



PATIENT

Tigger Fedor

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

16 Years

WEIGHT

3.8 kg

PRESENTING CLINICAL SIGNS

History of pancreatitis, and IBD also hyperthyroid that is being managed. Diabetic that has gone into remission but now has reemerged and patient on .5 IU Lantus insulin BID. Also on amlodipine for hypertension. HR was 230 prior to scan, a new arrhythmia was detected on the last auscultation. Echo 50 images Abdominal 47 total 97 images. Previous echo and ab scan reports attached.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART & ABDOMEN

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	0.5	1.2	0.5	50	--
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		1.6	1.2		--	--	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							

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Signal Hill AH

REFERRING VET

Dr. Sweet

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Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate methods of LA evaluation. The cranial and caudal **mitral** valve leaflets presented normal linear structure, extension in systole, and union in diastole with normal kinesis. The **left ventricle** presented thicknesses with linear contour and was not dilated nor restricted. Minor **myocardial** remodeling noted. **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 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. **Tricuspid** valvular assessment demonstrated adequate linear morphology and kinesis. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. **Pulmonary outflow** 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. The cranial **mediastinum** and **pericardial** and **extra-cardiac** regions were free of masses in the visible window. Occasional arrhythmia noted in this patient.

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 were noted. Ureteral papillae were normal.

The **kidneys** presented an interstitial nephrosis pattern with hyperechoic medullary rim sign. The right kidney measured 3.83 cm. The left kidney measured 3.44 cm.



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Adrenal Glands

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The **right adrenal gland** was mildly enlarged, measuring 0.72 cm x 0.81 cm The **left adrenal gland** presented normal size and contour, measured 0.35 cm.

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Spleen

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The **spleen** presented scalloping contour and was folded upon itself caudally. Heterogeneous parenchymal changes noted.

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Liver

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The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

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Gastrointestinal

Examination of the **gastrointestinal tract** revealed variable mural thickening with hypertrophied muscularis and increased submucosal echogenicity.

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Pancreas

The **pancreas** presented coarse architecture and heterogeneous parenchymal changes. Generalized enlargement noted in the right limb with irregular, undulating contour and nodular changes. Regional inflammation noted.

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ULTRASONOGRAPHIC FINDINGS

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- Minor myocardial remodeling
- Arrhythmia
- Chronic renal changes with medullary rim sign
- Adrenal asymmetry with right adrenal enlargement – hyperplasia versus emerging carcinoma, possible Conn's syndrome
- Chronic active pancreatitis pattern
- Age related hepatic changes
- Minor IBD GI pattern

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Recommend EKG. However, structurally the heart is unremarkable with normal volumes and function. Anti-arrhythmic therapy recommended based on EKG findings.

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FNA spleen and hypoechoic portion of the pancreas would be ideal for further definition and management. The right adrenal gland should be monitored. If sodium/potassium ratio is altered, then Conn's syndrome should be considered as a potential deriving from the right adrenal gland, as there is disparity between right and left adrenal size. Pancreatitis is likely playing a primary role in this patient. Minor potential for pancreatic carcinoma.

