid cats in slurry Or Misoprostol 1-5 ug/kg po tid

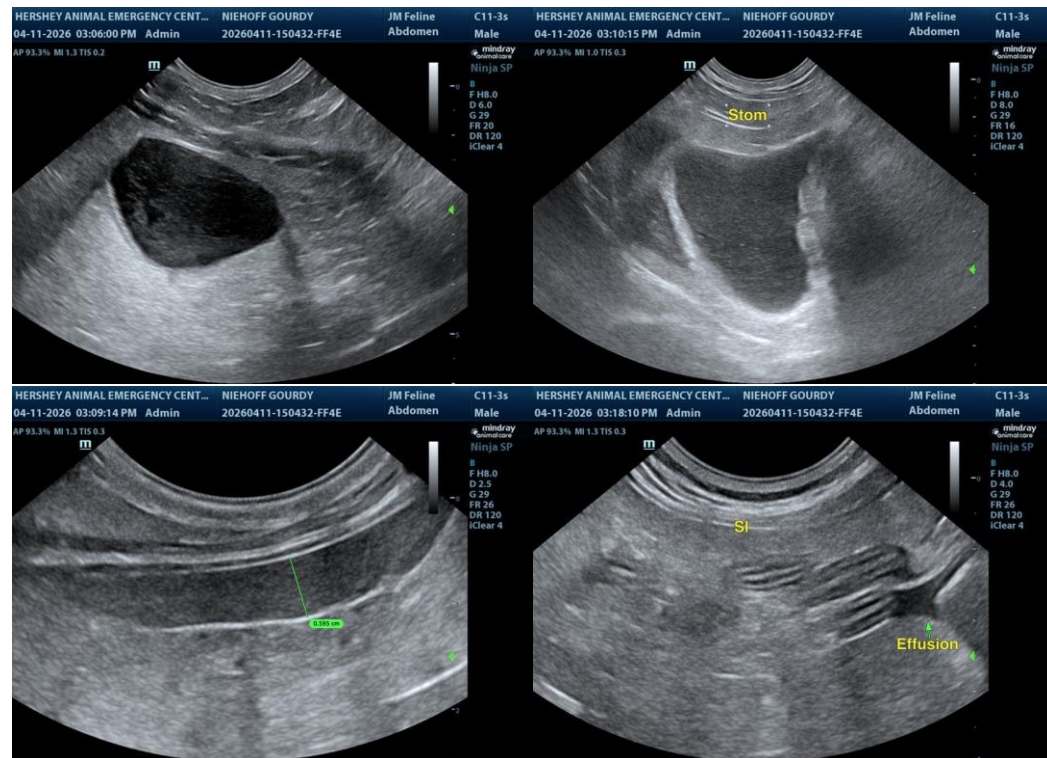
Clindamycin 10mg/kg IV p.o. bid

Enrofloxacin 10-15 mg/kg IV p.o. s.i.d. dogs, 5 mg/kg Iv po Sid cats

Metronidazole 10-20 mg/kg IV p.o. b.i.d.

Dexamethasone physiological 1 mg/kg to treat adrenal burnout if long standing sickness, shock dose

4-10 mg/kg.





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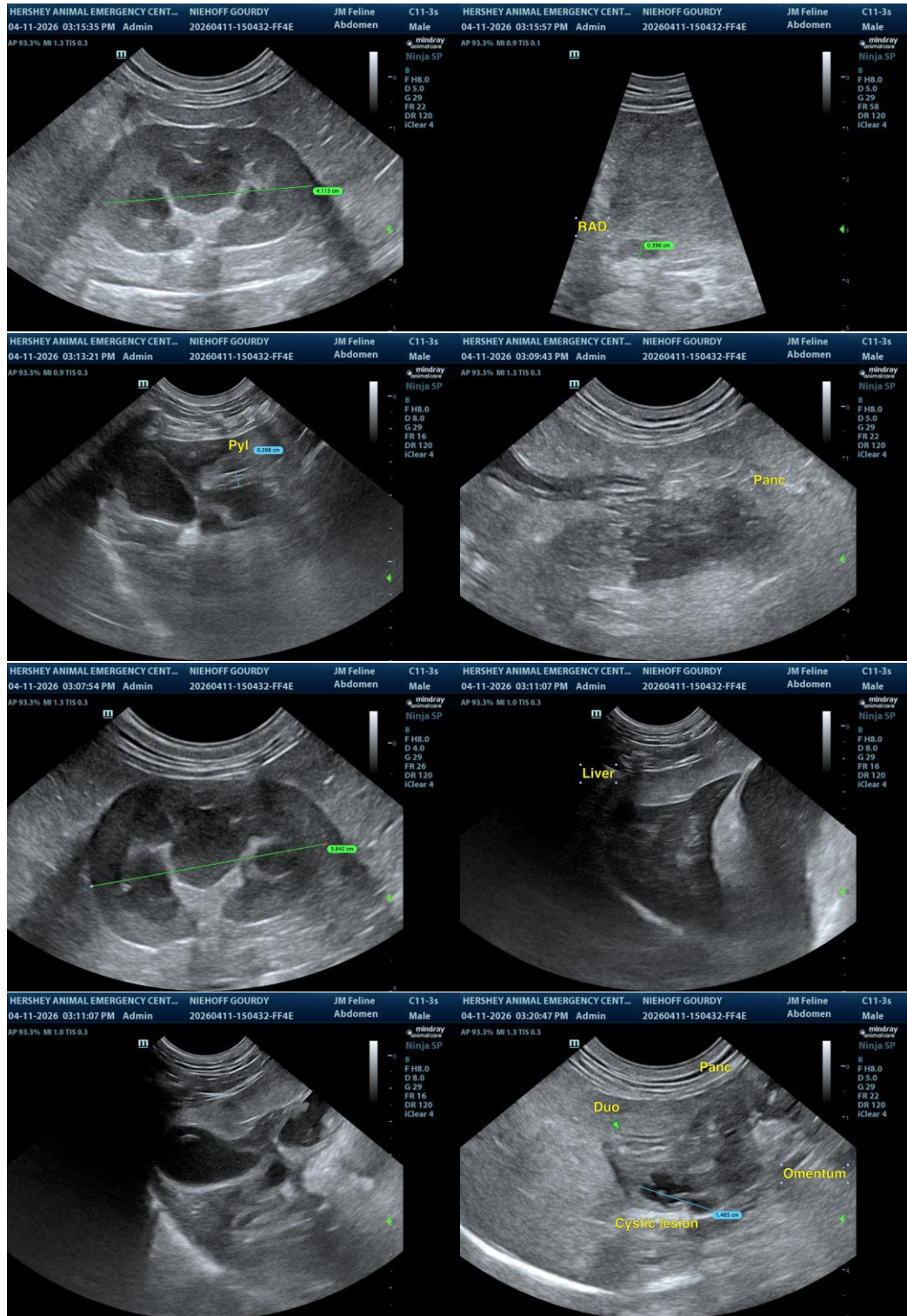
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not



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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.

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