



PATIENT

Scully Gwiazdowski

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

14 years

WEIGHT

12.5 lbs

INTERPRETED BY

Bradley Harris, DVM,
 DACVECC, DACVIM
 (cardiology)

IMAGING PERFORMED BY

Becca Hamilton

HOSPITAL NAME

The Gentle Vet

REFERRING VET

Dr. Gwiazdowski

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DATE

11/7/2025

PRESENTING CLINICAL SIGNS

Recheck echo (4/17/25), also chronic intermittent V/D, normal on exam. defecates outside litter bod, sometimes firm, sometimes diarrhea. Intermittent projectile vomiting. Meds: Methimazole 2.5 mg BID, Pimobendan 5 mg SID, Zyrtec 5 mg SID, Fortiflora, Albuterol as needed. Abnormal PE/Chem/CBC/UA Results: BNP 367, T4 1.3 on meds.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm)	LVIDd (cm)	LVWd (cm)	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	0.3-0.6	1.0-2.1	0.25-0.6	35-67	80-100
PATIENT	5.68 kgs	180	0.59	1.86	0.51	49%	83%
FELINE CARDIAC PARAMETERS	LA/AO (M-mode)	LA/AO HEART BASE (Sisson)	LAD LA MAX 4 Chamber	LVOT VEL. (m/s)	RVOT VEL. (m/s)	IVRT (m/)	
NORMAL PARAMETER	<1.5	1.6	0.7-1.7	<1.6	<1.3	40-60	
PATIENT	NM	1.54	1.68	1.0	0.8	NM	
Adapted from June Boon, Veterinary Echocardiography, 1998							
Sisson D et al. JVIM 1991; 5: 232, Jacobs et al. Am J Vet Res 1985; 46:1705							

Cardiac Presentation

The left atrium is normal in dimension. There are no distinct left atrial thrombi/clots or spontaneous echo contrast appreciated. The left ventricle is normal in dimension with equivocally thick intraventricular septal wall thickness, and no evidence of restriction. Left ventricular systolic function is normal, with adequate contractility. The right atrium and ventricle are subjectively normal in dimension and systolic function. The anterior and posterior mitral and tricuspid valve leaflets presented normal linear structure with mild regurgitation. There is no evidence of systolic anterior mitral valve motion documented. The left ventricular outflow tract demonstrated normal laminar flow and subjective structural valvular integrity. The visible aorta is unremarkable. Pulmonary outflow tract assessment revealed normal valve structure, laminar flow, and appropriate diameter and distensibility. There is no evidence of pulmonary hypertension documented. There is no visible pericardial, pleural, or free peritoneal fluid noted.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder contains a mild amount of suspended echogenic mobile debris, as well as a single hyperechoic shadowing urolith within the urinary bladder apex. The trigone, and pelvic urethra are unremarkable with normal wall thicknesses and normal tone. The ureters were not visualized, which is a normal finding. The ureteral papillae appear normal. There is no evidence of inflammatory, infiltrative, or neoplastic disease.



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The kidneys have a mildly hyperechoic cortex with normal cortex to medulla ratio, and a slightly decreased corticomedullary junction definition. There's no significant pyelectasia or ureteral dilation noted. The left kidney measures 3.72 cm, and the right kidney measures 3.76 cm.

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Adrenal Glands

Both adrenal glands are visualized and have normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal measures 0.35 cm, and the right adrenal measures 0.42 cm.

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Spleen

The spleen is smooth with homogeneous parenchyma and hyperechoic to liver and renal cortical parenchyma. The capsule is without noticeable irregularity or deformation. The splenic vasculature is normal without signs of congestion, spontaneous echo contrast, or thrombosis. No evidence of acute or chronic inflammatory, neoplastic, or infarct are documented. The spleen measures 0.78 cm at the hilus.

