



PATIENT

June Bug Vasquez

SPECIES

Feline

BREED

DLH

SEX

MN

AGE

5yr

WEIGHT

5kg

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. Leann Murphy

INVOICE

24852

DATE

05/18/2026

PRESENTING CLINICAL SIGNS

10 day history of diarrhea, reduced appetite, vomiting, nasal discharge.

Minimal improvement with Mirataz and Amoxicillin.

Respiratory distress today.

Abnormal PE/Chem/CBC/UA Results: Mildly muffled heart sounds Icteric skin Pale to icteric mucous membranes Increased respiratory rate and effort Panleuk snap: Negative Triple SNAP: Negative for FeLV, FIV, HW CBC: Hct 20.3 L, RBC 5.6 L, WBC 6.01K, Immature neuts 1.3%, Lymph 0.57K L, Eos 0.01KL, Baso 0K L, Plts <50K L Chem: BUN 15 L, Ca 7.5 L, Alb 2.0 L, Tbili 2.2 H EPOC: pH 7.352, Sodium 143 L, K 3.2 L, Cl 110 L, Ca 1.19 L, Lactate 4.16 H, BUN 14 L, Hct 24 L Abdominal/thoracic radiographs: - Bicavitary effusion - Cranioventral lung field collapse - Diffuse bronchial lung pattern - Hepatomegaly POCUS: Large volume pleural effusion, scant abdominal effusion Thoracocentesis: 100 ml yellow viscous fluid, positive Rivalta test

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 non-dependent particulate mild sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Both kidneys enlarged in size with symmetrical renal capsule contour. A 1: 3 cortex medulla ratio with mild hyperechoic corticomedullary echogenicity with mild indistinct corticomedullary border demarcation. The left kidney measured 4.8 cm in length. The right kidney measured 5.0 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was not definitively visualized, no overt pathology in the area of the left adrenal gland. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.40 cm width.

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.

Liver/Gallbladder

The liver presented generalized enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. No visualized masses or nodules were present. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.



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The gallbladder was subnormal in size potentially secondary to the presence of gastric ingesta. The common bile duct was not visualized without overt evidence of dilation or post hepatic obstructive criteria.

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild variably echogenic non-shadowing ingesta with no signs of obstruction or foreign material.

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The small intestine presented segmental thickened wall exhibiting intact indistinct wall layer detail primarily involving the subjective jejunum. Thickened small intestine wall measured 0.56 cm in width.

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Thickened proximal colon exhibiting indistinct proximal colon wall layer detail and decreased mural echogenicity with thickened proximal colon measuring 0.52 cm. Semi formed fecal matter was present.

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Pancreas

The left pancreas was normal in size contour with mild non-homogenous hypoechoic parenchyma compared to adjacent omentum.

Free Abdomen

Pockets of minor volume peritoneal effusion.

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Mild increased omental echogenicity.

Intermittent mildly enlarged homogenous colic lymph nodes were present. An example measured 0.93 cm.

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ULTRASONOGRAPHIC FINDINGS

Primary

- Non-congested hepatomegaly
- Bilateral renomegaly exhibiting intact architecture and increased corticomedullary echogenicity
- Normal stomach with mild non-shadowing ingesta/ chyme
- Segmentally thickened small intestine/ colon exhibiting indistinct enterocolic wall layering to potential emerging segmental enterocolic masses
- Possible concurrent mild pancreatitis
- Mildly swollen colic lymphadenopathy
- Transdiaphragmatic comet tail artifact and minor peritoneal effusion

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

General considerations in this case may include multi-centric neoplasia or FIP with FIP highly suspected in conjunction with positive Rivalta test. FIP titer / PCR on thoracic fluid recommended for further clarification.

