



## PATIENT

Big Daddy Fickes-Seitz

## SPECIES

Feline

## BREED

DSH

## SEX

MC

## AGE

5 Years

## WEIGHT

7.1 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. Cara Sinopoli

## INVOICE

75213

## DATE

5/18/26

## PRESENTING CLINICAL SIGNS

Not been eating or drinking for 2 days. Difficulty going to the bathroom. Very lethargic for about 4 days. Vomited some yesterday - clear liquid. PE: Eyes: OU - dull, sunken, 3rd eyelids sl raised, decreased menace and PLR Ears: No discharge or erythema, jaundice pinnae Oral Cavity: Mucous membranes icteric/tacky, CRT >3s, mod tartar/gingival erythema, sublingual clear. Cardiovascular: bradycardic, poor pulse quality. Abdominal: tense on palp, no obvious free fluid, sl thickened mid abd. Urogenital: Normal external genitalia; neutered; bladder small - urinated in carrier. Integument: rough haircoat, jaundice noted along pinnae. Musculoskeletal: laterally recumbent, non-ambulatory on presentation, sl muscle wasting. Nervous system: difficult to eval due to mentation, responses sluggish

Abnormal PE/Chem/CBC/UA Results: CBC: left shift, Lymph 0.28, Mono 0.79 CHEM: Glu 273, BUN >130, Creat 2.4, Phos 9.5, TP 11.1, Glob 7.9, Tbili 8 EPOC: Na 141, K 3.2, Cl 108, iCa 1.02, BUN >120, Creat 2.52, Glu 283 SNAP Triple: neg SNAP Fel Parvo: neg cPL: 3.6 (normal) UA: USG 1.030, pH 6.0, pro +1, RBC +1, bili 3, sus cocci proBNP: N Rads: Thorax: appears normal Abd: The stomach appears empty. The small bowel is primarily fluid and gas filled with no evidence of dilation, plication, or an obstructing radiopaque foreign object. The descending colon contains gas and small amount of fecal material. The liver and spleen appear normal in size and shape with no evidence of a mass effect or other abnormalities. The lateral projection shows a soft tissue opacity in the center of the abd concerning for mass vs superimposition

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder is moderately distended with anechoic urine. A small amount of echogenic luminal sediment is present, which is freely movable. 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.

The kidneys are mildly diffusely enlarged and have hyperechoic cortices, exhibiting adequate cortico-medullary differentiation. There is focal mineralization present within the left kidney cortex. There is trace dilation of the renal pelvises bilaterally, with anechoic contents. There is no evidence of nephrolithiasis or hydronephrosis. The proximal ureters are not visible (normal). Left kidney measured 4.8 cm. Right kidney measures 5.1 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 3.5 mm. Right measures 4.3 mm.

### Spleen

The spleen is of appropriate size (9.6 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.