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Liver

The liver is subjectively prominent with slightly rounded margins and a diffusely hyperechoic parenchymal echotexture. The vasculature is normal with no evidence of congestion. There's no hepatic lymphadenopathy documented. The gallbladder contains a mild amount of suspended echogenic debris and dependent sediment. There's no intra- or extra-hepatic biliary dilation. The cystic and common bile ducts were normal.

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Gastrointestinal

The stomach and intestines are free of stasis and peristaltic activity, with no significant dilation noted. There is normal wall thickness and acceptable curvilinear mural detail. The pyloric-duodenal junction and ileocecolic junction are patent, and the colon contains normal shadowing feces. There is no evidence of shadowing obstructive material or overt infiltrative disease noted. No associated abnormal lymphatic activity is documented.

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Pancreas

The base and limbs of the pancreas are isoechoic to surrounding omental fat. The pancreatic duct and capsular contour are normal. There is no overt evidence of active inflammatory or neoplastic disease.

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Free Abdomen

There is no lymphadenopathy or free fluid noted in these images.

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ULTRASONOGRAPHIC FINDINGS

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- These findings identify a mild mitral and tricuspid regurgitation, but no overt left ventricular hypertrophy or SAM. While less common in cats, degenerative valve disease is considered a possibility. In the absence of more progressive left ventricular hypertrophy, HCM will not be considered at this time.



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- The urinary bladder contains echogenic, suspended debris contrasted with anechoic urine. This is often related to urinary tract infection but may represent exfoliated debris or sterile inflammation.

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- There are multiple uroliths within the urinary bladder lumen with acoustic shadowing. Depending on the nature of some stones, they may be dissolved with diet change alone. Others require surgical intervention. Many stones require analysis after cystotomy in order to ascertain the composition, as well as identify concurrent bacterial infection that can be undetected on urine culture alone.

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- The kidneys are relatively normal in size and structure, and cortex:medulla ratio (cortex 1/3 of medulla) is essentially maintained. There is age-related loss of the normal smooth capsular contour and C/M junction definition. The cortices are largely uniform in texture with mild hyperechogenicity expected for this patient's age. There is no evidence of pelvic dilation present.

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- The liver is subjectively enlarged and uniformly hyperechoic to falciform fat without disruption of normal architecture. This finding is most consistent with hepatic lipidosis, however infiltrative disease such as round cell neoplasia cannot be completely excluded.

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- The gallbladder debris is likely an incidental finding at this time and is non-obstructive.
- The normal appearance of the gastrointestinal tract do not exclude a chronic infiltrative enteropathy such as inflammatory bowel disease or other chronic enteropathy. Additionally, chronic pancreatitis cannot be definitively excluded.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given these findings, no changes to cardiac therapy will be recommended. There are no overt cardiac contraindications to corticosteroids or fluid therapy as indicated for further treatment. A repeat echocardiogram is recommended in 6 months.

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Anesthesia considerations:

No special cardiac considerations are necessary

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Diet:

No special considerations are necessary. Any high-quality food from Hills, Royal Canin, Science Diet, Eukanuba, Iams, or Purina is reasonable.

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Activity:

No special considerations are necessary.

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A urinalysis and urine culture via cystocentesis are recommended to evaluate the urinary tract changes for potential urinary tract infection.

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A complete blood cell count and serum biochemistry with electrolytes are indicated for further evaluation of the patient's metabolic status.

Fine needle aspirates of the liver with cytology are recommended. A coagulation profile and platelet estimate prior to sampling are indicated to ensure the absence of coagulopathy. Occasionally some tissues are poorly exfoliative, or cytology is non-specific, in which case biopsy with histopathology may be required for a definitive diagnosis.



