



**DATE PRESENTING CLINICAL SIGNS**

3/23/2026

**Patient History:** Chronic history of heart murmur, grade 2/6, asymptomatic, previous history since 2022, no previous echocardiogram. Hyperthyroidism diagnosed in November 2025, no real weight gain since diagnosis but labs have stabilized. Might weight loss, intermittent vomiting but improved since thyroid treated

**PATIENT**

Ziggy Soto

Murmur grade: 2 / 6

**SPECIES**

**Current Medications:** Methimazole Anhydrous AccuClick Transdermal Pen 60 clicks per pen (compounded) 1.25mg / click 1 dosing pen BID.

Feline

**Labwork Results:** Labwork attached, reported as: fecal pending. 2/12/26: NSF except eosinophilia. 12/30/25: Nsf except eosinophilia 11/14/2025: ALT 154, T4 5.3, USG 1.020

**BREED**

DSH

**Date of Previous IntraPet Ultrasound:** No previous.

**SEX**

**Sedation:** Torbugesic.

MN

**Stat Report:** Not requested.

**AGE**

16 years

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

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**WEIGHT**

11.18 lbs

**Urinary System**

The urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of mineral or infarcts observed. Left kidney measures 3.5 cm. The right measures 4.1 cm and contains mild pyelectasia.

**HOSPITAL NAME**

Everhart Veterinary  
Hospital

**Adrenal Glands**

**REFERRING VET**

Dr. Notarangelo

The right adrenal gland is normal in size (0.43 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.27 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

**INVOICE**

11539

**Spleen**

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

### ***Liver***

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

### ***Gastrointestinal***

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is very mildly thick, measuring 0.21 cm thick with normal intact wall layering. The lumen is empty with no evidence of obstruction, foreign material or infiltrative disease.

### ***Pancreas***

The observed pancreas appears appropriately isoechoic to surrounding omental fat. The capsule is mildly irregular in shape. Parenchyma is mildly heterogenous and coarse. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

### ***Free Abdomen***

There is no visible free peritoneal effusion noted in these images.

There is no apparent pathologic lymphadenopathy noted in these images.

### **ULTRASONOGRAPHIC FINDINGS**

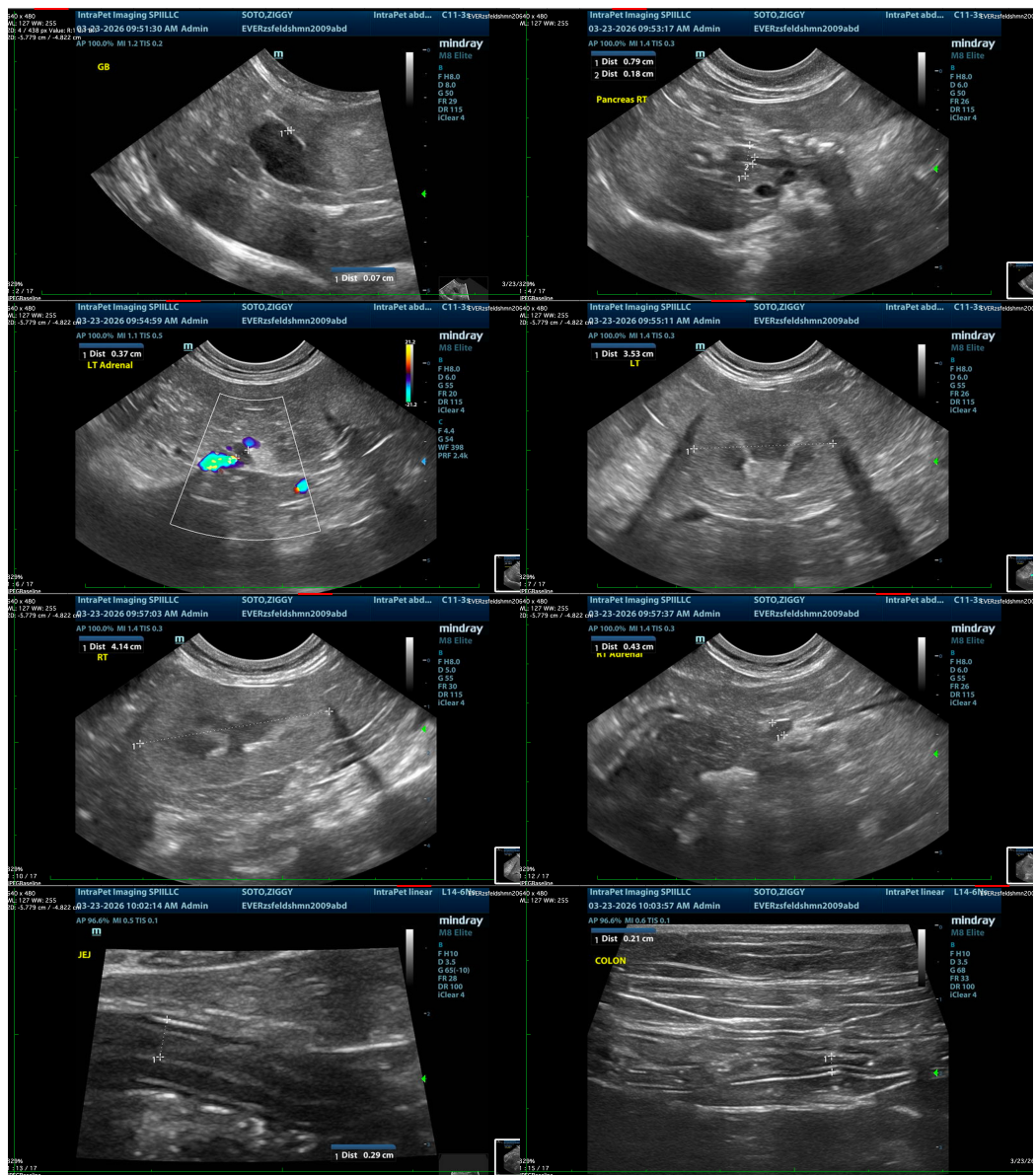
- A very mildly thick colon trends in appearance toward benign, as is seen with parasitic, infectious, dietary related, other benign inflammatory disease, etc. Infiltrative neoplasia can't be ruled out but is considered less likely.
- Pancreatic age-related remodeling/Chronic pancreatitis – Mild irregularities are consistent with benign age-related change. Low-grade smoldering chronic pancreatitis cannot be ruled out and should be suspected in the face of appropriate clinical signs.
- Mild to moderate age-related kidney changes are noted. Early or emerging chronic kidney disease can't be ruled out, and the right kidney demonstrates mild pyelectasia.

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

A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

A fecal enteropathogen PCR panel to Texas A&M GI Laboratory could be considered for further evaluation of possible infectious disease. Contact lab for recommendations on how long to discontinue antibiotics (if indicated) prior to obtaining a stool sample for submission.

Beyond that, further evaluation of patient's reported weight loss is largely dependent on appetite. If appetite or daily caloric intake is not normal or even increased, then additionally, further evaluation for possible pain (dental, orthopedic, other), upper respiratory disease or oropharyngeal disease, cardiac disease and/or neurologic disease vs other as possible causes for decreased appetite and/or unintentional weight loss is also recommended.



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.

**Beth Johnson, DVM, DACVIM**  
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