



PATIENT

Gumby Murcia

SPECIES

Feline

BREED

American Shorthair

SEX

Male Neutered

AGE

3/26/2016

WEIGHT

12.67 LBS 5.7471 KG

INTERPRETED BY

Andrea Nicastrò DVM
Diplomate ACVIM
(Sm Animal Internal Med)

**IMAGING
PERFORMED BY**

Andrea Nicastrò DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

Sun Dog Cat Moon

REFERRING VET

Dr Fetterolf

INVOICE

23075

DATE

5-28-26

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Presented on 5/26/26 for lethargy, anorexia, adipsia, and dry heaving - acute onset this morning. Was fine at bedtime last night. Called this morning to report that there has not been any more vomiting, but he is coughing and still not eating/drinking. Patient sedated with butorphanol for this study.

Patient History:

- Last seen by Dr. Abby Clayton in August 2025
- 9/4/25 Senior feline wellness panel revealed mildly elevated calcium and cholesterol
- 9/10/25 MSU malignancy profile performed; ionized calcium within normal limits
- Weight loss plan initiated in August (was 13.3 pounds in September)
- Indoor cat with access to screened porch
- Exposed to stray kittens 2 days ago (brought inside briefly, then given to neighbor)

PE: Vitals wnl. Bright, alert, and food motivated during examination. Loves Churu. Not very tolerable of restraint for venipuncture. POD, otherwise exam unremarkable.

Diagnostics:

- Feline Senior panel (comprehensive blood work) - rescheduled due to restraint intolerance
- FeLV/FIV combo test to Antech - rescheduled due to restraint intolerance

Abnormal lab-work values: Today's values still pending.

Current Medications: None

Radiographic Findings: Not obtained

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 the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal in size (4.03 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal- to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

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 minimal- to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.34 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.38 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is prominent in size (1.06 cm in width at the level of the hilus) with smooth peripheral contours. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.



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Liver

The liver is subjectively normal in size with normal peripheral contours. The parenchyma is hypoechoic relative to the spleen. One- to two cystic areas are observed (one of the lesions measuring 0.64 cm in its longest dimension). The remaining parenchyma is homogenous. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gallbladder is of normal contours and contains a small- to moderate amount of dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. 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 thickness is normal. There is disruption in the normal 1:3 muscularis: mucosal ratio in several segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely hyperechoic 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

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

Primary Findings

- The small intestinal wall changes could be consistent with inflammatory bowel disease or may be a normal variant for this older feline patient. Emerging lymphoma is possible, but considered less likely.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

Secondary Findings

- Bilateral nonspecific age-related renal changes
- One- to two small hepatic cysts
- The mild splenomegaly may be secondary to sedation, lymphoid hyperplasia, extramedullary hematopoiesis, splenitis, antigenic stimulation, or less likely, emerging round cell neoplasia.

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



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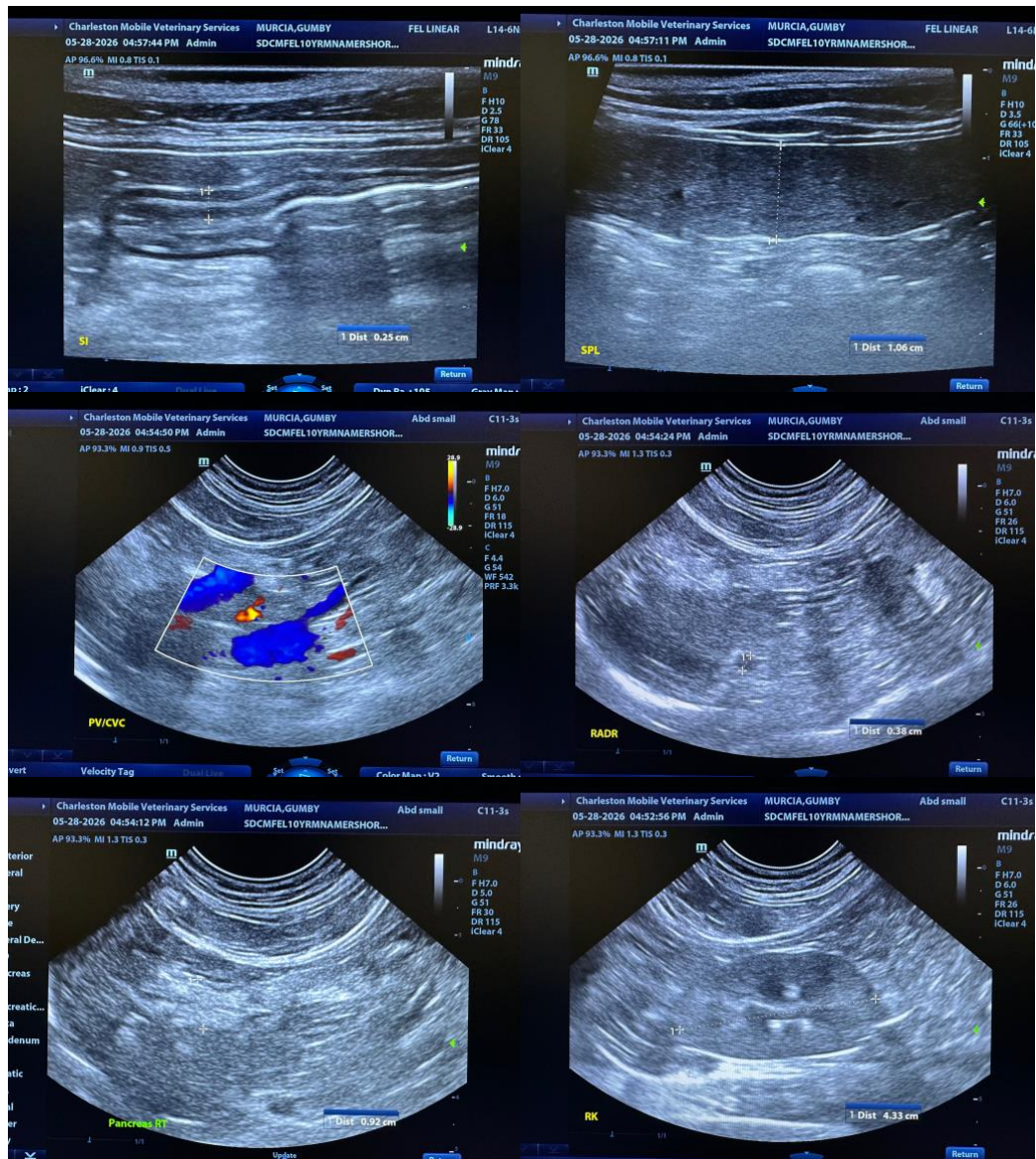
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider a fecal evaluation for ova and Giardia in addition to a minimum database (CBC, chemistry panel, urinalysis, and T4).
- Depending on the results of the above diagnostics, further GI work-up may be indicated. In the meantime, symptomatic care is recommended.





