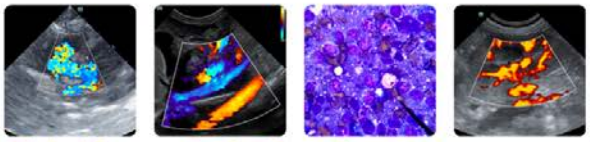


PATIENT

George Doxsee

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

11 Years

WEIGHT

8.36 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Lindsay Powell, CVT

HOSPITAL NAME

Hershey Animal Emergency Center

REFERRING VET

Dr. Brittany Lang

INVOICE

71507

DATE

11/2/25

PRESENTING CLINICAL SIGNS

George presented 8:30 Nov. 2 for a 3 day history of lethargy and anorexia. He is an indoor/outdoor cat. No vomiting or diarrhea. Patient has been urinating according to the owner. No previous medical history, unknown when last bloodwork was done.

Abnormal PE/Chem/CBC/UA Results: Painful abdomen, bradycardic, pale pink tacky mucous membranes, mildly hypothermic CBC - HCT 26.8 (non-regenerative), lymph 0.75, eos 0.10, plt 74 Chem 15 - BUN 118, creat too high to read, phos >16.1, calcium 12.6, TP 11.1, albumin 2.1, glob 6.9, ALT >1000 EPOC - Na 135, Cl 107, BUN >120, creat 9.23, BG 207 Abdominal and thoracic radiographs - hepatomegaly, no other obvious concerns (not sent out yet)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine, and no luminal sediment is present. The ureteral papillae, trigone and pelvic urethra (visible to 2.0 cm) are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted. There is a linear hollow structure noted in the region of the trigone, consistent with a urinary catheter.

The kidneys are increased in size, with otherwise normal 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 measures 4.8 cm. Right measures 4.9 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. Left measures 4.4 mm. Right measures 4.3 mm.

Spleen

The spleen is of appropriate size (9.2 mm) and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. 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.

Liver

The liver is diffusely hyperechoic and subjectively enlarged, with rounded margins 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 large amount of freely-moveable echogenic sludge. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal

The stomach is moderately distended with fluid. The gastric wall is 2.5 mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

PATIENT

George Doxsee

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

11 Years

WEIGHT

8.36 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Lindsay Powell, CVT

HOSPITAL NAME

Hershey Animal Emergency Center

REFERRING VET

Dr. Brittany Lang

INVOICE

71507

DATE

11/2/25

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 (1.0 mm) with intact wall layering. The ileocecal junction is not seen.

Pancreas

The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

Free Abdomen

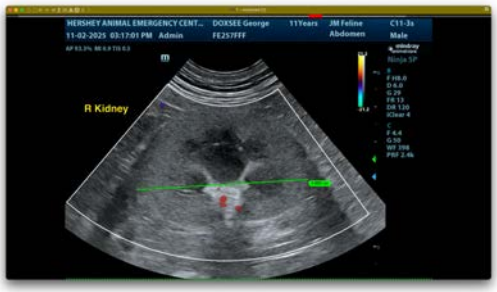
There is no free fluid noted within the abdomen. There is hyperechoic, inflamed omental fat noted in the region of the kidneys and cranial abdomen. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

PRIMARY FINDINGS

- Bilaterally enlarged kidneys with otherwise normal architecture, and associated steatitis
- Rounded, hyperechoic liver with steatitis
- Large amount of gallbladder sludge - while this can be incidental in the cat, it is less common than in the dog, and may also be seen with cholecystitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The sonographic findings are consistent with renal and hepatic inflammatory change, or possibly infiltrative disease. Possible differentials would include FIP, multiple myeloma, round cell neoplasia, toxoplasmosis (azotemia would be uncommon but reported), leptospirosis (but hepatic involvement not expected in the cat), and toxin exposure. In conjunction with supportive care, additional diagnostic recommendations would include retroviral testing, urinalysis, protein electrophoresis, assessment of ionized calcium (if not already performed), and infectious disease titers. Fine needle aspiration of the liver with a 25G needle would also be recommended if clotting parameters are normal.



PATIENT

George Doxsee

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

11 Years

WEIGHT

8.36 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Lindsay Powell, CVT

HOSPITAL NAME

Hershey Animal Emergency Center

REFERRING VET

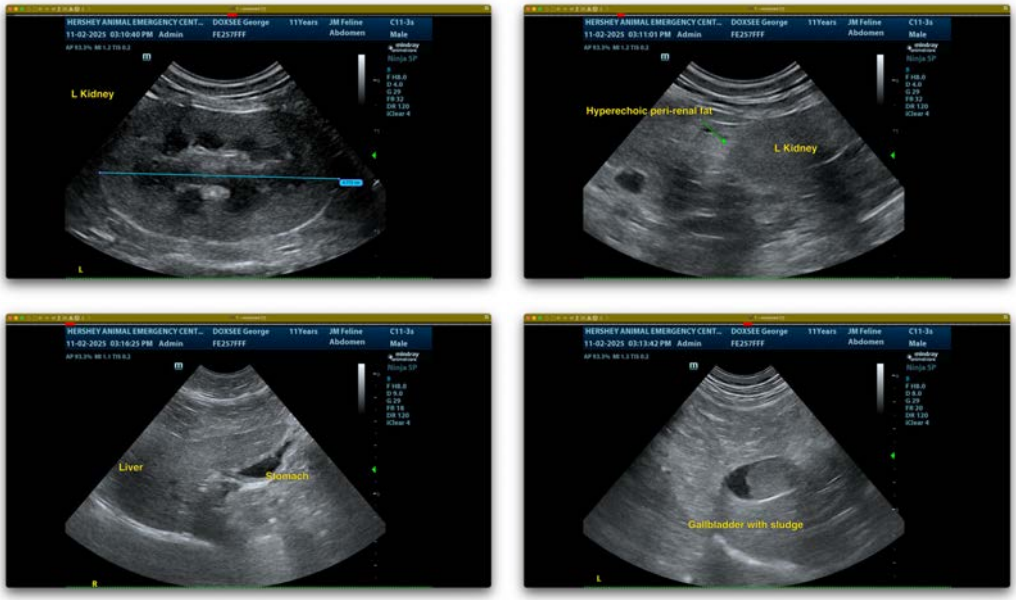
Dr. Brittany Lang

INVOICE

71507

DATE

11/2/25



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