

**DATE**

3-20-26

**PATIENT**

Finn Rochon

**SPECIES**

Feline

**BREED**

DLH

**SEX**

Neutered Male

**AGE**

6/10/2018

**WEIGHT**

13.7lbs

**INTERPRETED BY**

Andrea Nicastro DVM  
Diplomate ACVIM  
(Sm Animal Internal Med)

**HOSPITAL NAME**

Everhart VH  
Cross Keys

**REFERRING VET**

Dr. Notarangelo

**INVOICE**

22718

**PRESENTING CLINICAL SIGNS**

**Patient History:** History of intermittent chronic soft stool for several years, some improvement with RC HP diet that has now been on for a few months and just changed from Floriflora to Fortiflora SA. Recent increased aggression towards dog in house so unsure if worsening GI discomfort vs other pain/behavioral. Recent labs unremarkable.

**Current Medications:** Purina Pro Plan Veterinary Supplements FortiFlora Cat Synbiotic Action FortiFlora® Cat Synbiotic, Action 30 count box 3/11/2026, GABAPENTIN 100MG CAPSULE 3/11/2026  
**Labwork Results:** Labwork attached, reported as: 3/11/26: NSF. 5/22/25: NSF. CBC chem, T4 unremarkable. USG 1.048. 1+ proteinuria. Inactive sediment.  
Date of Previous IntraPet Ultrasound: No previous.  
Sedation: Not required to complete full diagnostic ultrasound.  
Stat Report: Not requested.

**Imaging Performed by:** Andi Parkinson, RDMS.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. Luminal contents are mostly anechoic. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

The left kidney is normal in size (3.96 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild- to moderate loss of corticomedullary distinction. The cortex is hyperechoic relative to the spleen. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal in size (4.32 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild- to moderate loss of corticomedullary distinction. The cortex is hyperechoic relative to the spleen. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

**Adrenal Glands**

The left adrenal gland is normal size (0.48 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.48 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

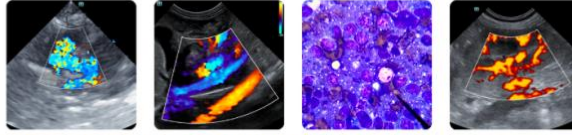
**Spleen**

The spleen is normal in size (0.88 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

**Liver**

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion.

The gallbladder lumen is moderately distended. The wall is thin and smooth. A small amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are normal.



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**Gastrointestinal**

The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileoceocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

**Pancreas**

The left limb is visible, with minimal deviation from the normal peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat, and homogenous in appearance. The pancreatic duct is not overtly dilated.

**Lymph Nodes**

The abdominal lymph nodes are normal/not visible.

**Free Abdomen**

The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

**ULTRASONOGRAPHIC FINDINGS**

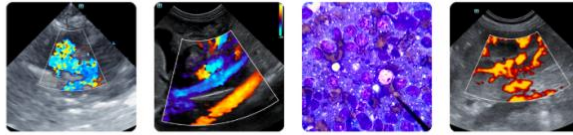
- Bilateral nonspecific age-related renal changes
- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.

\*An obvious cause for the patient's diarrhea is not definitively identified in this study. Considerations include a primary enteropathy (i.e., food allergy/intolerance, inflammatory bowel disease, infectious/parasitic disease), underlying metabolic issue, other.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Regarding the GI signs, consider the following:
  1. Fecal evaluation for ova and Giardia (if not already performed)
  2. Prophylactic deworming with fenbendazole
  3. GI panel including serum cobalamin and folate, TLI and PLI
  4. Three-to-four-week limited antigen or hydrolyzed protein diet trial
  5. +/- endoscopic or surgical GI biopsies. Three-view thoracic radiographs should be performed prior to any anesthetic event.
- Regarding the patient's recent aggression, consider orthopedic and neurologic examinations to assess for sources of pain and neurologic deficits, respectively. Depending on the results, further work-up may be indicated.

