



## PATIENT

Lucy Hopstetter

## SPECIES

Feline

## BREED

DSH

## SEX

Spayed Female

## AGE

12.5 Years

## WEIGHT

3.0 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Meghan Myers

## HOSPITAL NAME

Hershey AEC

## REFERRING VET

Dr. Kim Davidson

## INVOICE

36817

## DATE

4/26/26

## PRESENTING CLINICAL SIGNS

History: Chronic vomiting, diarrhea and inappetence. Had AUS 3/10 at rDVM which showed concerns for IBD vs. GI lymphoma. Started on pred ~1.5 mg/kg taper (now 1.5 mg/kg PO EOD). Past couple days vomiting, inappetence and lethargy. Mucous membranes pink to muddy/dry, CRT 2-3s, moderate tartar/gingival erythema pulses thready. Firm stool palpated in the colon, uncomfortable on abdominal palpation.

Abnormal PE/Chem/CBC/UA Results: CBC: neutrophillia (12.99), lymphopenia (0.79), eosinopenia (0.07), basopenia Chem: BUN 37 (H), ALT 585 (H) EPOC: BUN 35 (H), hypocalcemia (1.03), BE -8.2 (L) fPL: WNL Radiographs constipation Heterogenous material within a segment of small intestine. This may be material within the ileum associated with constipation. Renal degeneration with mild atrophy. Cholecystolithiasis.

## 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 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 mild to moderate 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. Slight cortical infarcts were noted. The left kidney measured 3.2 cm. The right kidney measured 2.8 cm.

### *Adrenal Glands*

The regions of the **adrenal glands** revealed 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** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some moderate 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.



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## Gastrointestinal

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of mild chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable. The pelvic colon revealed normal to hard stool. The colonic wall was unremarkable.

## Pancreas

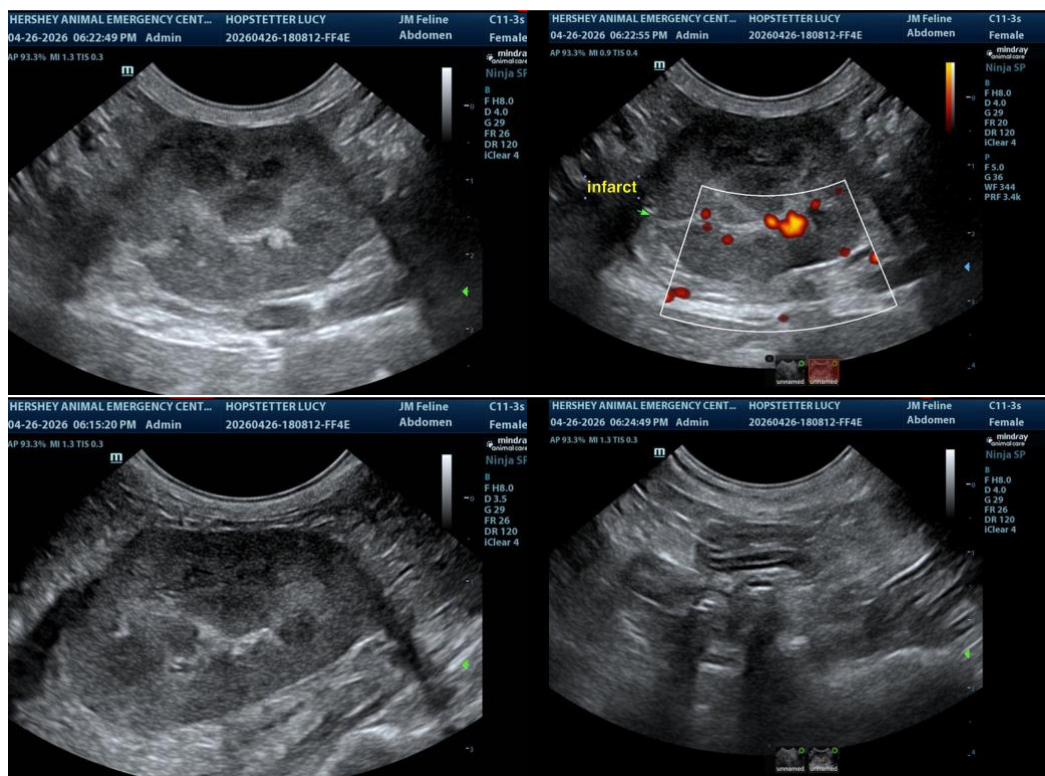
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some mild parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation, then low-grade smoldering chronic pancreatitis should be suspected.

