


DATE PRESENTING CLINICAL SIGNS

4/14/26

PATIENT

Pandy Leroy Short

SPECIES

Feline

BREED

DMH

SEX

Neutered Male

AGE

2/1/16

WEIGHT

11.7 lbs

INTERPRETED BY
Beth Johnson, DVM
DACVIM
HOSPITAL NAME
Everhart Veterinary
Hospital Cross Keys
REFERRING VET

Dr. Notarangelo

INVOICE

74452

Patient History: History of IBD and heart murmur. Mild abnormalities with dynamic LVOT and RVOT obstruction on 2/6/25 echo. 2/6 systolic PMI L apex persists but new gallop on recent auscultation though pet did not receive gabapentin previsit pharmaceutical. IBD well-managed with budesonide, maropitant, B12, probiotics, PR diet. Pet has Ultrasound 2/7/25 showed prominent muscularis in small intestine, thickened cecal wall (resolved on 5/16 recheck scan) and mild lymphadenopathy. New ALT elevation in January and thin BCS led to increase from 0.75 mg to 1 mg of budesonide SID. Pet is stable but looking to evaluate for any changes in abdomen. Combining with echocardiogram recheck.

Current Medications: Royal Canin Selected Protein PD Dry for Cats 8.8lb bag 1 bag 10/21/2025, Royal Canin Selected Protein PD Can for Cats Case of 24 x 5.1oz Cans 1 case 9/18/2025, PROVIABLE DC CAPS 30CT 8/28/2025, VITAMIN B12 INJECTION 100ML BOTTLE 2/11/2025, MAROPITANT CITRATE 24MG TABLET 2/11/2025, Budesonide 1 mg daily.

Labwork Results: Labwork attached. Reported as 1/9/26: ALT 116.

Date of Previous IntraPet Ultrasound: 5/16/25 & 2/6/25. See attached.

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 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.

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 pyelectasia, mineral or infarcts observed. Left kidney measured 4.03 cm. Right kidney measured 4.5 cm.

Adrenal Glands

The right adrenal gland is small (flattened contour), measuring 0.19 cm. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The area of the left adrenal gland is examined without evident adrenal gland pathology.

Spleen

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). A well-demarcated hyperechoic homogenous nodule is noted measuring 0.43 cm in diameter. 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 normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

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.

PRIMARY FINDINGS

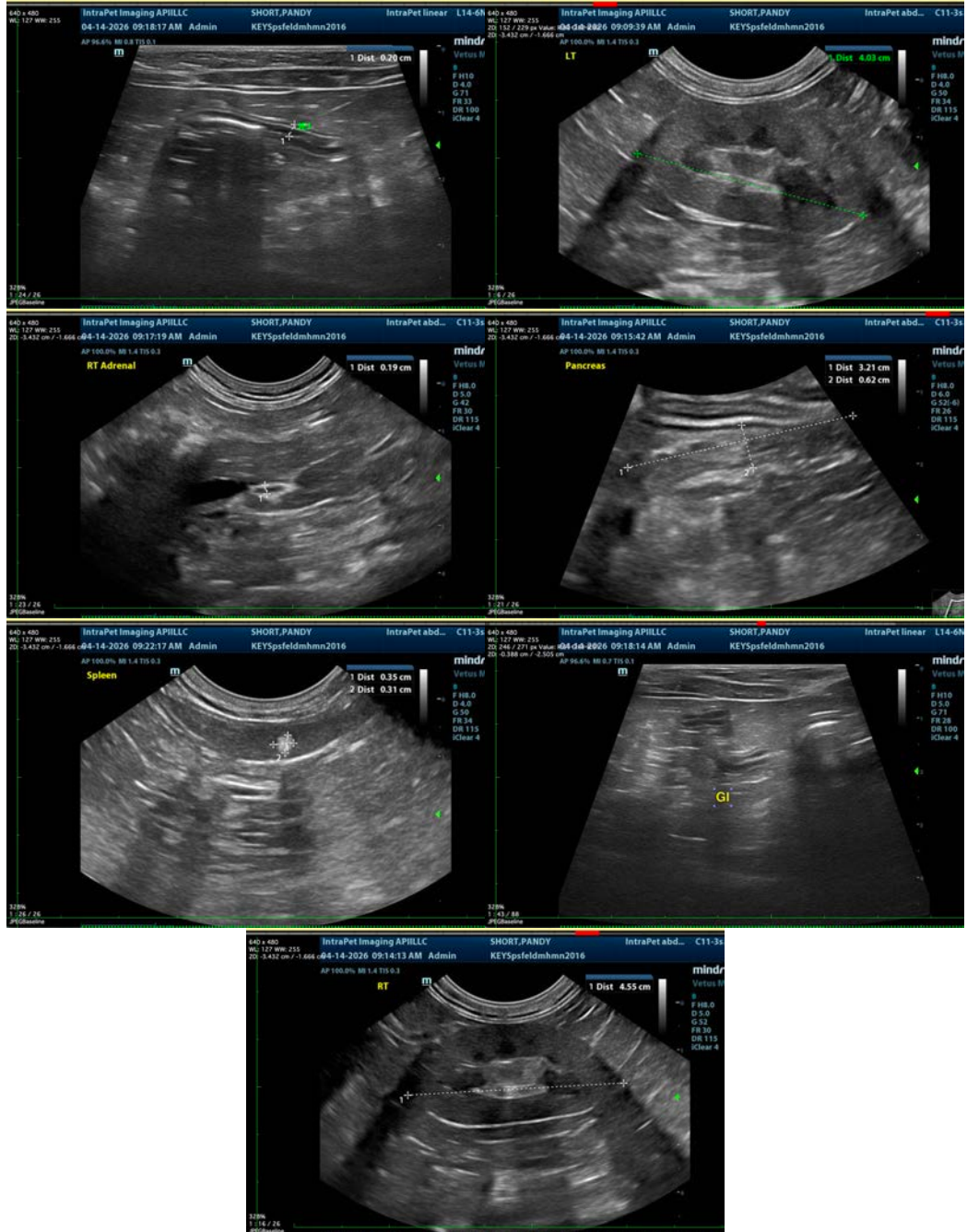
- Pancreatic age-related remodeling/Chronic pancreatitis – Mild irregularities are consistent with benign age-related change. Low-grade smoldering chronic pancreatitis cannot be ruled out and should be suspected in the face of appropriate clinical signs.
- Static hyperechoic splenic nodule – most consistent with benign myelolipoma. Other differentials such as fibrosis or calcification caused by old hematomas or infarcts, chronic inflammation, granulomatous disease or metastatic disease cannot be ruled out, but are considered less likely.

SECONDARY FINDINGS

- The flat adrenal glands are consistent with patient's steroid history and mild age related kidney changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This is a largely static to actually subjectively improved unremarkable abdomen. Therefore, further recommendations are largely dependent on patient's clinical history and may not warrant changing current plan in an asymptomatic patient doing well.



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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