



PATIENT

Mischief McCarthy

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

13 Years

WEIGHT

3.2 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershey Animal
Emergency Hospital

REFERRING VET

Dr. Brittany Lang

INVOICE

15693

DATE

05/02/26

PRESENTING CLINICAL SIGNS

Presented at urgent care for weight loss of 3 pounds, pu/pd and decreased appetite
Diagnosed with D.M Oral Cavity: Mucous membranes pale pink/tacky, CRT <2s, moderate tartar/gingival erythema, sublingual clear. Cardiovascular: No murmurs/arrhythmias, pulses moderate. Abdominal: Soft and compliant, mild pain on palpation
Integument: Normal skin/haircoat, no evidence of ectoparasites, bruising inner right hind limb after clipping to place sampling line

Abnormal PE/Chem/CBC/UA Results: Ketones: 6.3 EPOC: BE -6.6 L, BUN 37 H, Potassium 2.7 L, Glucose 503 H Pets R US Diagnostics: CBC - neut 11.2 (H) EPOC pO2 173.3 (H), cSO2 99.6% (H), Na+ 144 (L), K+ 3.1 (L), Cl- 110 (L), iCa++ 1.11 (L), BUN 37 (H), glu 533 (H) Chem BUN 42.9 (H), crea 0.7 (L), glu 532 (H), chol 374 (H), ALT 443 (H) T4 1.5 (N) U/A: USG (1.034) pH(6) Glucose (1000) Cocci (0-3) RBC (rare) urine culture pending

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.

Both kidneys are of mildly enlarged, with a normal shape and exhibit appropriate cortico-medullary differentiation. There is mild pyelectasia present in both kidneys, with anechoic contents. The renal pelvic fat is of normal echogenicity. There is no evidence of nephrolithiasis, mineralization, or hydronephrosis. The proximal ureters are not visible (normal). The left kidney is 4.7 cm in length. The right kidney is 4.7 cm in length.

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 measures 2.8 mm. The right adrenal gland measures 2.9 mm.

Spleen

The spleen is of appropriate size 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. The spleen measures 6.1 mm.

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 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



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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.

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 (1.0 mm) are of normal thickness with intact wall layering. The ileocecal junction is normal.

Pancreas

The left limb of the pancreas is hypoechoic, but of normal size and with no changes to the surrounding mesenteric fat. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

Free Abdomen

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

PRIMARY FINDINGS

- Diffuse hyperechoic rounded liver with associated free fluid.
- Mild bilateral renomegaly with pyelectasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes in the liver are non-specific and could be attributed to endocrine disease, other vacuolar hepatopathies, reactive hepatopathy, storage hepatopathy, chronic infectious or inflammatory disease, hepatic lipidosis, or less likely neoplasia. Given the recent onset of diabetic ketoacidosis, hepatic lipidosis would be a consideration. If coagulation parameters permit, then fine needle aspiration of the liver would be recommended for definitive diagnosis.

The mild bilateral renomegaly may be incidental. However, if the urine culture is positive, then the possibility of pyelonephritis should be considered. The mild renal pelvic dilation may also be an incidental finding secondary to the diabetes mellitus and/or fluid therapy. Renomegaly has also been documented in cats with acromegaly. And so, if there are other features such as changes to the jaw and feet that would support acromegaly, this would be a consideration.

There is no definitive cause for the free fluid noted throughout the abdomen. If there is inflammatory change associated with the liver, this may be the underlying cause. Sampling of the fluid may provide additional information.



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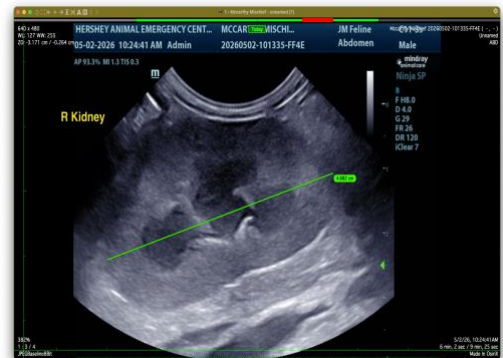
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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