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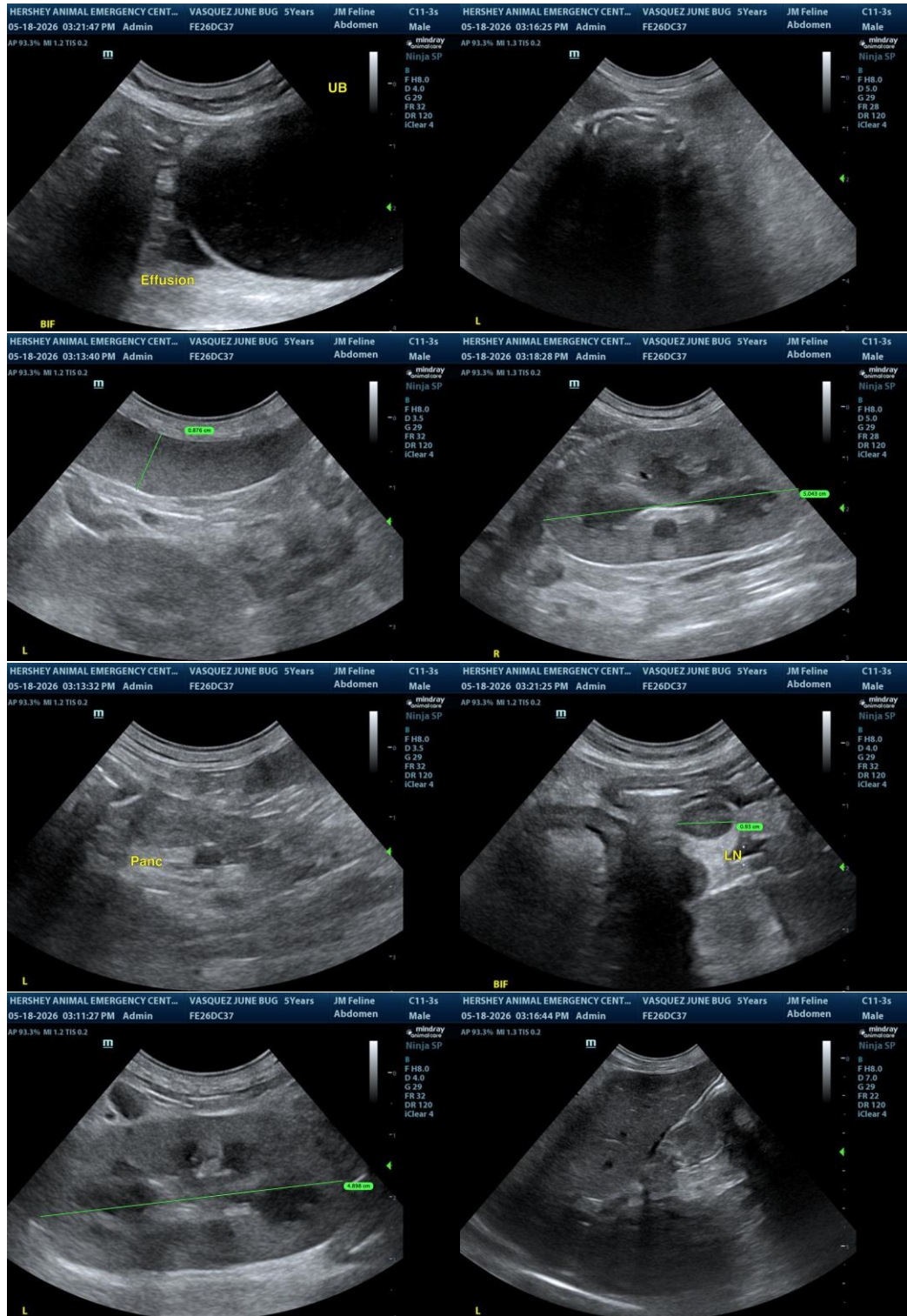
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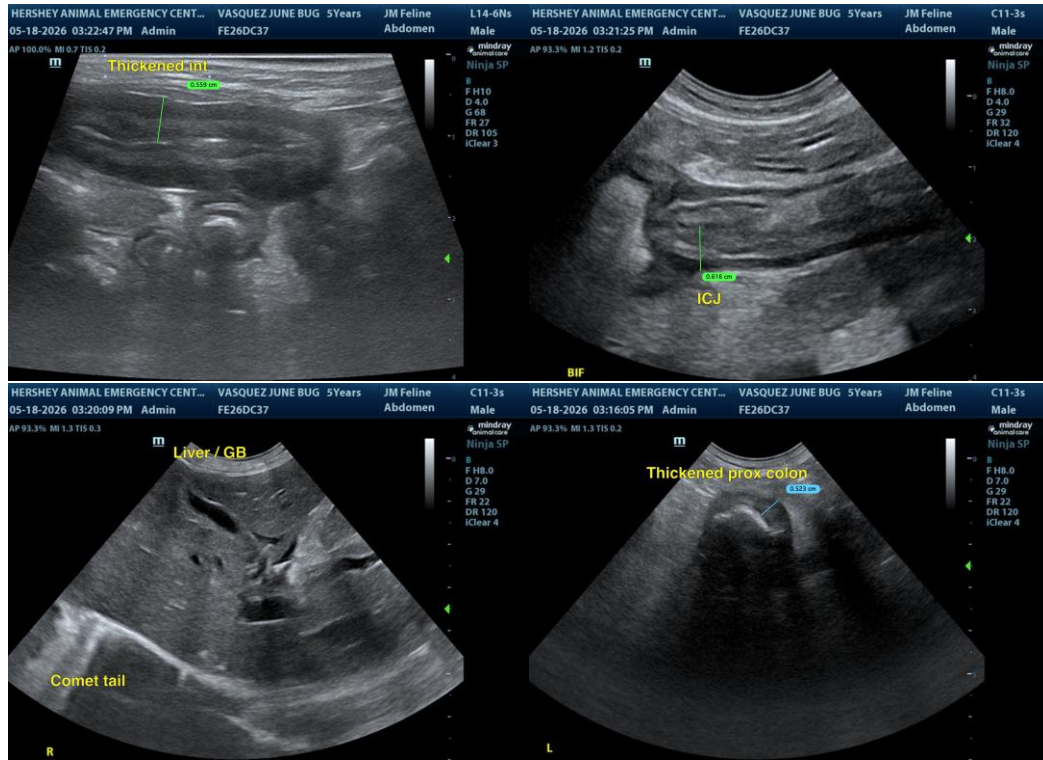
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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