



PATIENT

Tenshi Lee

SPECIES

Feline

BREED

Maine Coon

SEX

Neutered Male

AGE

13 Years

WEIGHT

20 Pounds

PRESENTING CLINICAL SIGNS

History: 13 yo Maine coo. History of HCM. Anorexia started thursday and has progressed.

Abnormal PE/Chem/CBC/UA Results: HCT: 24% Pre renal azotemia BUN:55 creat: 1.9 Total bilirubin: 1.0 ALT: 800 Elevated amylase Icteric serum

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	0.59	1.7	0.64	40	--
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	1.9	1.9	2.2	--	--	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

Elaine Petrone

HOSPITAL NAME

Long Branch AH

REFERRING VET

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INVOICE

17773

DATE

10/17/22

Cardiac Presentation

The **cardiac** presentation in this patient presented normal septal and free wall thicknesses with bilateral atrial enlargement. No pericardial or pleural effusion was noted. Arrhythmogenic disease is present.

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** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 4.5 cm. The left kidney measured 4.5 cm.

Adrenal Glands

The regions of the **adrenal glands** revealed no evident pathology.

Spleen



PATIENT The **spleen** was enlarged with scalloping contour and micronodular changes up to 1.9 cm.

Tenshi Lee **Liver**

SPECIES The **liver** was uniform. The gallbladder and common bile duct were unremarkable. The hepatic veins were dilated, consistent with passive congestion. Some comet tail lung pattern was noted, suggestive for pulmonary edema- chest radiographs are warranted to assess (if not already performed).

Feline

Gastrointestinal

BREED

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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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. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns.

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13 Years

Free Abdomen

WEIGHT

Cystic structures were noted medial to the spleen, associated with the caudal aspect of the left liver lobe, consistent with pancreatic cysts. Possible lymph node cysts yet appear benign.

20 Pounds

ULTRASONOGRAPHIC FINDINGS

INTERPRETED BY

- Passive congestion liver pattern
- Pancreatic cysts
- Splenic enlargement, possibly owing to passive congestion or underlying infiltrative disease- FNA indicated for further definition
- Unclassified cardiomyopathy with bilateral atrial enlargement
- Comet tail lung pattern
- Persistent arrhythmia

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

The septal and free wall thickness are upper limits of normal in this patient. HCM may have been the prior diagnosis, however, some remodeling of the myocardium is present and has likely reduced the thicknesses. Bilateral atrial enlargement and left and right sided failure are present with arrhythmogenic disease. Concurrent hepatosplenic disease is present. Screening FNA of the spleen and liver is warranted without stressing this patient, to rule out underlying round cell neoplasia versus splenitis and reactive liver. EKG is indicated. Lasix therapy could be considered, however, should be used cautiously given the azotemia. Structurally the kidneys appear normal and therefore, the azotemia is more likely prerenal. Ace-inhibitor at 0.5 mg/kg SID, Pimobendan (off-label) at 0.3 mg/kg BID, + low dose Lasix would all be indicated depending upon hydration status and azotemia. Lasix may only be utilized from a minimal dosing. However, Pimobendan +/- benazepril could be considered. The cause of anemia is unclear. CBC path review +/- bone marrow aspirate is warranted. If round cell neoplasia is found on FNA of the spleen or liver, then this may also be involving the bone marrow. Prognosis is very guarded.

