



## PATIENT

Dexter Cholewicki

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

6 Years

## WEIGHT

4 kg

## 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

75558

## DATE

5/31/26

## PRESENTING CLINICAL SIGNS

Seen Wednesday for not eating since Monday and vomiting multiple times. No vomiting since discharge Wednesday; gave cerenia & SQF + bup & Mirataz TGH. Adopted 3 months ago

Abnormal PE/Chem/CBC/UA Results: Abdominal: mild discomfort on palpation, urinary bladder small  
Oral Cavity: Mucous membranes pale pink/tacky, CRT <2s, heavy calculus/severe generalized gingival erythema, no erythema/ulceration noted in caudal oropharynx, halitosis, sublingual clear  
Cardiovascular: Grade 2/6 parasternal murmur; No arrhythmias, pulses strong/synchronous  
Musculoskeletal: Ambulatory x 4 limbs, no lameness, PROM x 4 limbs WNL; mild generalized muscle atrophy 5 / 28 /26 at 3a  
CBC: Eos 0.08 (L) Chem: Glob 5.5 (H) QPL: 0.8 (WNL) U/A: USG >1.050, pH 7.0, UP 30 mg/dL, Bili 1 mg/dL, RBC 14/hpf EPOC: BE -8.6 (L), Lactate 3.22 (H) 5/31/2026 at 5a EPOC - WNL Chem15 - WNL

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild non-dependent particulate 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.

The area of the aortic trifurcation was free of pathology.

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. Left kidney measured 3.3 cm. Right kidney measured 3.8 cm.

### Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. Left measured 0.30 cm.

No overt pathology in the area of the right adrenal gland.

### 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

A moderately sized to expansive mixed echogenic, potentially cystic to cavitated liver mass was present measuring approximately 5.0 cm in diameter. The mass was primarily visualized in the mid to right liver. The remainder of the hepatic parenchyma exhibited homogeneous echotexture and normal echogenicity. Probable separate, thinly walled, ventrocaudal liver cyst containing anechoic fluid and measuring approximately 2.0 cm in diameter.



## PATIENT

Dexter Cholewicki

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

6 Years

## WEIGHT

4 kg

## 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

75558

## DATE

5/31/26

The gallbladder was non distended in size with mild gallbladder debris. The cystic duct and common bile ducts were normal without evidence of dilation.

### Gastrointestinal

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 ileus, obstruction or foreign material. Duodenum wall measured 0.22 cm. Jejunum wall measured 0.20 cm.

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

### Pancreas

The pancreas exhibited mild prominent size with capsule asymmetry and mild non-homogeneous, hypoechoic parenchyma compared to adjacent non-reactive omentum.

### Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

### PRIMARY FINDINGS

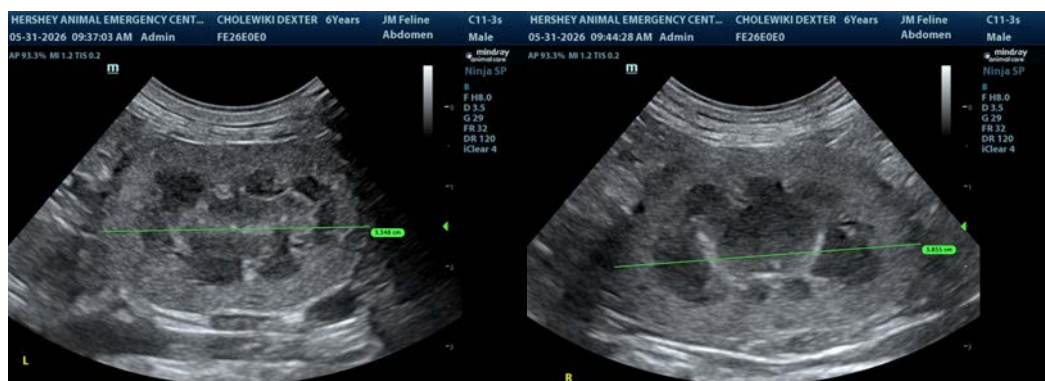
- Liver mass with probable separate liver cyst
- Normal gallbladder with mild bile debris
- Normal gastrointestinal tract
- Possible mild pancreatitis

### SECONDARY FINDINGS

- Urine sediment

### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If normal clotting status, liver mass FNA is recommended. A GI panel could be considered to correlate with the pancreas or nonstructural intestinal disease. GI support and empirical therapy for possible mild pancreatitis is recommended.