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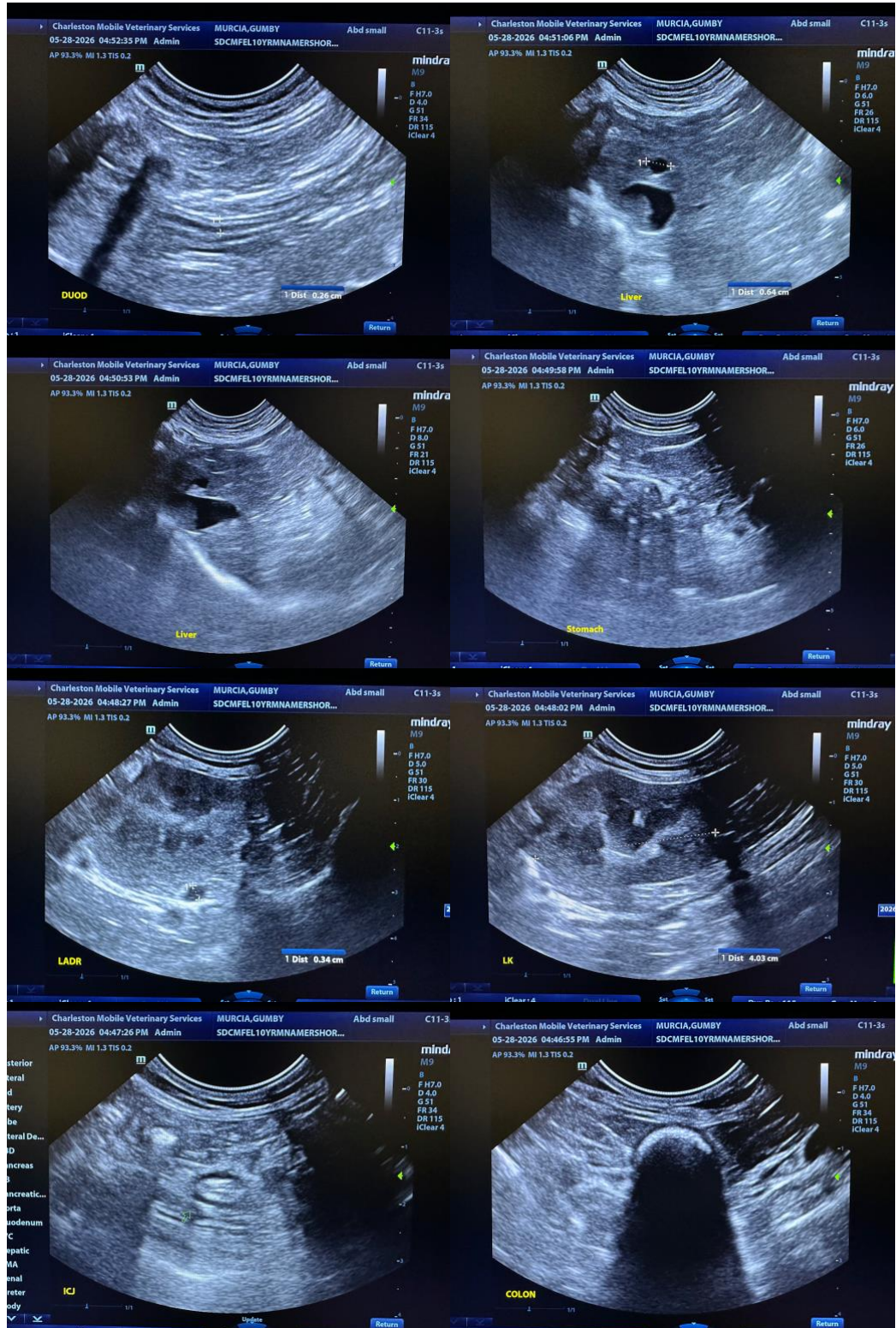
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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