



**PATIENT PRESENTING CLINICAL SIGNS**

**Poncho Sidoti** Vomiting- not eating x 3 days, liquid diarrhea, lethargic, grade II/VI murmur. Current meds: Gave Cerenia, Mirataz transdermal, Pepcid on 1/17/2022  
 Abnormal PE/Chem/CBC/UA Results: nsf

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered male

**AGE**

15 years

**WEIGHT**

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate LA measurements. The cranial and caudal **mitral** valve leaflets presented normal linear structure and kinetics.. The **left ventricle** presented normal thicknesses with linear contour and was not dilated nor restricted. The **myocardium** presented normal echogenicity without subjective evidence of significant fibrotic or ischemic disease. **Contractility** of the ventricular walls was adequate and in normal range for this patient evidenced by the fractional shortening measurement and subjective evaluation of the different regions and angles of the myocardium. The **left ventricular outflow** tract demonstrated normal laminar flow and subjective structural integrity. The **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted or chamber overload. **Tricuspid** valvular assessment demonstrated adequate linear morphology and kinetics. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. **Pulmonic** tract assessment revealed normal valve structure, laminar flow, and diameter (approx.1:1 pa/ao ratio). No visible **pericardial** or free pleura fluid was noted or extra cardiac pathology in the visible planes. The cranial **mediastinum** and **pericardial regions** were free of masses in the visible window.

**INTERPRETED BY**

Eric Lindquist, DMV  
 DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

Tranquility VC

**REFERRING VET**

Dr. Christensen/Dr.  
 Antonelli

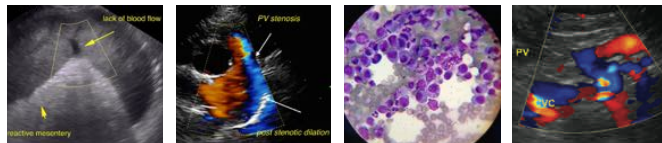
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95324

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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		NM	0.4	1.2	0.4	50	90
FELINE CARDIAC PARAMETERS	LA/AO (Boon)	LA/AO HEART BASE (Sisson)	LA 2D 4-chamber long axis AS to FW (Sisson) (cm)	LVOT VEL. (m/s)	RVOT VEL. (m/s)	IVRT (m/)	
NORMAL PARAMETER	<1.5	0.88-1.79	0.7-1.7	<1.6	<1.3	40-60	
PATIENT		1.2	1.06 max	1.1	1.1	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							


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**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**
**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Non-obstructive pinpoint mineralization was noted. The right kidney measured 3.59 cm. The left kidney measured 3.0 cm.

**Adrenal Glands**

Both **adrenal glands** were visualized and recognized as having 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 right adrenal gland measured 0.37 cm. The left adrenal gland measured 0.33 cm.

**Spleen**

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

**Liver**

The **liver** presented lobar biliary mineralization as well as gallbladder mineralization. Slightly increased portal markings were noted. Otherwise, the liver was normal in size and contour.

**Gastrointestinal**

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. The stomach was empty. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. Reactive mesentery was noted associated with the distal small intestine. The cecum was dilated. The colon presented soft stool. The mesenteric lymph nodes were reactive.



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**Pancreas**

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The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

**ULTRASONOGRAPHIC FINDINGS**

Normal echocardiogram, likely flow murmur. No evidence of structural or functional disease.

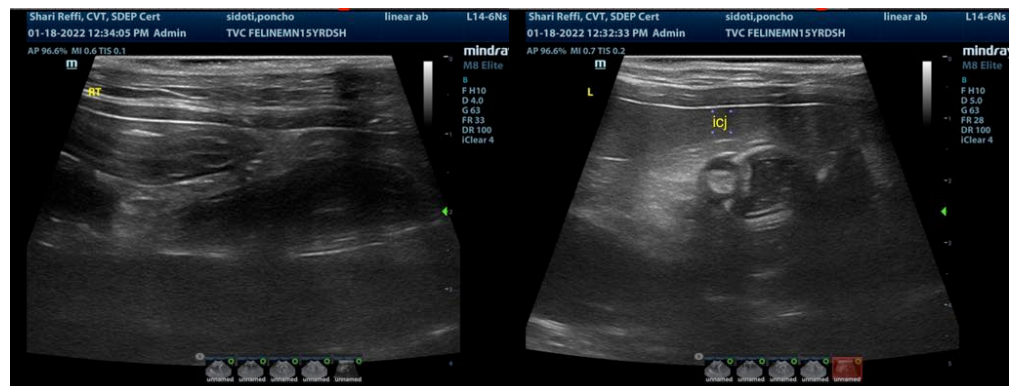
Fluid filled cecum and colon. Possible low-grade Typhlitis. Likely acute on chronic inflammatory bowel given the minor intestinal thickening. There was no loss of mural detail noted and no structural evidence of neoplasia.