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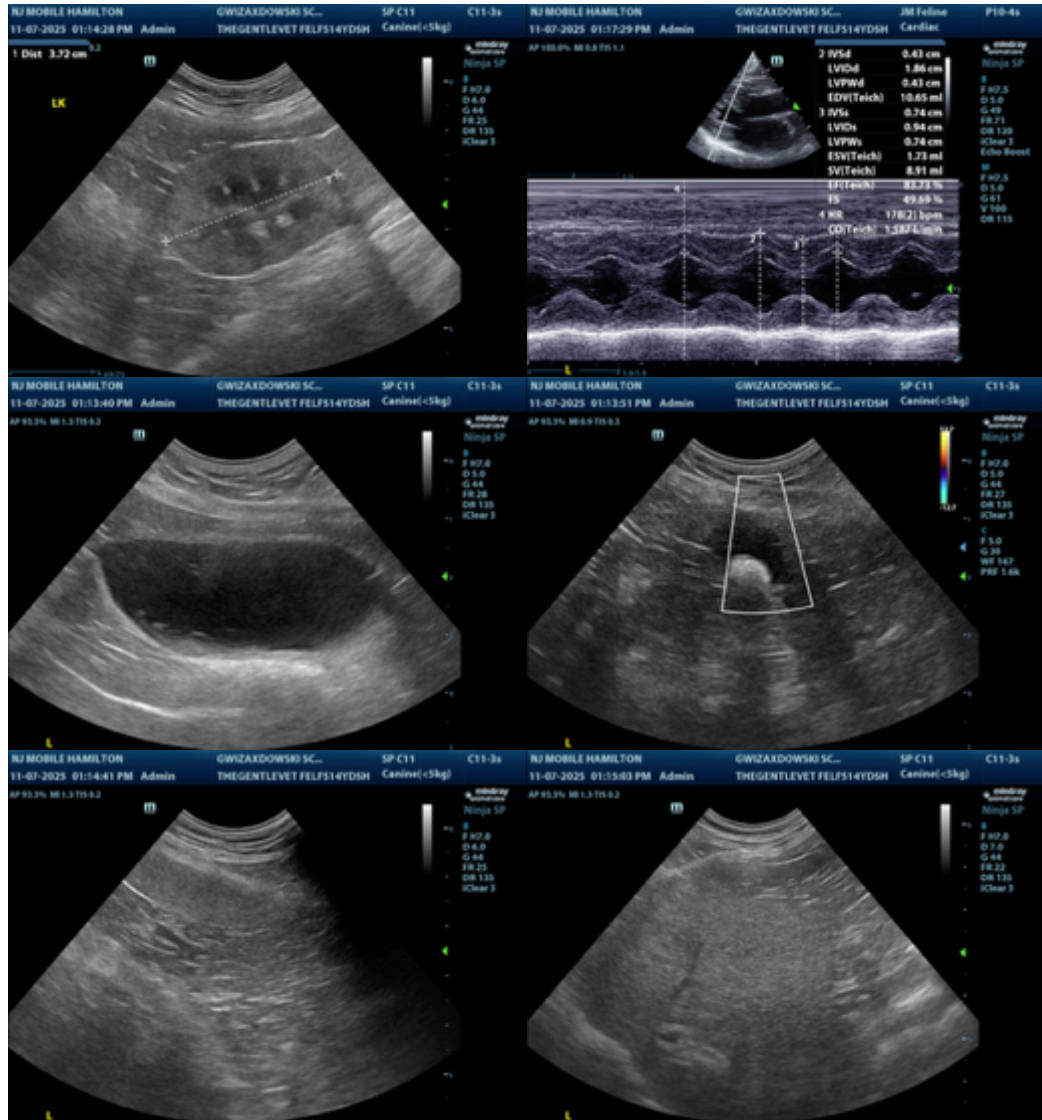
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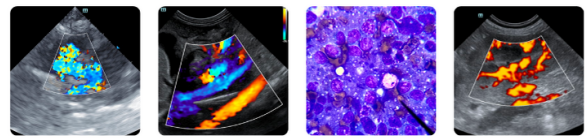
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A gastrointestinal panel (TLI, PLI, B12, folate) via Texas A&M gastrointestinal laboratory is indicated to further evaluate for potential chronic enteropathy. Ultimately, gastrointestinal biopsies may be required for a definitive diagnosis.