### Liver



<b>PATIENT</b>	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.
Big Daddy Fickes-Seitz	
<b>SPECIES</b>	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.
Feline	
<b>BREED</b>	<b><i>Gastrointestinal</i></b>
DSH	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.
<b>SEX</b>	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.
MC	
<b>AGE</b>	The visible portions of the colon have increased thickness, up to 3.1 mm with intact wall layering. The ileocecal junction is not visualized.
5 Years	
<b>WEIGHT</b>	<b><i>Pancreas</i></b>
7.1 kg	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.
<b>INTERPRETED BY</b>	<b><i>Free Abdomen</i></b>
Tam Mengine, DVM, DABVP (canine/feline practice)	There is no free fluid noted within the abdomen. There is hyperechoic, inflamed omental fat noted in the region of the kidneys, stomach and descending colon. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.
<b>IMAGING PERFORMED BY</b>	<b>PRIMARY FINDINGS</b>
Lindsay Powell, CVT	<ul style="list-style-type: none"> <li>• Bilateral mild renomegaly with hyperechoic cortices and trace pyelectasia.</li> <li>• Diffusely thickened descending colon with intact wall layering.</li> <li>• Steatitis in the regions of the stomach, colon and kidneys, supportive of inflammation associated with these organs.</li> <li>• Diffusely hyperechoic liver.</li> </ul>
<b>HOSPITAL NAME</b>	<b><u>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</u></b>
Hershey Animal Emergency Center	There is multifocal inflammation noted within the patient's abdomen. The diffusely hyperechoic liver could be associated with infiltrative neoplasia, inflammation, or hepatic lipidosis, with the latter potentially occurring secondary to inappetence due to other problems. The inflamed kidneys could be due to pyelonephritis, FIP, or less likely infiltrative neoplasia.
<b>REFERRING VET</b>	Additional recommendations include urine culture, and given the presence of bacteriuria on urinalysis, empiric antibiotic therapy while awaiting results.
Dr. Cara Sinopoli	
<b>INVOICE</b>	If coagulation parameters are normal, then liver aspirate could be considered, and if hepatic lipidosis is identified, aggressive feeding support would be recommended. Otherwise, hepatic therapy can be targeted based on aspirate findings.
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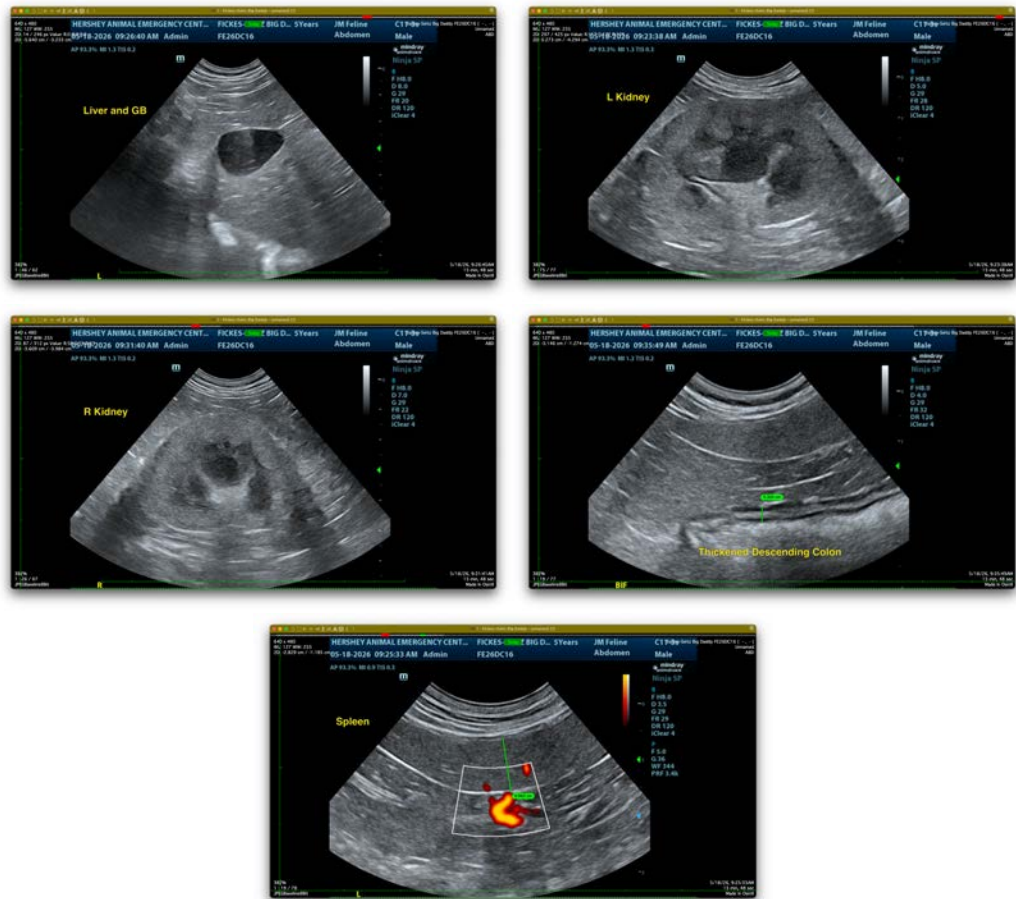
5/18/26

Thoracic and spinal radiographs are recommended to assess for evidence of multiple myeloma.

Serum protein electrophoresis could be considered.

Ophthalmic exam recommended to assess for possible uveitis.

PCR testing recommended to evaluate for the possibility of FIP.



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)**

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