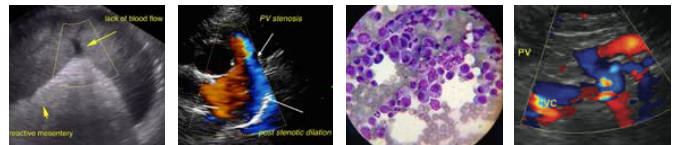
Reactive mesentery noted in the midabdomen associated with the ileocecal junction.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Benign flow murmurs are common in cats. This may be owing to volume shifts, tachycardia, benign (DRVOTO) right ventricular outflow changes, trivial turbulence in any of the valvular apparatuses, or possibly excessive stethoscope pressure against the chest according to a recent study These are physiologically benign and unrelated to specific pathology.

There was no evidence of GI obstruction. IV fluid support and broad spectrum antibiotics should prove effective. I recommend a fresh fecal smear and fecal floatation analysis.





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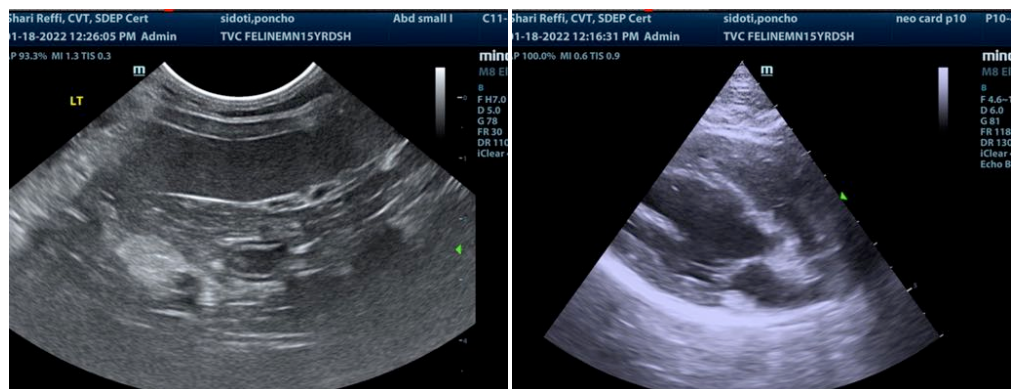
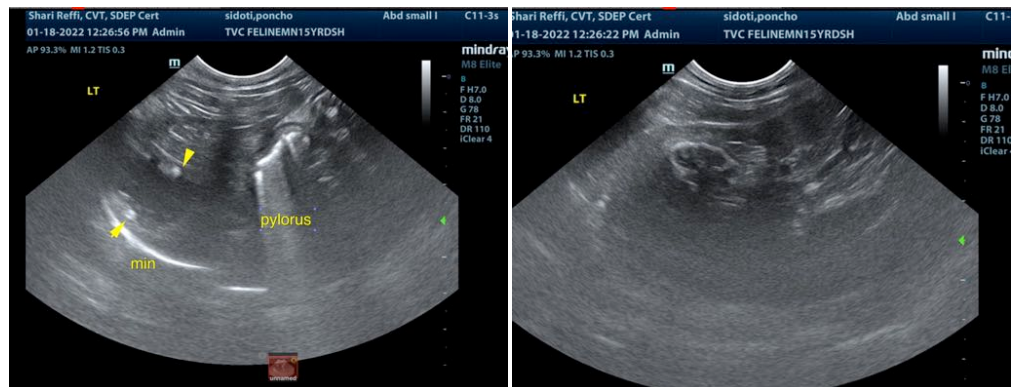
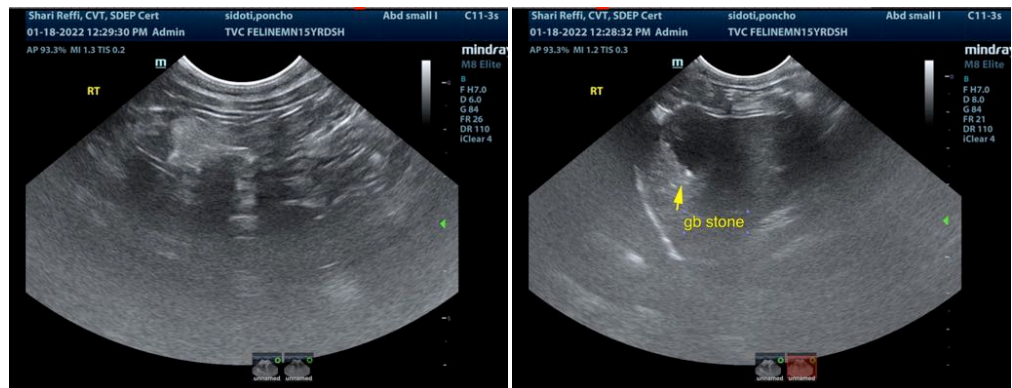
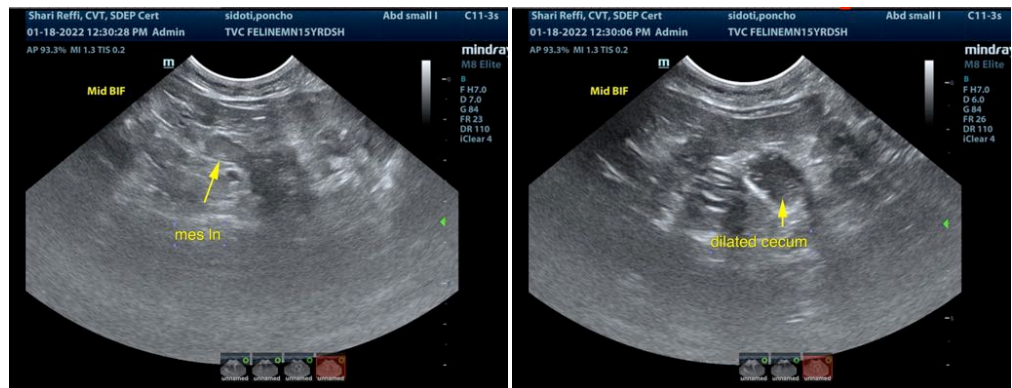
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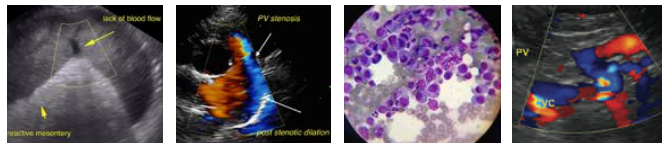
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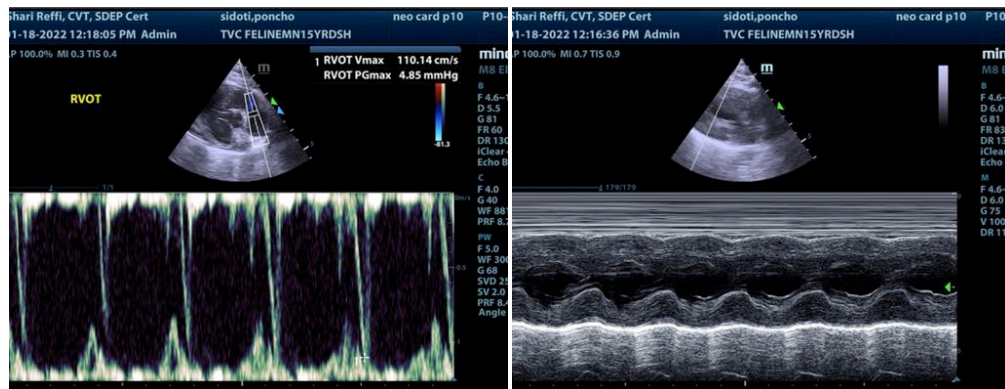
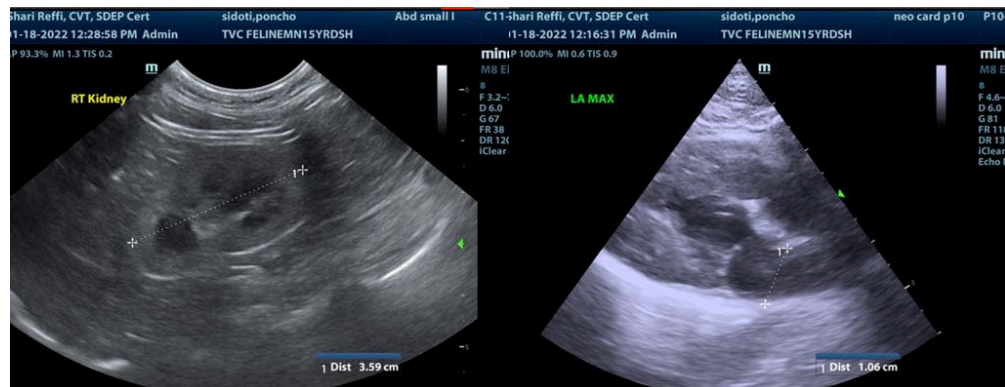