## ULTRASONOGRAPHIC FINDINGS

- Geriatric abdomen
- Slight renal infarcts
- Normal to hard stool in the colon

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of specific disease, however, the prednisolone may be suppressing a more significant presentation.





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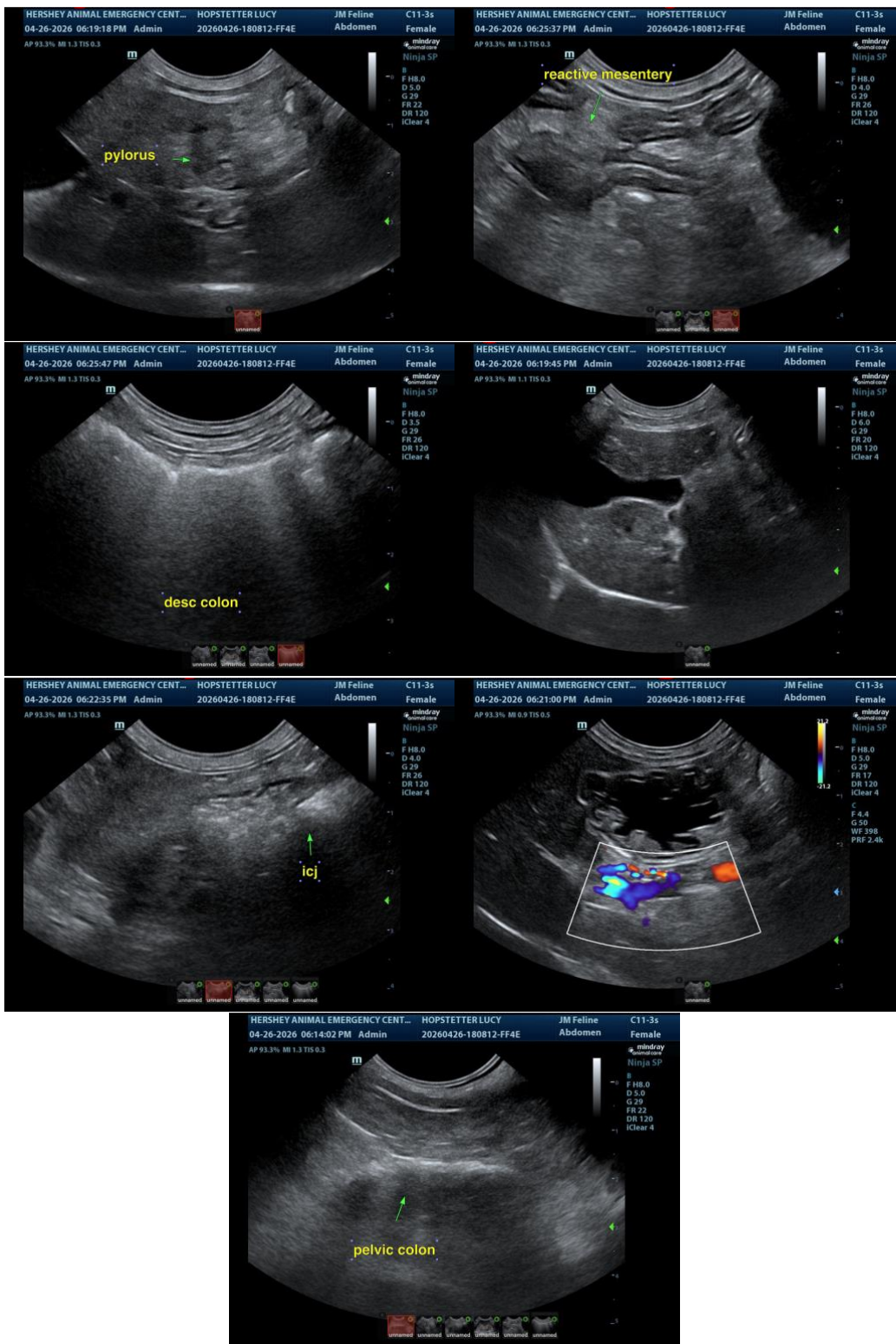
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,  
CEO, Owner, Founder -- SonoPath.com  
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