



PATIENT

Emil Jacobo

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

11 Years

WEIGHT

8.6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

Dr. Cara Sinopoli

INVOICE

75326

DATE

5/21/26

PRESENTING CLINICAL SIGNS

Presented 5/20 after having a short episode of panting followed by sudden ataxia (was leaning up against walls to hold himself upright). Initial exam, pink, tacky MM, increased RR/RE (stress related), generalized weakness, mild ataxia in hind end, obese

Abnormal PE/Chem/CBC/UA Results: CBC: Neut 13.39K (H), Eos 0.12K (L) Chem: Glu 256, BUN 12 EPOC: hypokalemia (2.6), BUN 11 (L), hyperglycemia (162) T4: 1.9 (WNL) UA (cysto): USG 1.044, pH 8.0, inactive sediment Radiographs: Obese body condition. The stomach is moderately gas distended. The small bowel is primarily fluid and gas filled with no evidence of dilation, plication, or an obstructing radiopaque foreign object. The descending colon contains fecal material. The liver and spleen appear normal in size and shape with no evidence of a mass effect or other abnormalities. The urinary bladder appears normal, moderate to large in size. There is no evidence of free fluid or free gas in the peritoneal space. The axial skeleton, including the pelvis and coxofemoral joints are within normal limits.

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 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 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. Slight mineralization noted in the left kidney, non-obstructive. Slight pyelectasia noted in the left kidney. The left kidney measured 4.4 cm. The right kidney measured 4.7 cm with slight pyelectasia noted.

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. Left measured 0.42 cm. Right measured 0.44 cm.

Spleen

The **spleen** measured at the upper limits of normal at 1.1 cm. The spleen was uniform.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some 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 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.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

Free Abdomen

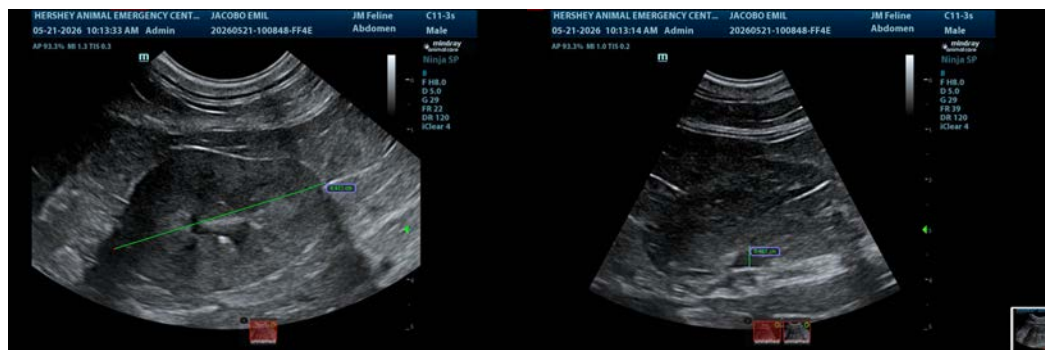
The mesenteric **lymph nodes** presented normal length to width ratio with slight, swollen contour, measuring up to 1.9 cm x 0.50 cm. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

ULTRASONOGRAPHIC FINDINGS

- Age related renal changes with pyelectasia.
- Upper limits of normal splenic size.
- Age related hepatic changes.
- Age related GI changes.
- Reactive mesenteric lymph nodes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Structurally unremarkable abdomen with age related changes. No specific evidence of pathology other than mesenteric lymph node enlargement which is minor and reactive. Supportive care should prove effective. The cause of panting may be related to pain. Mid abdominal palpation recommended to assess for discomfort. Otherwise, other causes such as cardiac, thoracic, CNS or orthopedic disease should all be considered.





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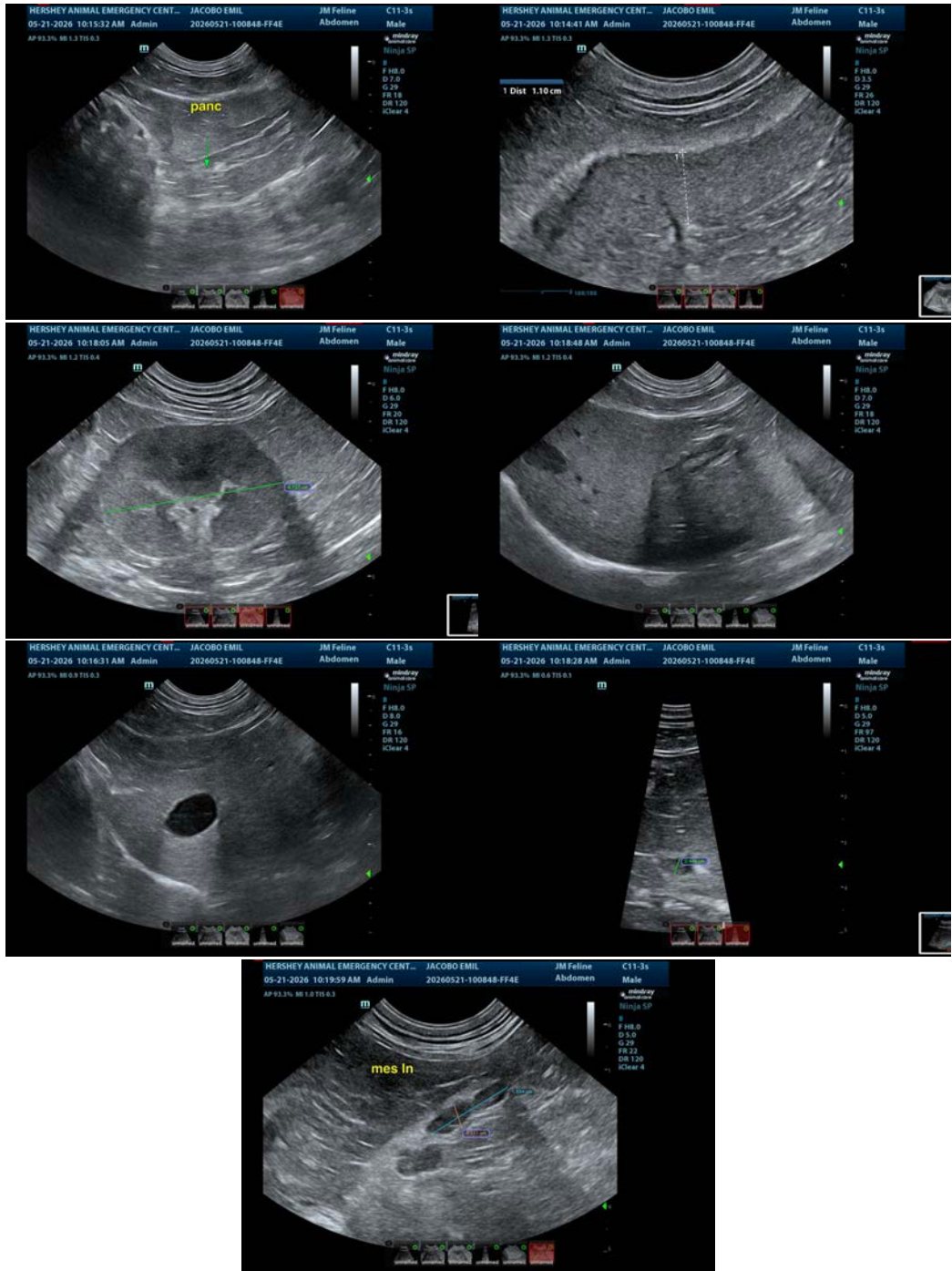
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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