



PATIENT PRESENTING CLINICAL SIGNS

Mr. Smithers Rankin

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12 Years

WEIGHT

15.2 Lbs.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Andrea Nicastro, DVM,
Diplomate ACVIM
(Small Animal Internal

HOSPITAL NAME

Flowerstown AH

REFERRING VET

Dr. Kristin Pignatello

INVOICE

13561

DATE

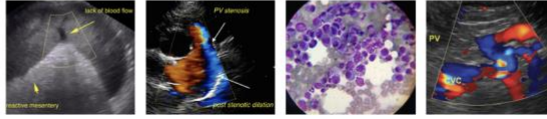
1/22/22

History: 12-year-old MC DSH presented for evaluation of acute onset paraplegia and oliguria. No known trauma. PE revealed a Grade II/VI left parasternal systolic murmur. Neurological exam revealed bilaterally mydriatic pupils, absent direct PLR OD, sluggish/incomplete PLR OS, absent dazzle OU, hindlimb paraplegia, with cold distal extremities, absent CPs x 2, absent withdrawal left hindlimb, and minimal withdrawal right hindlimb. BP- 130 mmHg Grade II/VI HR/RR/BP - 220/50/130 mgHg Gabapentin 50 mg PO BID Radiographic Findings: Opposite lateral and VD radiographs of the torso are included for evaluation. On the lateral views the heart is slightly prominent. The pulmonary vessels are normal. There is a diffuse active bronchial lung pattern with bronchial thickening and mild concurrent interstitial infiltrate. No definitive nodules are appreciated. The mediastinal and pleural structures are normal. The liver and spleen are within normal limits. The kidneys and urinary bladder normal. The stomach is normal. The small intestine is normal in diameter, but multiple segments have well delineated luminal gas bubbles. Detail in the abdomen is adequate. No lymphadenopathy is appreciated. There is spondylosis identified in the cranial lumbar spine at L1-L2. There is slight narrowing of the disc space at this location. The remainder of the lumbar spine is normal. No aggressive changes are evident in the thoracic spine. There are chronic fractures involving the dorsal spinous processes at T6 and T7. This is incidental. The pelvis and coxofemoral joints are normal. Radiographic Conclusions/Recommendations: 1) there is an active bronchial lung pattern with concurrent interstitial infiltrate. This is most consistent with feline lower airway disease. Allergic/inhalant irritants, bacterial and parasitic etiologies are possible. Correlation lab work and fecal exam and heartworm testing is suggested. 2) mild cardiomegaly. This could be a normal rate for the patient but with the murmur, underlying cardiomyopathy is not excluded. No definitive evidence of failure is noted. Echocardiogram is recommended to further evaluate. 3) changes in the small intestine are consistent with underlying enteropathy. In the absence of G.I. signs this is likely incidental. 4) degenerative change the cranial lumbar spine. This may be an incidental finding. Evidence of previous trauma with fractures of the dorsal spinous process of T6 and T7. This is chronic and likely incidental. A definitive cause for the neurologic signs reported is not evident. As stated, there are degenerative changes in the cranial lumbar spine, but the significance is uncertain. Cross sectional imaging will likely be needed for further evaluation. At this time no aggressive changes are evident. Comparison BG -- LH -135 and RH 137

Abnormal PE/Chem/CBC/UA Results: Hypokalemia (3.2); all else normal

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm)	LVIDd (cm)	LWd (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	0.5	1.2	0.5	45	--
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/)	



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NORMAL PARAMETER	<1.5	0.88-1.79	0.7-1.7	<1.6	<1.3	40-60
PATIENT	1.3	--	1.2	--	.90	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

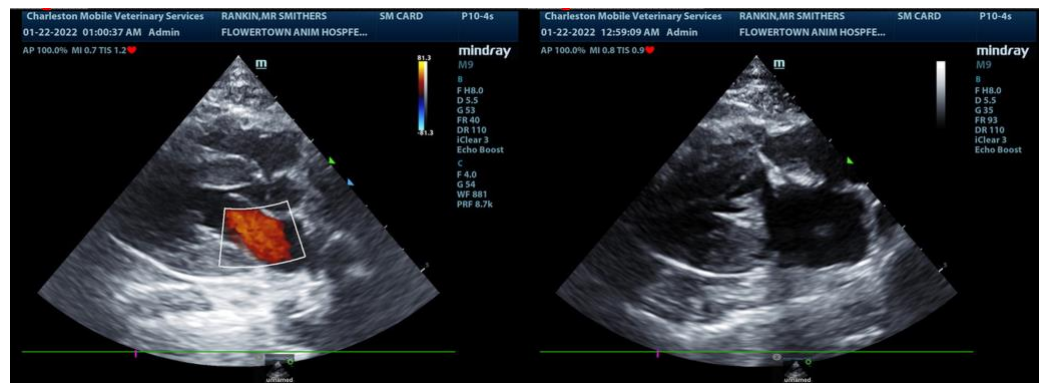
The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate LA measurements. The cranial and caudal **mitral** valve leaflets presented normal linear structure and kinetics. The **left ventricle** presented normal thicknesses with linear contour and was not dilated nor restricted. Minor **myocardial** remodeling noted in this patient. **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.