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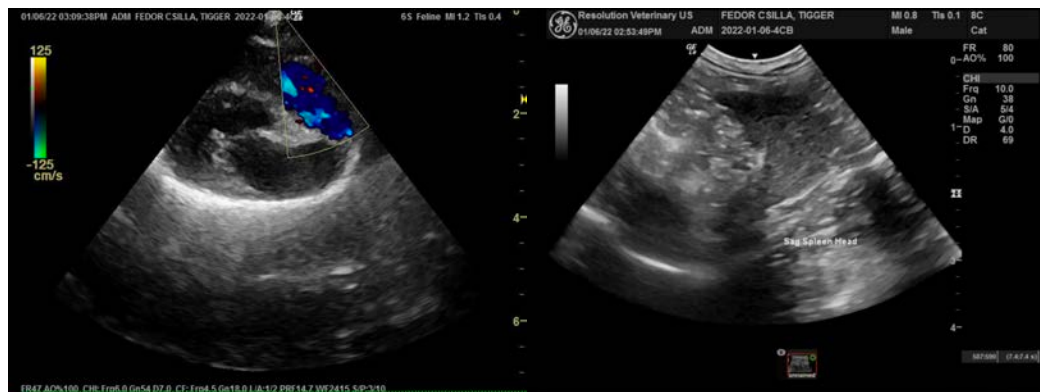
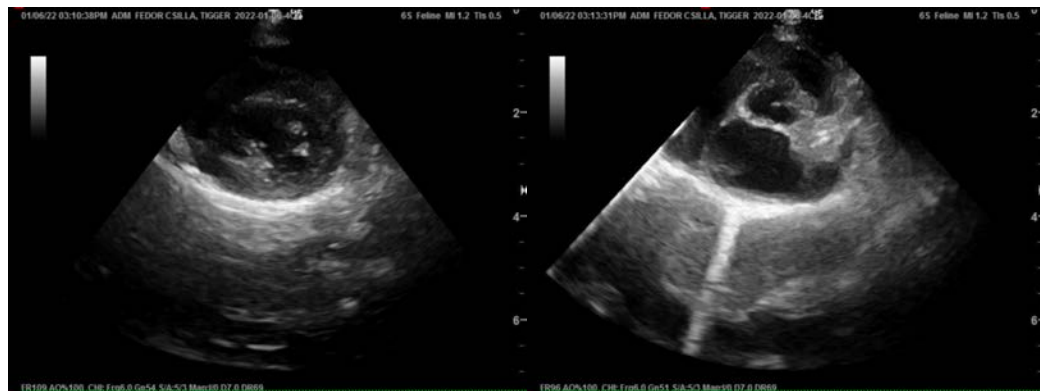
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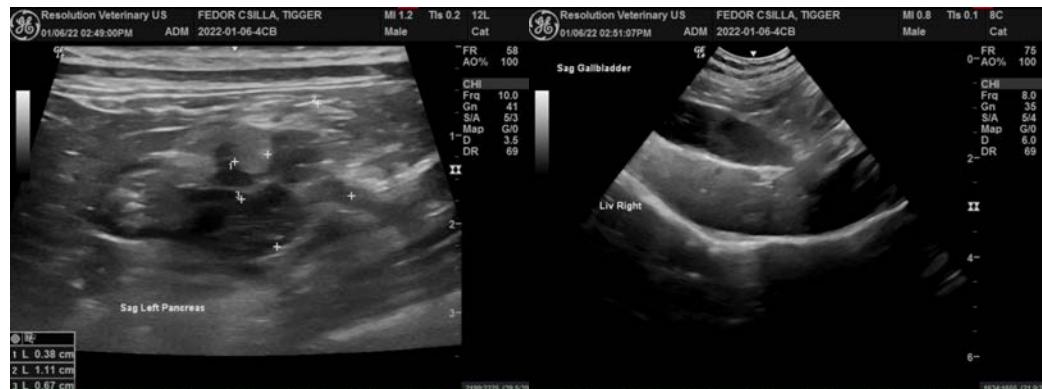
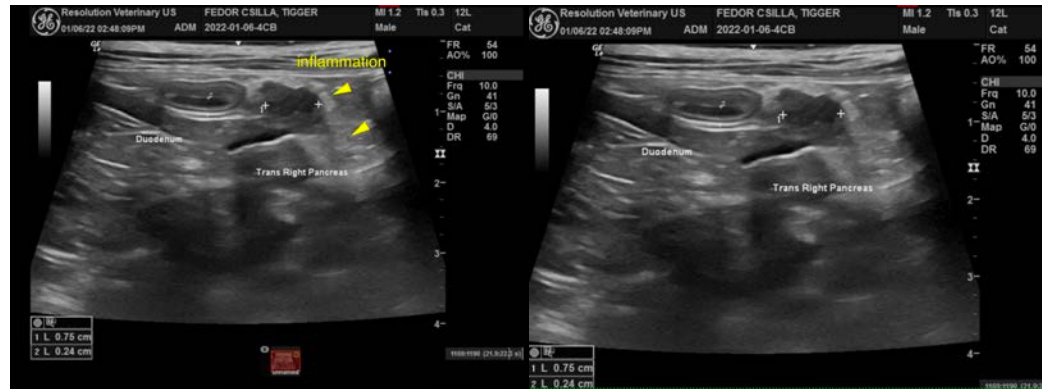
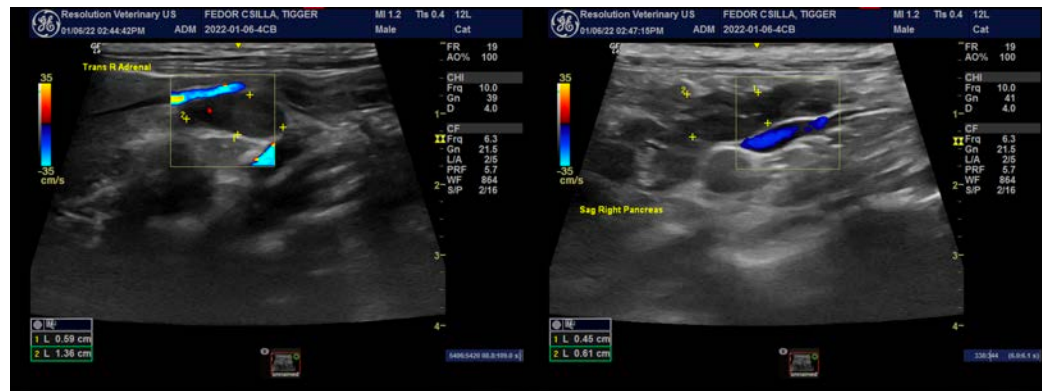
Dr. Sweet

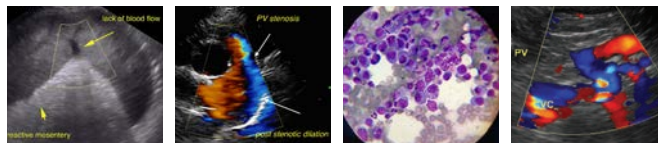
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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