



## PATIENT

Allana Pascucci

## SPECIES

Feline

## BREED

DSH

## SEX

Spayed Female

## AGE

10

## WEIGHT

14.1

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Melissa Pascucci

## HOSPITAL NAME

American Animal  
Hospital

## REFERRING VET

Dr. Pascucci

## INVOICE

14542

## DATE

03/23/26

## PRESENTING CLINICAL SIGNS

- Doctor Pascucci's Cat
- Not finishing all meals for 3 wks - on/off. But sometimes goes back in minutes and finishes it
- Her normal appetite is voracious
- Last time this happened for a few days, ultrasound showed possible panc (SonoPath report 9/8/25).
- Has diabetes melitus- managed on insulin and strict DM wet food. High fructosamine for past yr- nonclinical, low glucosuria.
- Has some hairline gumline resorbing lesions
- Has hx of bright spots in lungs since at least 2023. No cough or resp signs- only hairballs. Last vet rad report 9/8/25.
- She will vomit pure hairballs- tried to get one up this week.
- Ate half breakfast 4-5 hrs before this.
- Dex/torb sedation for work up today

Abnormal PE/Chem/CBC/UA Results: updated labs pending 2/5/26: fructosamine 620, BG 362, UA- 2+ Glu

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder**, trigone, and pelvic urethra to a depth of 1.0 cm 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 were noted. Ureteral papillae were normal.

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 his 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 in length. The right kidney measured 4.2 cm in length.

### Adrenal Glands

The regions of the **adrenal glands** were imaged with no evident pathology.

### 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.

### Liver

The **liver** presented slightly hyperechoic to falciform fat. The gallbladder and common bile duct were unremarkable. This presentation is consistent with diabetic hepatopathy.



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## Gastrointestinal

The **stomach** was over distended with chyme. The distal small intestine revealed minor variable thickening. Some shadowing luminal material was noted in the pylorus likely owing to hairball accumulation. The luminal density in the pylorus does obscure some visibility of the pylorus and upper duodenum.

## Pancreas

The **pancreas** presented slightly heterogenous and mildly irregular. Some level of low-grade pancreatitis is possible. Subxiphoid palpation is recommended to assess if there is any pain or discomfort that would suggest low-grade inflammation.

## Free Abdomen

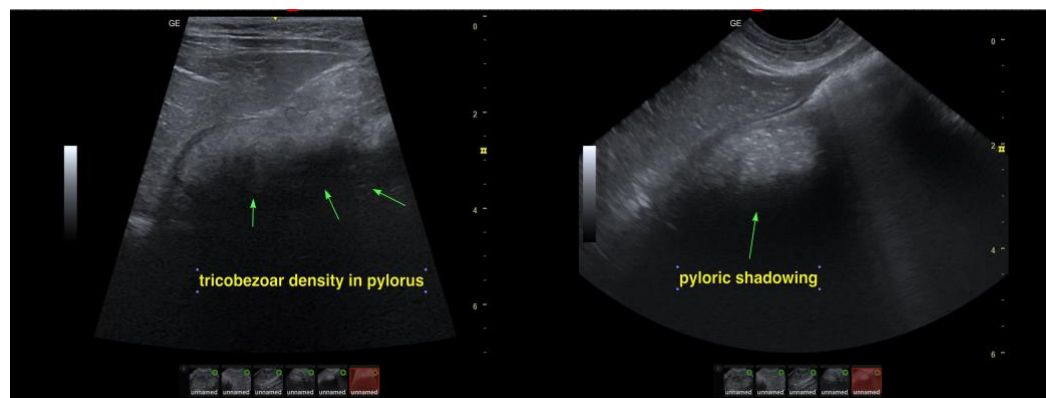
The slight **lymph nodes** presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail measuring up to 5.0 mm. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia. Some remodeled mesentery was noted in the mid abdomen.

## ULTRASONOGRAPHIC FINDINGS

- Chronic IBD GI pattern with likely hairball accumulation- delayed outflow.
- Slight lymph nodes.
- Heterogenous pancreas.
- Hyperechoic liver.
- Age-related renal changes.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Aggressive treatment for trichobezoar is indicated with promotility medications. Eventual gastronomy may be necessary if medical management is not successful.