ULTRASONOGRAPHIC FINDINGS

- Normal echocardiogram
- Minor myocardial remodeling

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of functional or structural disease. I recommend focusing the diagnostic work up on the abdominal pathology. No contraindication to fluid therapy if necessary.





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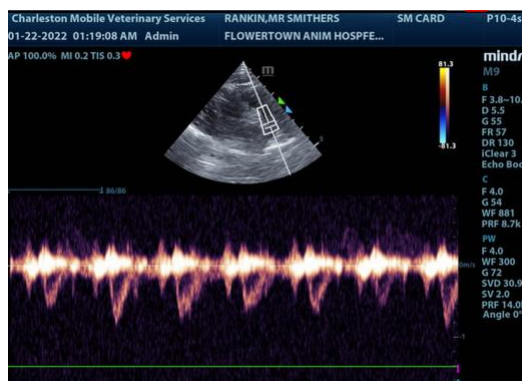
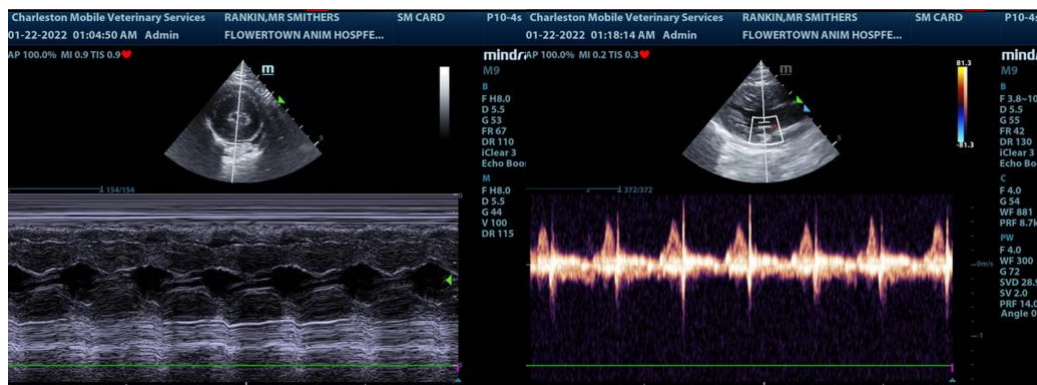
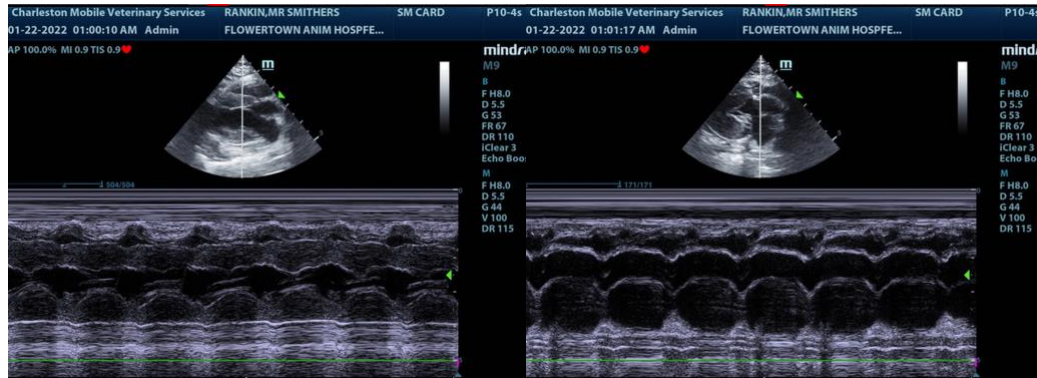
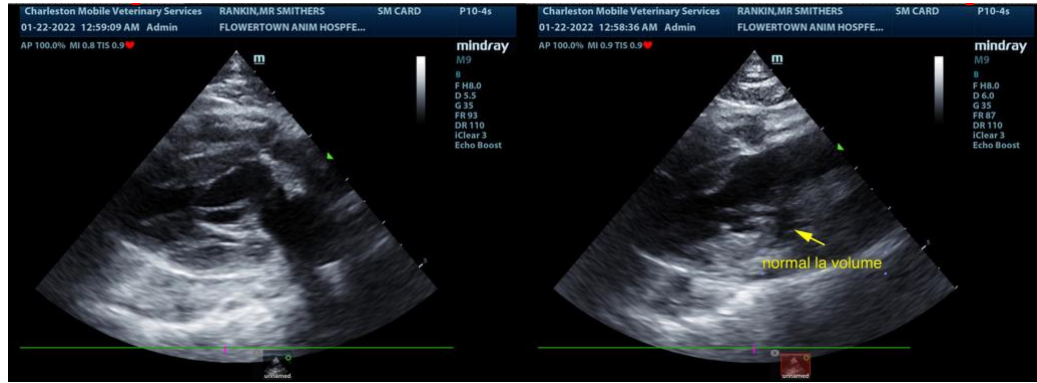
Dr. Kristin Pignatello

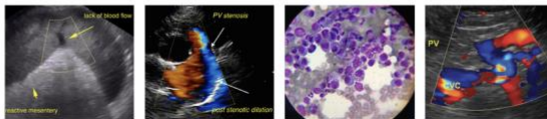
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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