Imaging performed by



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Educational Teleconsultation Services™

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SonoPath.com info@sonopath.com 1.800.838.4268

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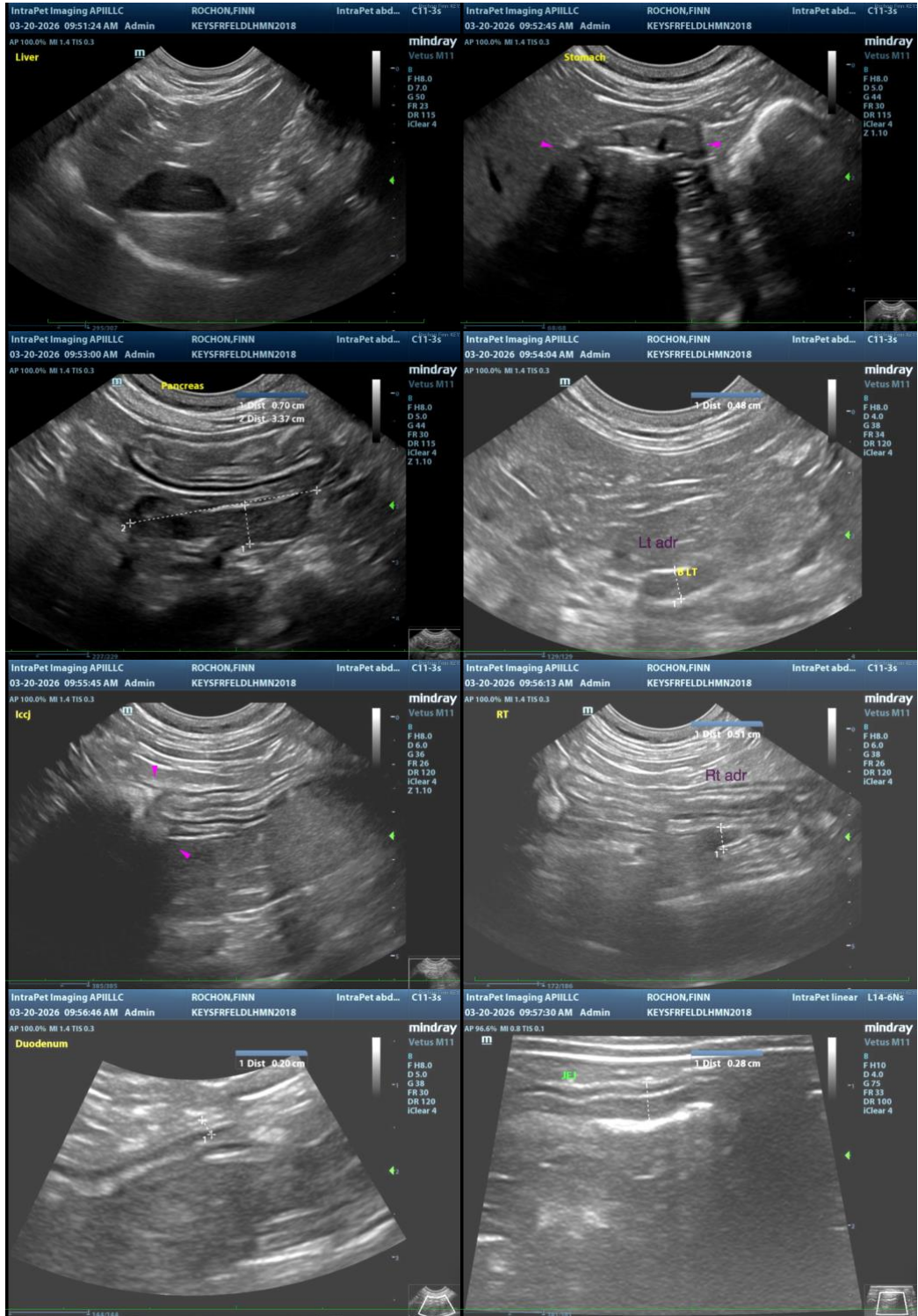
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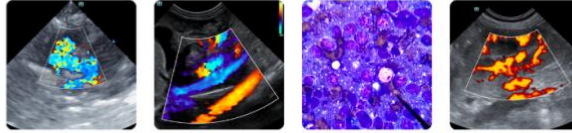
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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