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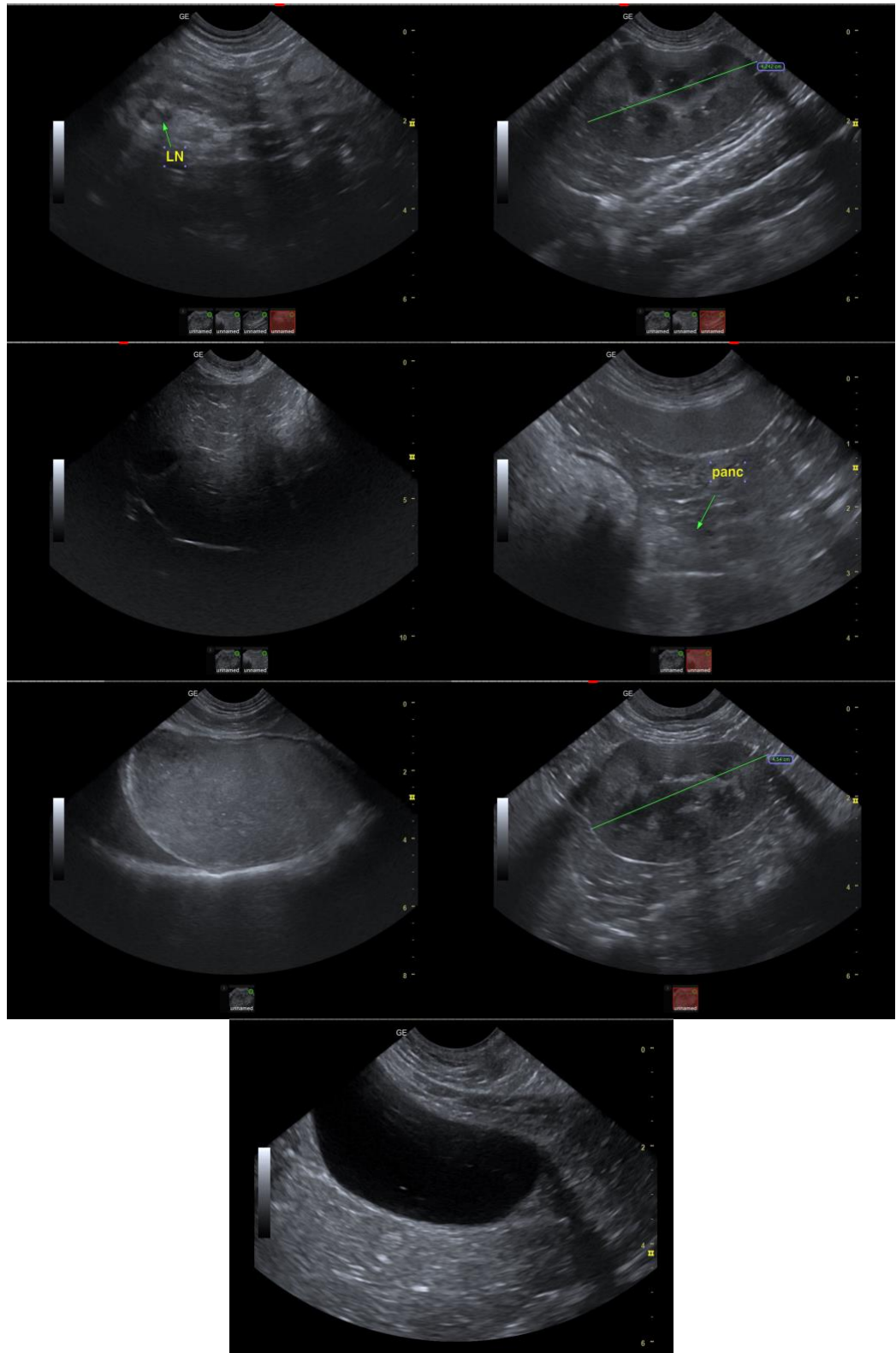
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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DSH

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

CEO, Owner, Founder -- SonoPath.com

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[info@SonoPath.com](mailto:info@SonoPath.com)

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