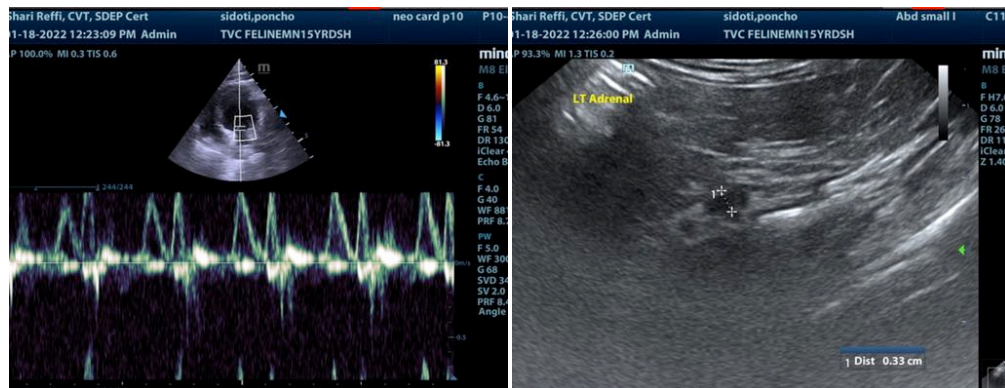
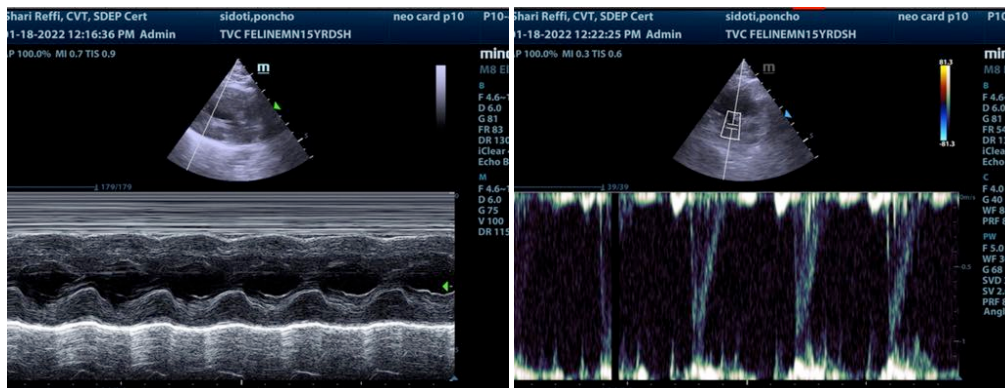
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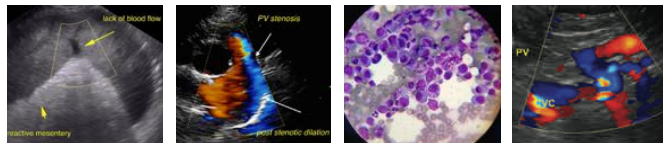
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The information and recommendations provided are based on the images presented by the referring



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veterinarian. 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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Info@SonoPath.com

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