**PATIENT**

Dexter Cholewicki

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

6 Years

**WEIGHT**

4 kg

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP  
(Canine and Feline)

**IMAGING PERFORMED BY**

Lindsay Powell, CVT

**HOSPITAL NAME**

Hershey Animal  
Emergency Center

**REFERRING VET**

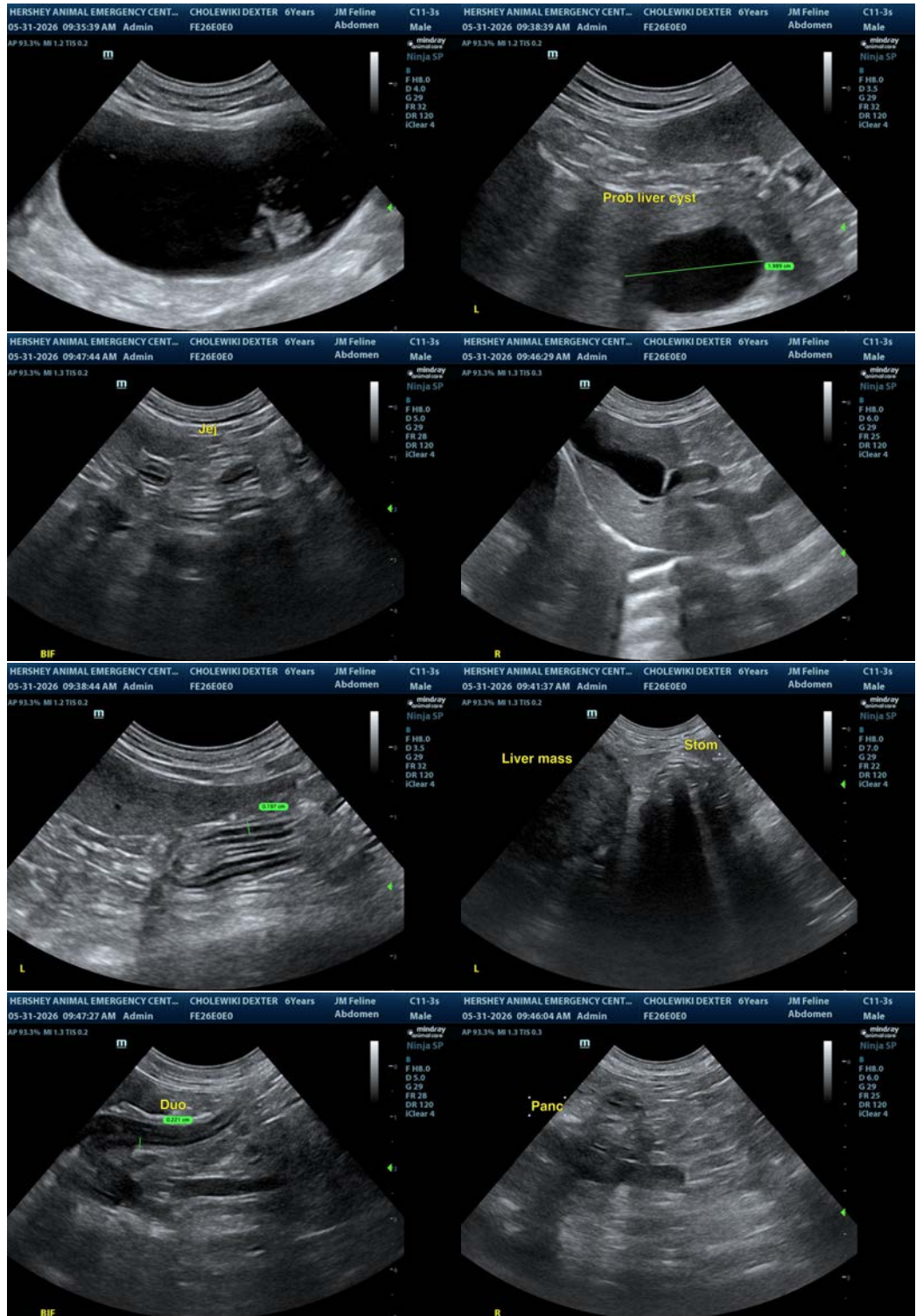
Dr. Shally Gastelu

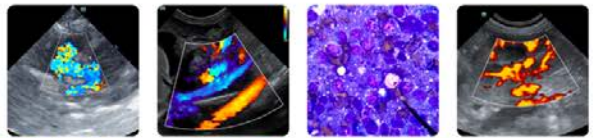
**INVOICE**

75558

**DATE**

5/31/26





## PATIENT

Dexter Cholewicki

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

6 Years

## WEIGHT

4 kg

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP  
(Canine and Feline)

## IMAGING PERFORMED BY

Lindsay Powell, CVT

## HOSPITAL NAME

Hershey Animal  
Emergency Center

## REFERRING VET

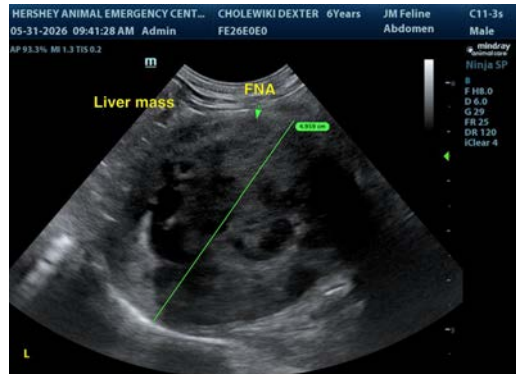
Dr. Shally Gastelu

## INVOICE

75558

## DATE

5/31/26



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](mailto:info@SonoPath.com)