



PATIENT

Oogie Kochenderfer

SPECIES

Feline

BREED

DMH

SEX

Neutered Male

AGE

7 Years

WEIGHT

5.7 kg

INTERPRETED BY

Eric Lindquist, DMV,
DABVP(CFM), Cert.
IVUSS

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershey AEC

REFERRING VET

Dr. Victoria Orlando

INVOICE

35977

DATE

12/20/25

PRESENTING CLINICAL SIGNS

History: rdvm concerned about diaphragmatic hernia on xrays - has been chronically vomiting and underweight with mild muscle wasting, recent decreased activity and appetite.

Abnormal PE/Chem/CBC/UA Results: none performed yet - did ultrasound as soon as transferred over.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex, and no evidence of pelvic dilation was present. The left kidney measured 4.5 cm. The right kidney measured 4.1 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.5 cm. The right adrenal gland measured 0.6 cm.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted. The spleen measured 0.97 cm.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume, and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal

The **stomach** revealed a concentric wall thickening, measuring approximately 2.0 cm, with loss of mural detail. Ultrasound guided FNA is indicated. Regional inflammation was noted. The entire fundic



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wall thickening extended 4.0 cm x 2.6 cm. The pylorus itself was unremarkable, yet the infiltrative pattern continued from the gastric fundus to the pyloric antrum, however, the pyloroduodenal junction was unremarkable. Slight regional lymph node enlargement (5.0 mm) was noted and secondary regional inflammation. Slight intestinal thickening was noted elsewhere, with a focal intestinal mass noted in the jejunum, measuring approximately 3.0 cm x 1.6 cm.

Pancreas

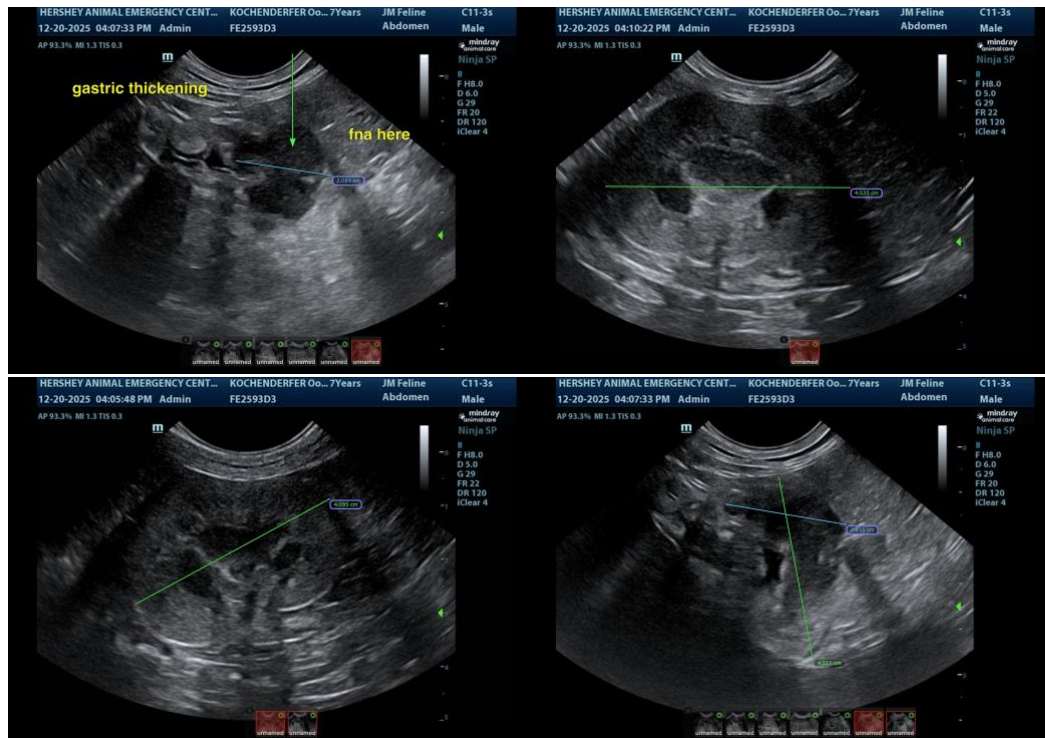
The **pancreas** was slightly hypoechoic to surrounding mesentery, yet no evidence of active inflammation.