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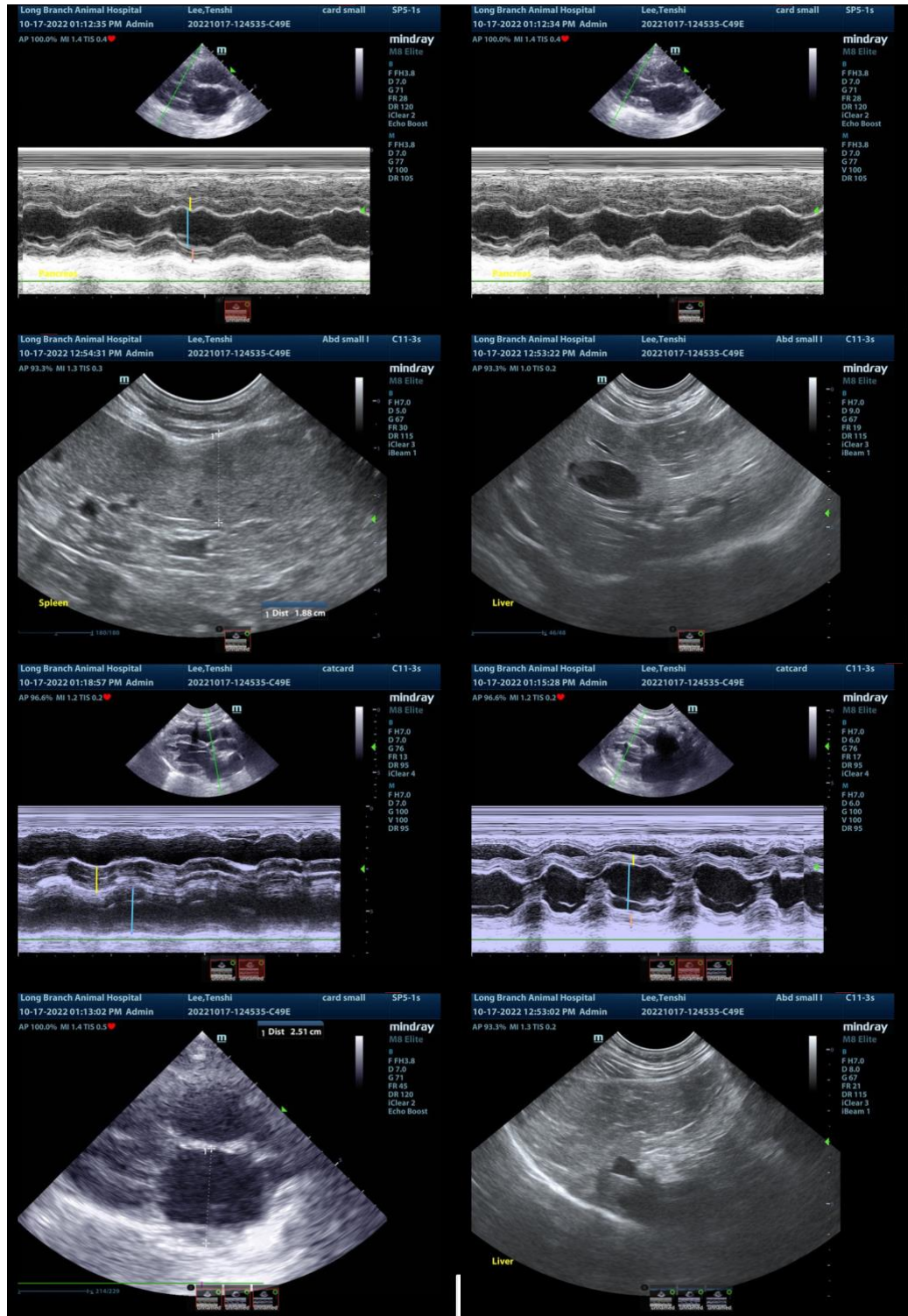
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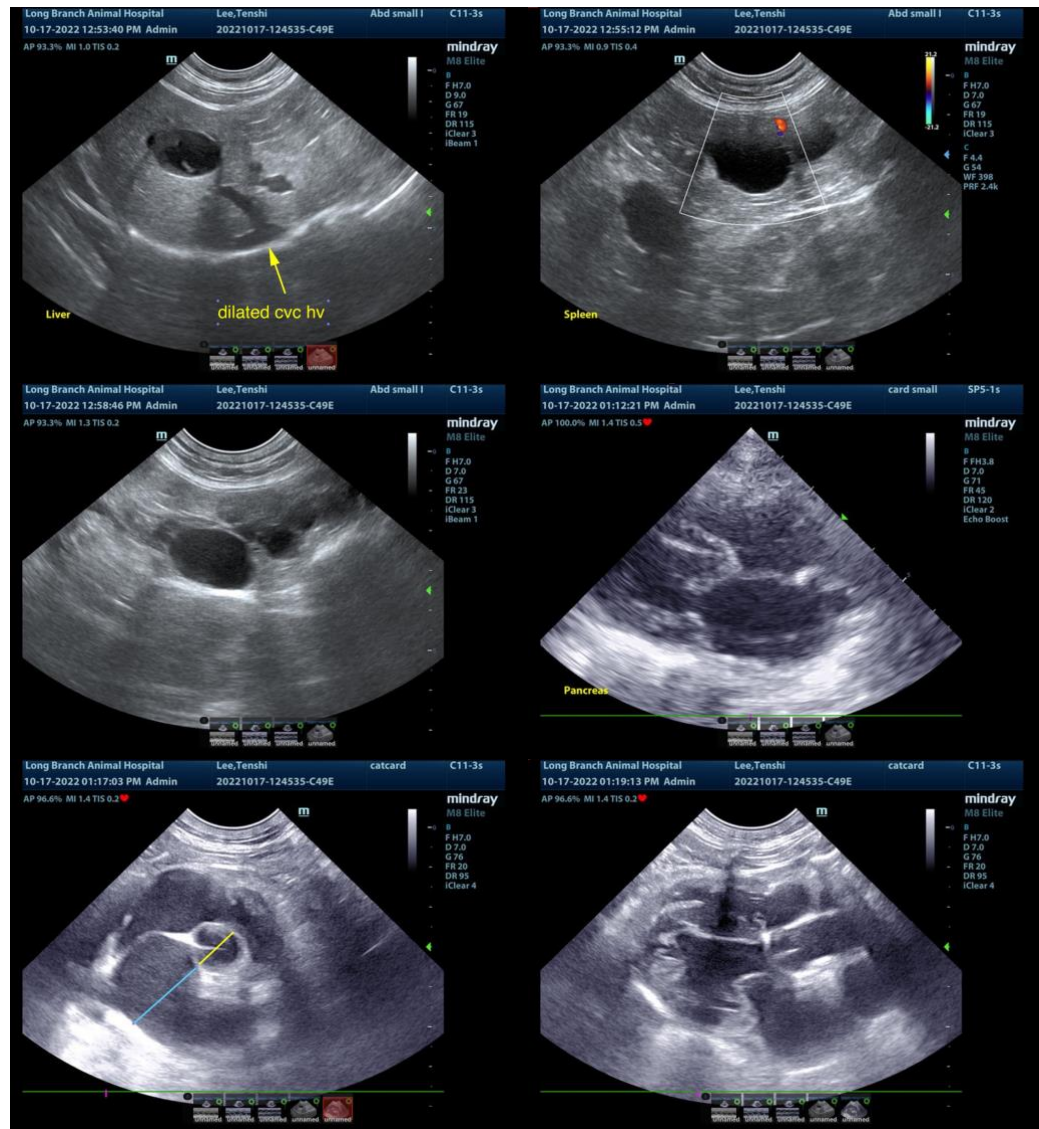
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
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