



PATIENT

Kid Leo Schupp

SPECIES

Feline

BREED

DLH

SEX

MC

AGE

5 Years

WEIGHT

5.15 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. leann Murphy

INVOICE

74198

DATE

4/4/26

PRESENTING CLINICAL SIGNS

Anorexia and lethargy for 2 days. History: FeLV positive, bilateral FHO

Abnormal PE/Chem/CBC/UA Results: T 104.5F Significant pain on abdominal palpation BP: 240 EPOC: BUN 13 L, Glu 210 H, Hct 22 L, BE -6.6 L CBC: Hct 44.2, MCV 53.4 H, Neut 1.65K L, Lymph 0.8K L, Eos 0.09 K L, Bas 0.38K H, Plts 14 K (clumping on dot plot), nucleated red blood cells suspected Chem15: Glu 193 H, BUN 13 L, ALP 12 L, Tbili 1.3 H Catalyst pancreatic lipase: 1.0 UA: USG 1.038, pH 7.0, pro 1+, bili 2+, urobilin 4+, RBC 12/hpf, suspect cocci PT/PTT: PT 36.2 H/PTT 120 Radiographs: -Thin caudal vena cava -Ill-defined somewhat stippled increased soft tissue opacities along the path of the left limb of the pancreas and dorsal to the colon. r/o lymphadenopathy, effusion, steatitis -Splenic enlargement -Mild hepatomegaly

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 1.0 cm) are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted.

The kidneys are of normal size and shape, with subjectively hyperechoic cortices, but 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). The kidneys measure 4.1 cm each.

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 3.6 mm. Right measures 3.7 mm.

Spleen

The spleen is diffusely thickened, measuring 1.05 cm at the hilus. The capsular margins are regular and the parenchyma is normal. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

Liver

The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. 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 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 empty. The gastric wall is normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.



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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 (1.5 mm) with intact wall layering. The ileocecal junction is normal.

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 liver and gallbladder. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

PRIMARY FINDINGS

- Gallbladder sludge - this is often an incidental finding in cats, but can be associated with cholecystitis
- Steatitis in the region of the liver and common bile duct
- Borderline splenomegaly
- Bilaterally hyperechoic renal cortices, typical of non-specific nephritis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gallbladder sludge and associated steatitis, along with the elevated TBili, would support an underlying cholecystitis, though cholecentesis for culture would be needed to definitively make the diagnosis. The spleen is only very mildly thickened, and the parenchyma appears normal - thus, significant splenic pathology is deemed unlikely, but splenic aspirates could be considered if platelet counts / coagulation parameters normalize. The hyperechoic renal cortices are of uncertain significance, but may indicate an underlying nephritis, potentially explaining the proteinuria and hematuria. A urine culture is recommended to further investigate.

An additional consideration - one of the Hematocrit levels provided suggests significant anemia, while the other is normal, but notes nucleated RBCs. If the patient is anemic, the elevated TBili and fever might also be secondary to hemolytic anemia. And the pan-leukopenia & thrombocytopenia may indicate a primary bone marrow disorder (potentially secondary to FeLV) - a CBC with path review would be recommended to further investigate these findings.



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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