ULTRASONOGRAPHIC FINDINGS

- Gastric and intestinal masses
- Secondary lymph node enlargement
- Secondary regional inflammation

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Infiltrative pattern strongly suggestive for round cell neoplasia. Dry for FIP and complicated inflammatory bowel are possible, yet less likely. 22 or 25 gauge FNA is recommended. This is not surgical.





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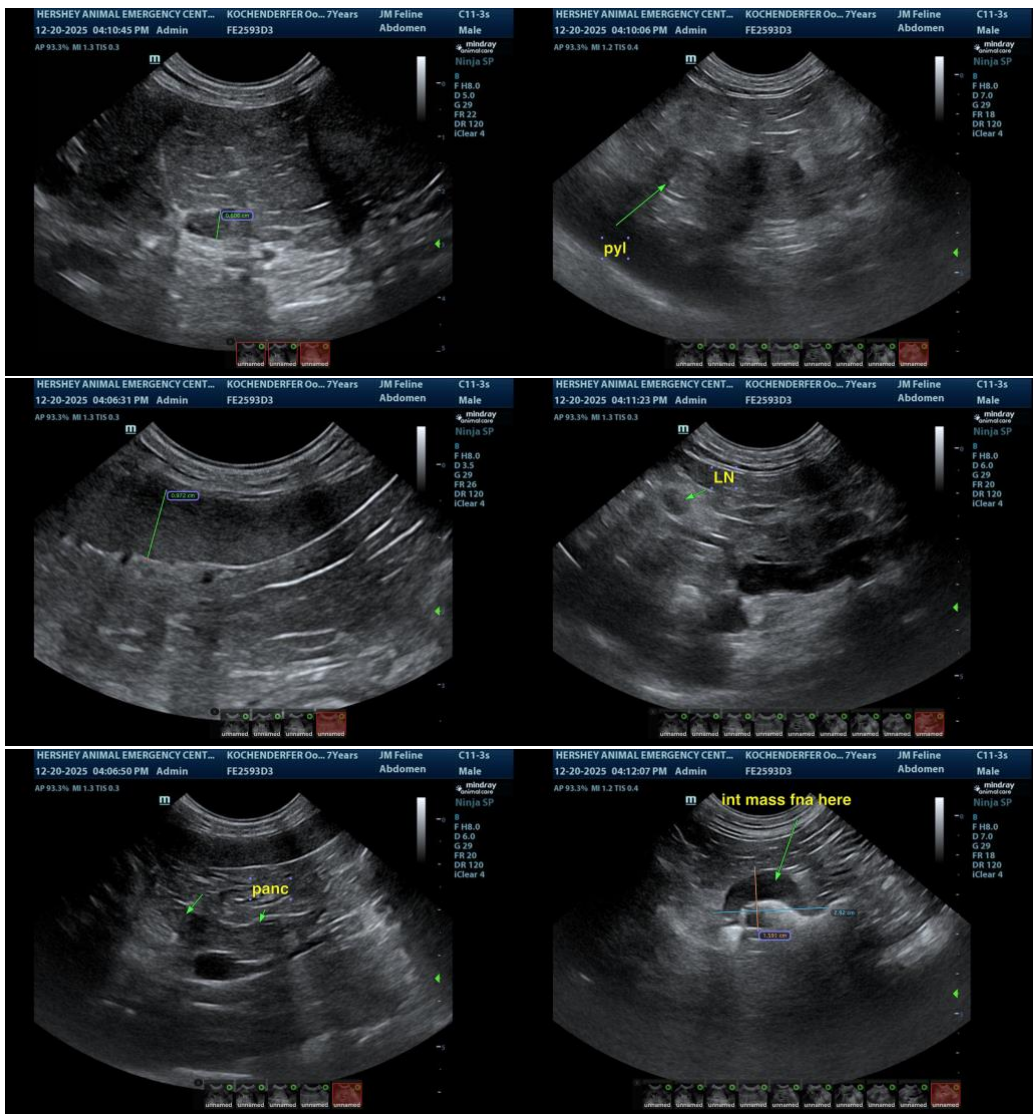
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS,
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