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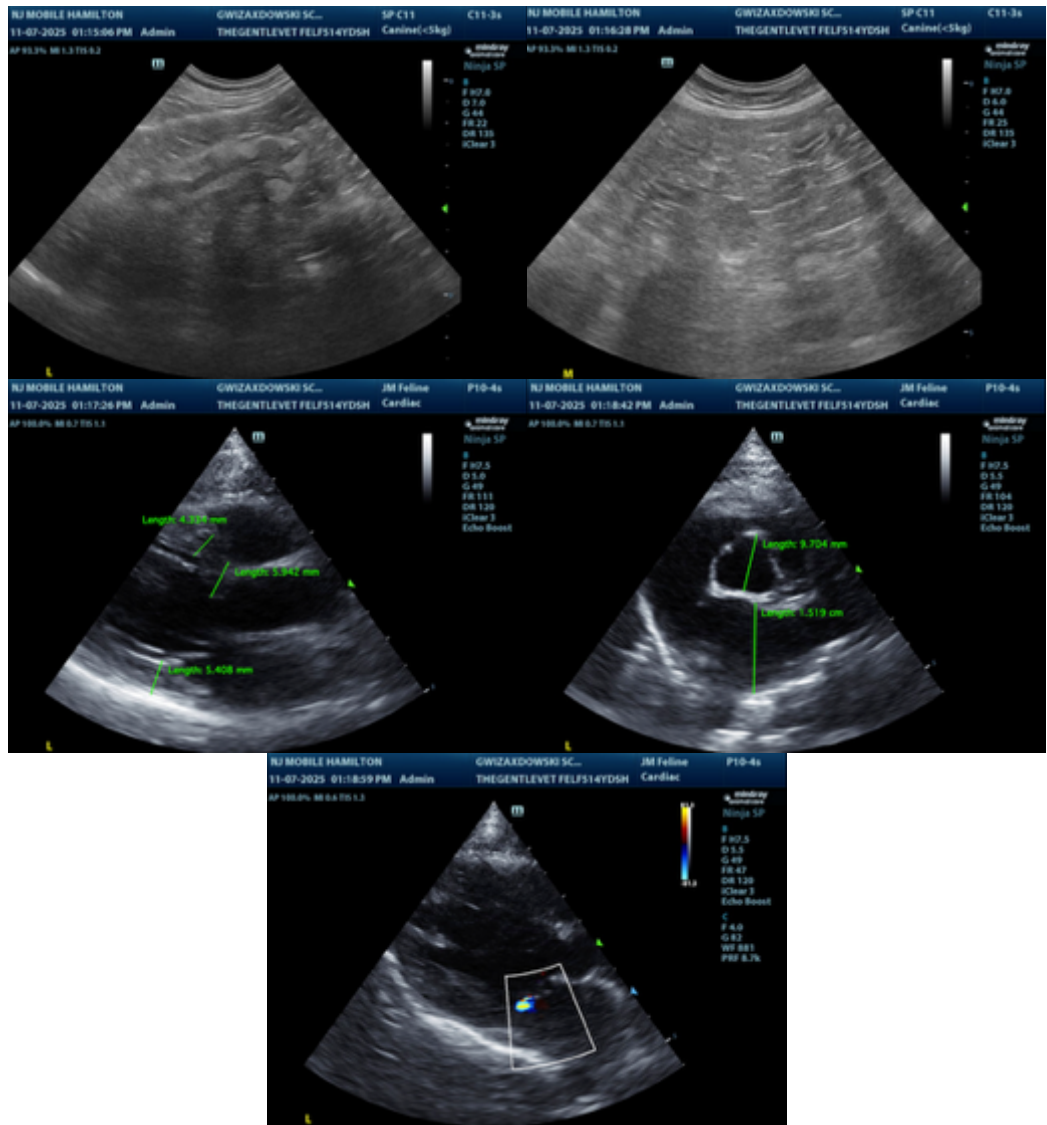
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)
info@SonoPath.com