



## PATIENT

Baklava Marchetto

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Spayed female

## AGE

12 years

## WEIGHT

4.6 kg

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Lindsay Powell, CVT

## HOSPITAL NAME

Hershey Animal  
Emergency Center

## REFERRING VET

Dr. Lang

## INVOICE

77895

## DATE

5/24/26

## PRESENTING CLINICAL SIGNS

History: HX AUS 1 month ago by rDVM: GI lymphoma vs. IBD. Started chlorambucil with no improvement which client stopped recently. Lethargy, decreased appetite over past week  
Patient is very attached to O and will not leave her side - not normal behavior  
Patient will go up a few stairs and then stop (not normal behavior) patient does not seem out of breath during this  
H/L: slightly increased RR, generalized slightly increased lung sounds with inspiratory pop consistent with breathing and loudest in left parasternal lung field, grade II-III/VI murmur  
Integ: tipped AS  
Abnormal PE/Chem/CBC/UA Results: CBC: WNL Chem ALP 10 L EPOC: BE -6.2 (L) panc lipase: WNL GI panel: pending Rads - Lower airway disease consistent with chronic feline asthma and atelectasis of the right middle lung lobe likely due to lower airway plugging. - Increased gas in the intestines may be due to aerophagia and/or enteritis including inflammatory bowel disease. DDx gastrointestinal neoplasia, i.e. lymphoma. - Bilateral chronic renal degeneration and mild atrophy. Comment - Consider abdominal ultrasound to further evaluate gastrointestinal wall thickness and layering, abdominal lymph nodes, pancreas along with remainder of the abdomen. BP: 2a- 210  
Urinalysis: USG 1.042, pH 6.0, blood 250, protein trace, RBC >50/HPF PCV/TS: 35%/7.2 clear EPOC: pO2 26.7 (L) cSO2 49.8 (L) K 3.5 (L)

## 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 **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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left and right kidney measured 3.5 cm.

### Adrenal Glands

The **adrenal glands** were not overtly visualized. However, the regions of the adrenal glands appeared unremarkable.

### 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 was noted.



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## 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.

## Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. 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 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.

## ULTRASONOGRAPHIC FINDINGS

Structurally unremarkable abdomen.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of pathology. No neoplastic criteria is met in any of the image sets. I recommend focusing on thoracic pathology given the patient's reported history.



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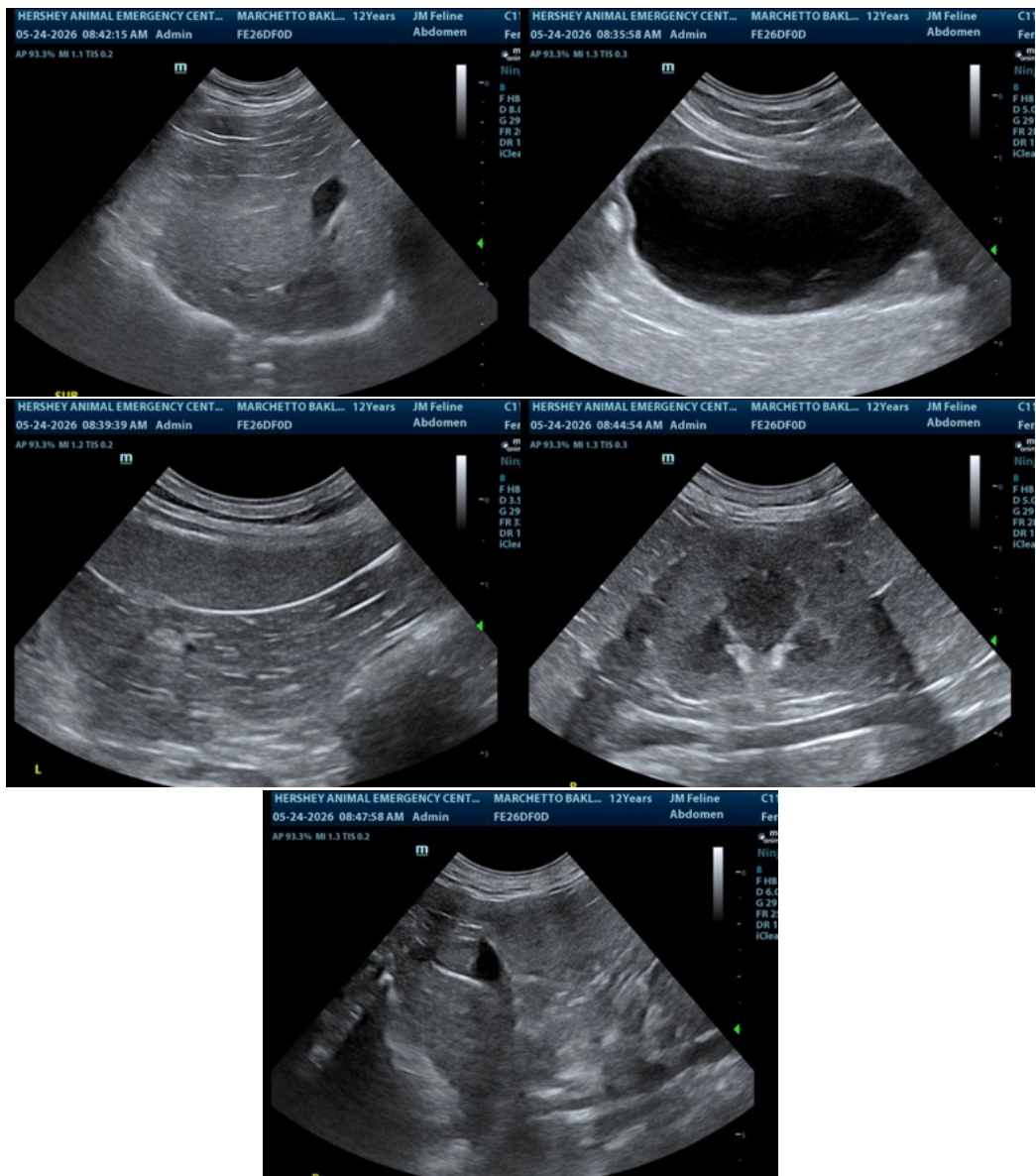
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 of SonoPath.com

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