



**DATE PRESENTING CLINICAL SIGNS**

5/11/26 **Patient History:** Stable since 4/28/25 ultrasound, minor weight gain. History: HCM since March 2022  
PE: Grade 3/6 heart murmur. No other significant finding

**PATIENT**

General Randle

**Current Medications:** Atenolol 6.25 mg once a day, Monthly Solensia injections for the past 4 months, 0.04 mL ketamine sub q for arthritis pain

**Labwork Results:** Labwork attached, reported as: CBC normal. Chem normal. T4 normal at 2.0

**Date of Previous IntraPet Ultrasound:** 2025. See attached.

**SPECIES**

Feline

**Sedation:** Not required to complete full diagnostic ultrasound.

**Stat Report:** Not requested.

**Imaging Performed by:** Stephanie Warga RDCS, RVT.

**BREED**

Domestic shorthair

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

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

**SEX**

Male, neutered

The left kidney is normal in size (4.17 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**AGE**

11/30/2013

The right kidney is normal in size (4.33 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**WEIGHT**

16.4 lbs.

**Adrenal Glands**

The left adrenal gland is normal size (0.31 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.39 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**INTERPRETED BY**

Andrea Nicastro, DVM,  
Diplomate ACVIM  
(Small Animal Internal  
Medicine)

**HOSPITAL NAME**

Harborside mobile VC

**Spleen**

The spleen is normal in size (0.78 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.

**REFERRING VET**

Dr. Hawkins

**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.

**INVOICE**

13707

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal.

**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 ileocecolic junction and colonic wall is normal. There is no evidence of an obstructive pattern.

### **Pancreas**

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

### **Lymph nodes**

1-2 mesenteric lymph nodes are observed at the ileocecolic junction and they do not appear overtly enlarged.

### **Free Abdomen**

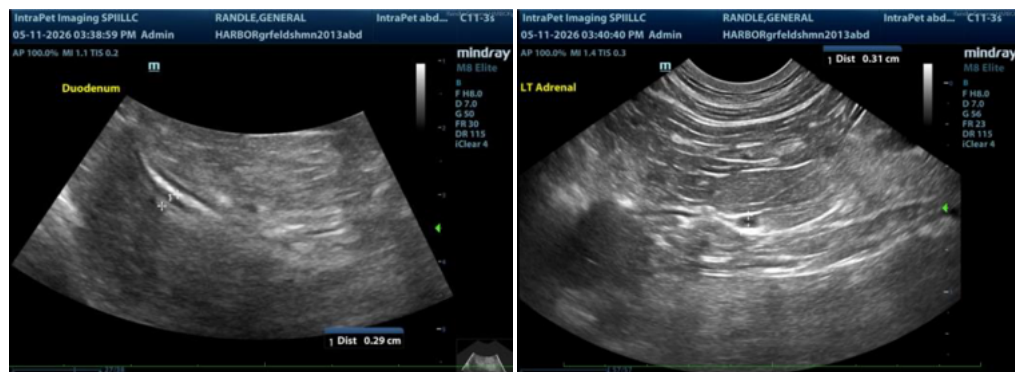
A focal area of hyperechoic mesentery is observed in the cranial abdomen. There is no obvious evidence of free fluid.

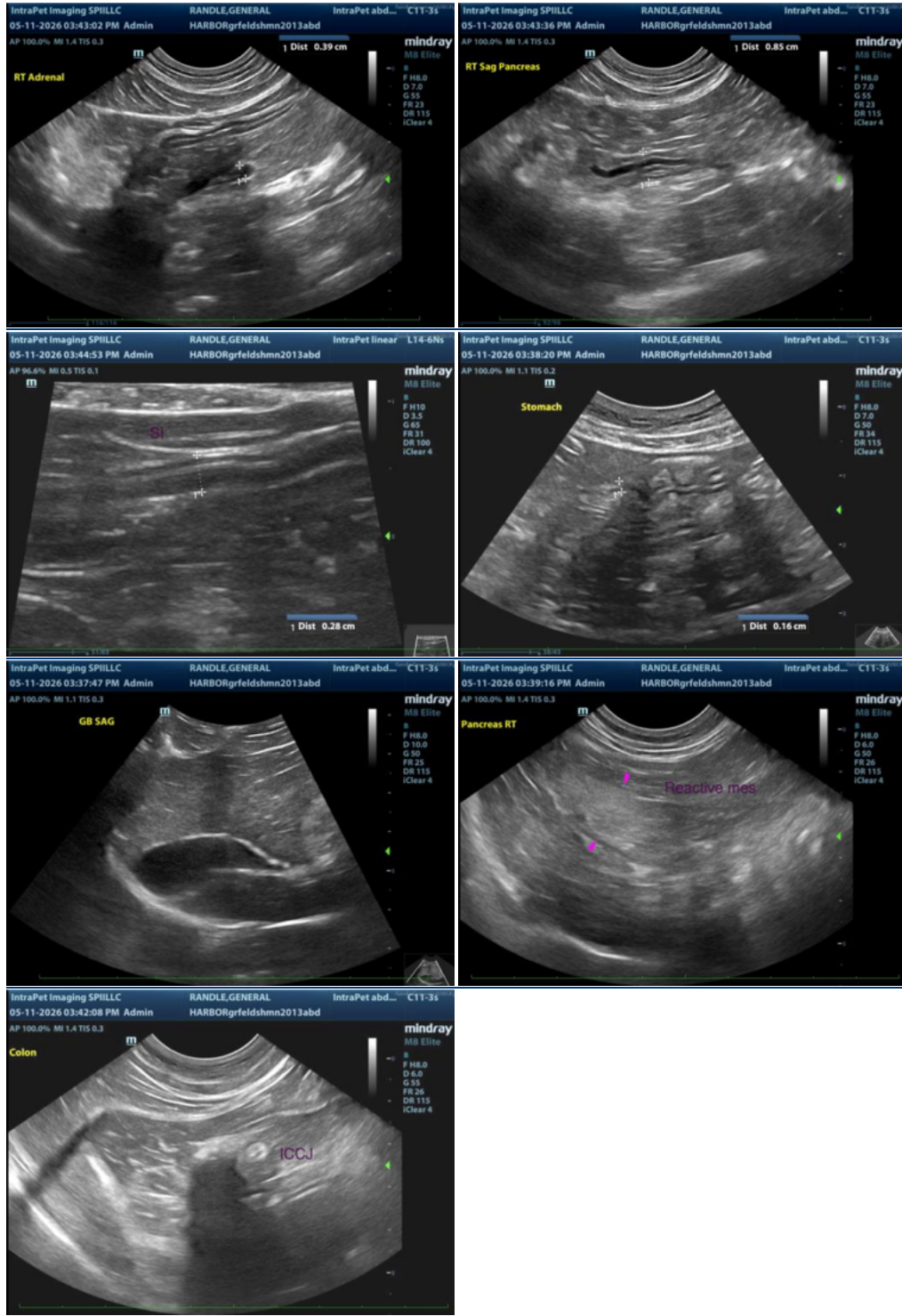
## **ULTRASONOGRAPHIC FINDINGS**

- Bilateral nonspecific, age-related renal changes. Changes are similar to the previous sonogram.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis. Changes are similar to the previous sonogram.
- Focal peritonitis in the cranial abdomen, the origin and etiology of which is unclear. This finding was present in the previous sonogram, although it is subjectively improved on today's study.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Further recommendations should be based on the patient's clinical signs, as the ultrasound findings appear stable to improved compared to the previous sonogram.





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.

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