



PATIENT

Lewis D'Ambrosia

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

13 Years

WEIGHT

5.62 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Lindsay Powell CVT

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

Dr. Lydia Coogan

INVOICE

15489

DATE

04/27/26

PRESENTING CLINICAL SIGNS

History of diabetes mellitus, asthma, suspected IBD (treated with budesonide), and recent URI signs. Decreased appetite and discomfort for a couple days. Received insulin despite hyporexia and became hypoglycemic and had a seizure. History of ALT elevation (~350 in Jan 2024) but progressive now.

Abnormal PE/Chem/CBC/UA Results: Abdomen soft and doughy, but splinting on palpation
Dehydration Spot BG: 8p (pre dextrose bolus)- 68, 9p (post dextrose bolus)- 168 BG Monitoring: 435, 391, 319, 316 CBC: Neutrophils 1.32 (L) In-vue: Neutrophils 4.58 (n) Lymphocytes 0.42 (L) Eosinophils 0.16 (L) EPOC: cSO2 86.7 (H) pO2 55.3 (H) Glu 384 (H) Lactate 6.5 (H) BUN 13 (L) BE,ECF -9.3 (L) BE,B -8.3 (L) Chem15: Glu 426 (H) BN 12 (L) ALT 538 (H) BP: 1a- 136, 6a- 122 CXR: NSF tT4: WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra to a depth of 2.0 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 normal structure, corticomedullary definition and ratio for this age with subnormal size likely owing to diabetic state. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 4.4 cm in length. The right kidney measured 5.0 cm in length. Blood flow appeared to be adequate.

Adrenal Glands

Both **adrenal glands** were not visualized.

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 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 mildly echogenic and slightly thickened with 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



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There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

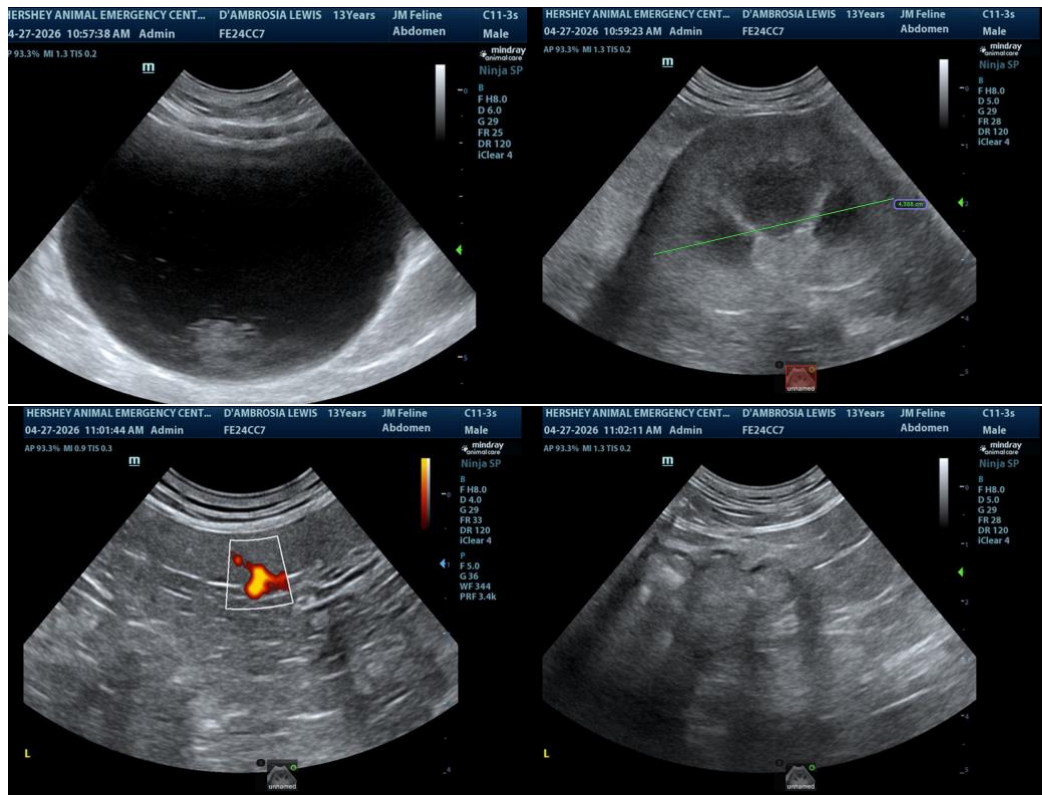
The **pancreas** revealed some mixed echogenic changes and remodeling. Mildly enhanced mesentery was present suggestive of inflammation.

ULTRASONOGRAPHIC FINDINGS

- Heterogenous pancreas.
- Thickened gallbladder.
- Subnormal renal size.
- Suspect chronic active pancreatitis- likely playing a role in diabetic dysregulation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Supportive care should prove effective. If the patient was not NPO, the luminal material in the stomach may be hairball density.





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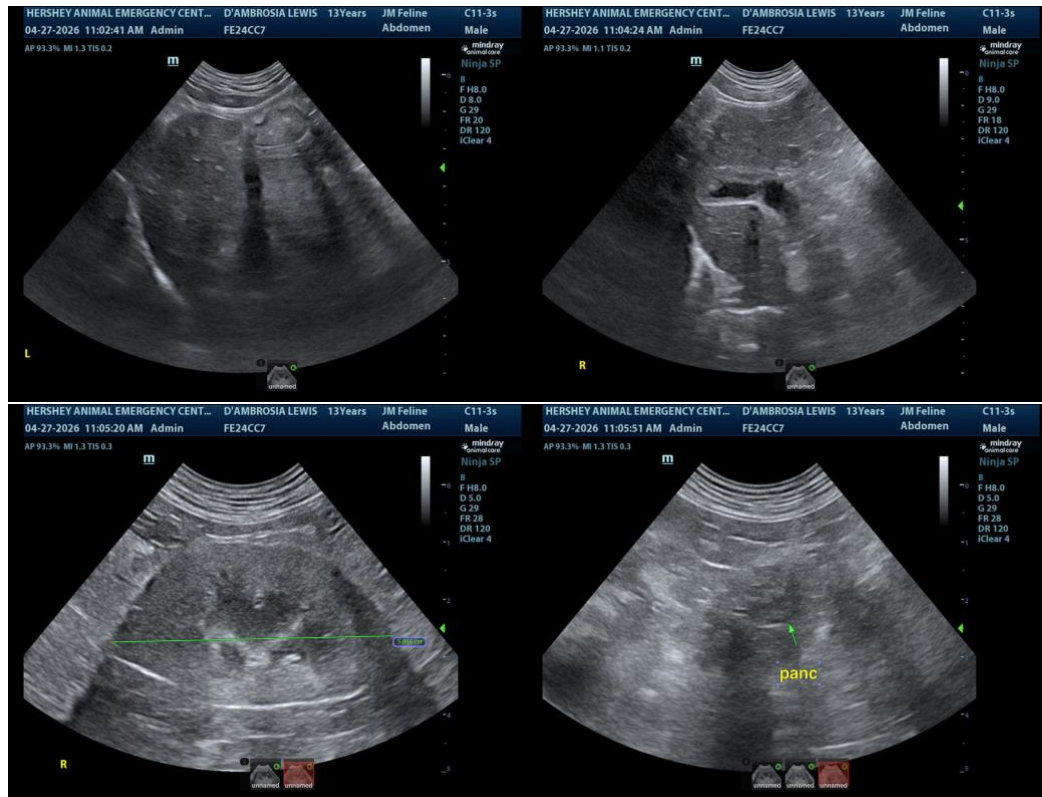
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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