



PATIENT

Finn Readinger

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

9 years

WEIGHT

6.5 kg

INTERPRETED BY

Tam Mengine, DVM,
DABVP (canine/feline
practice)

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

Dr. Leann Murphy

INVOICE

11080

DATE

1/9/2026

PRESENTING CLINICAL SIGNS

Presenting for acute anorexia and lethargy since Sunday. O reports patient is drinking but not eating and is hiding. Treated at RDVM with 8 ml/kg fluid bolus. T103.4 at RDVM Mucous membranes icteric/tacky Marked icterus of skin New grade III-IV/VI systolic heart murmur, intermittent gallop arrhythmia Moderately painful on abdominal palpation Moderate muscle wasting along dorsum.

Abnormal PE/Chem/CBC/UA Results: Diagnostics from RDVM 1/9/26: CBC: WBC 19.21K H, Neutrophils 17.48K H, Lymphocytes 0.76K L Chem: SDMA 19 H, BUN 43 H, Creatinine 1.7, Calcium 7.4 L, Globulin 5.4 H, ALT 522 H, ALP 915 H, GGT 17 H, Tbili 15 H, Na 142 L Abdominal radiographs: Unremarkable.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. A small amount of echogenic luminal material is present, typical of mucus. The ureteral papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted. Urethra visualized t 3.0 cm

The kidneys are of normal size and shape and exhibit appropriate corticomedullary differentiation with a normal 1:3 cortex to medulla ratio. There is no evidence of nephrolithiasis, mineralization, pyelectasia, cystic change or hydronephrosis. The proximal ureter is not visible (normal). Left kidney measures 4.3 cm, and the right kidney measures 4.5 cm.

Adrenal Glands

The adrenal glands are both identified in their normal locations. They are normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland height is 4.0 mm at the caudal pole. The right adrenal gland height 4.6 mm at the caudal pole.

Spleen

The spleen is of appropriate size and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. There is the appearance of an 8.9 mm isoechoic nodule in the region of the splenic tail, though this may be an artifact due to folding of the spleen in this region. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal. Thickness at the splenic hilus is normal at 8.1 mm.

Liver

The liver is diffusely hyperechoic and subjectively enlarged, with sharp borders and a homogenous echotexture. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is moderately distended with anechoic contents and a small amount of echogenic sludge. The wall is thickened to 2.7 mm, without evidence of rupture. The cystic and common bile ducts are normal.

Gastrointestinal



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The stomach is moderately distended with gas. The gastric wall is 1.8 mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness, up to 1.8 mm, with intact wall layering. The ileocecal junction was not visualized.

Pancreas

The left limb of the pancreas is swollen and hypoechoic, surrounded by hyperechoic mesenteric fat. The pancreatic duct appears normal.

Free Abdomen

There is focal free fluid present with the abdomen in the region of the liver and gallbladder. The omental and intra-abdominal fat in the region of the pancreas, liver, and gallbladder, are hyperechoic. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

PRIMARY FINDINGS

- Hyperechoic liver, and thickened gallbladder wall with associated steatitis and free fluid, consistent with cholangiohepatitis.
- Hypoechoic left pancreas with associated steatitis consistent with pancreatitis.

SECONDARY FINDINGS

- Equivocal splenic nodule, deemed unlikely to be related to current clinical signs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the liver, gallbladder, and pancreas are consistent with acute cholangiohepatitis and pancreatitis. Underlying neoplastic disease cannot be excluded without sampling, but is deemed less likely. The splenic nodule may in fact be an artifact created by a fold in the region of the spleen, sonographic reassessment of the spleen once the patient has recovered could be considered to further investigate this, but it is unlikely that this is related to the current symptoms.

Additional recommendation include:

- Supportive care including fluid therapy, antiemetics, analgesics, appetite stimulants (if needed) and cobalamin supplementation are warranted.
- Treatment with denamarin and ursodiol are recommended, and treatment with antibiotics such as amoxicillin-clav and/or a fluoroquinolone could be considered as empiric treatment for cholangiohepatitis.
- Empiric treatment with prednisolone at 2-4 mg/kg/day could be considered, particularly if response to other treatments is lacking.
- Definitive diagnosis would require biopsy of the affected tissue.



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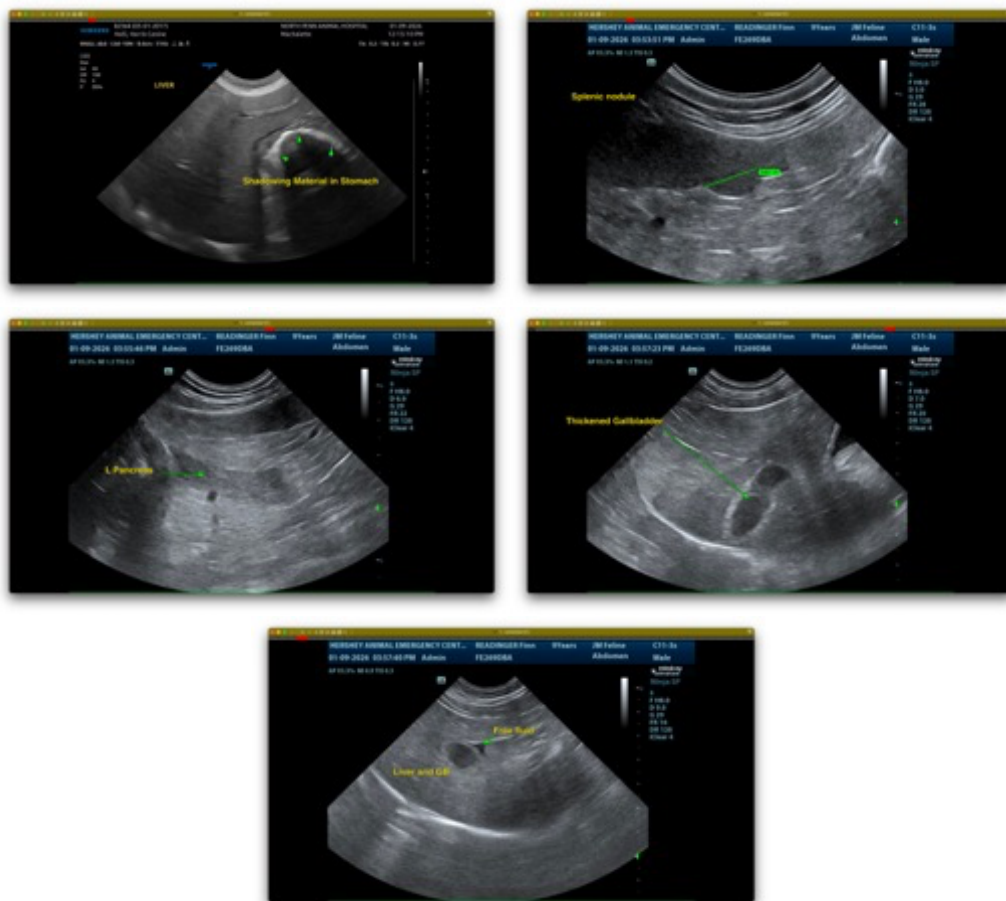
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Tam Mengine, DVM, DABVP (canine/feline practice)

info@SonoPath.com