



PATIENT

Oscar Fox

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

17 Years 5 Months

WEIGHT

5.5 kg

INTERPRETED BY

Eric Lindquist, DMV,
DABVP(CFM), Cert.
IVUSS

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Marsh Animal Hospital

REFERRING VET

Dr. Armani

INVOICE

12168

DATE

11/10/25

PRESENTING CLINICAL SIGNS

Anorexic and inc. liver values in 1 month. Hx of chronic enteritis. Meds: Budesonide, Solensia

Abnormal PE/Chem/CBC/UA Results: AST 1253, ALT 902, AlkP 348, Bili 0.8 . On 10/15 was all normal

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	5.5	210	0.4	1.55	0.4	44	78
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	1.17	1.3	1.2		1.26	0.66	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							

E-wave velocity: 1.2

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate LA measurements. Mitral valve insufficiency was noted at 6.0 m/s (centralized and not clinically significant). 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.

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



PATIENT

was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

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The **kidneys** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was moderately nebulous, and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. Blood flow to the kidneys was subnormal. The left kidney measured 4.23 cm in length. The right kidney measured 4.2 cm in length.

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Adrenal Glands

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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 left adrenal gland measured 0.42 cm width. The right adrenal gland measured 0.42 cm width.

Neutered Male

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Spleen

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The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed. Hyperechoic lipid plaques were noted (not pathological and similar to the prior sonogram).

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Liver

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The **liver** presented mildly swollen and diffusely hyperechoic parenchyma to falciformed fat with coarse architecture. A tortuous cystic duct was noted with slight mural thickening. The common bile duct followed to the duodenal papilla appeared to taper normally to the union of the pancreatic duct. The duodenal papilla appeared to be normal, however, may be somewhat strictured by inflammation. The common bile duct measured 0.60 cm. The gallbladder was unremarkable.

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Gastrointestinal

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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 **pancreas** presented enlarged, hyperechoic and irregular with undulating contour and enhanced surrounding mesentery, suggestive of inflammation.

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Free Abdomen

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Slightly enlarged mesenteric lymph nodes were visualized with microcystic changes.

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ULTRASONOGRAPHIC FINDINGS

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- Normal echocardiogram with mitral valve insufficiency (compensated) with no volume overload.
- Moderate chronic interstitial nephrosis pattern.
- Volume contracted spleen.

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- Pancreatitis
- Cholangiohepatitis
- Hepatic lipidosis pattern with some level of posthepatic obstruction likely.
- Mesenteric lymph nodes.

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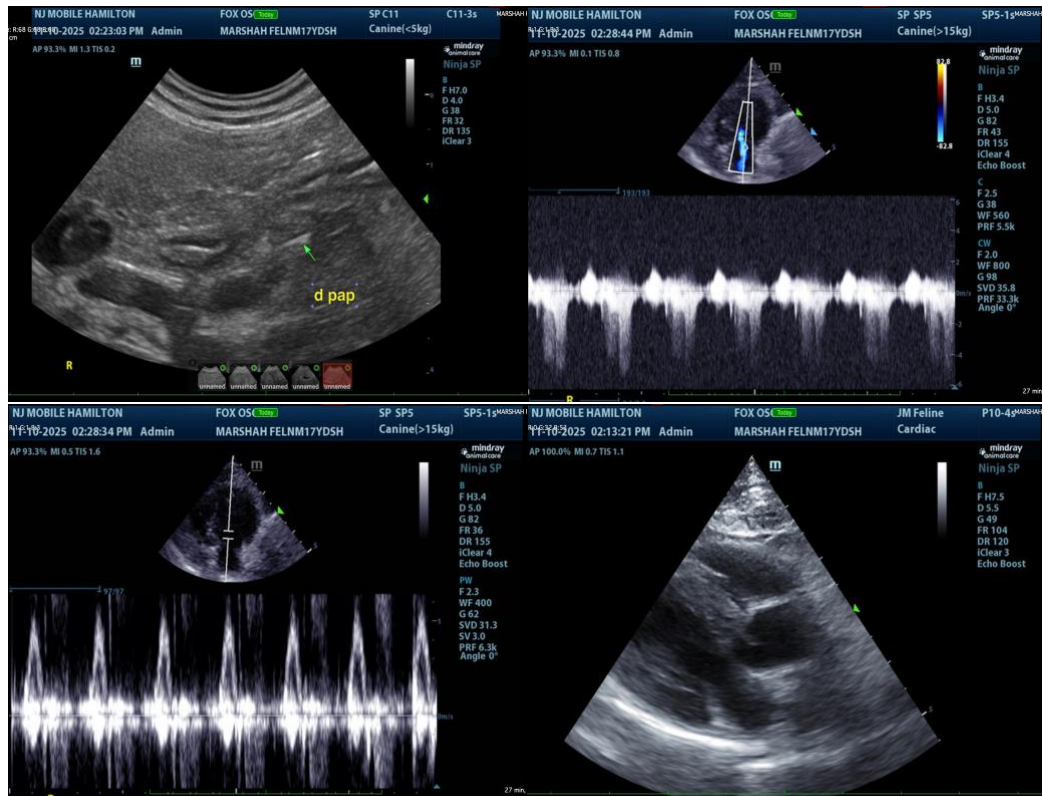
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of neoplasia, however, cannot be completely ruled out. Management for pancreatitis with IV fluid support and pain management is indicated. A single dose of Dexamethasone injection (¼ mg/kg) could be considered in this patient. Ultrasound guided FNA cytology and culture of the liver to reduce inflammation may be helpful after coagulation panel prior to cortisone injection. Recheck sonogram in 48-72 hours.





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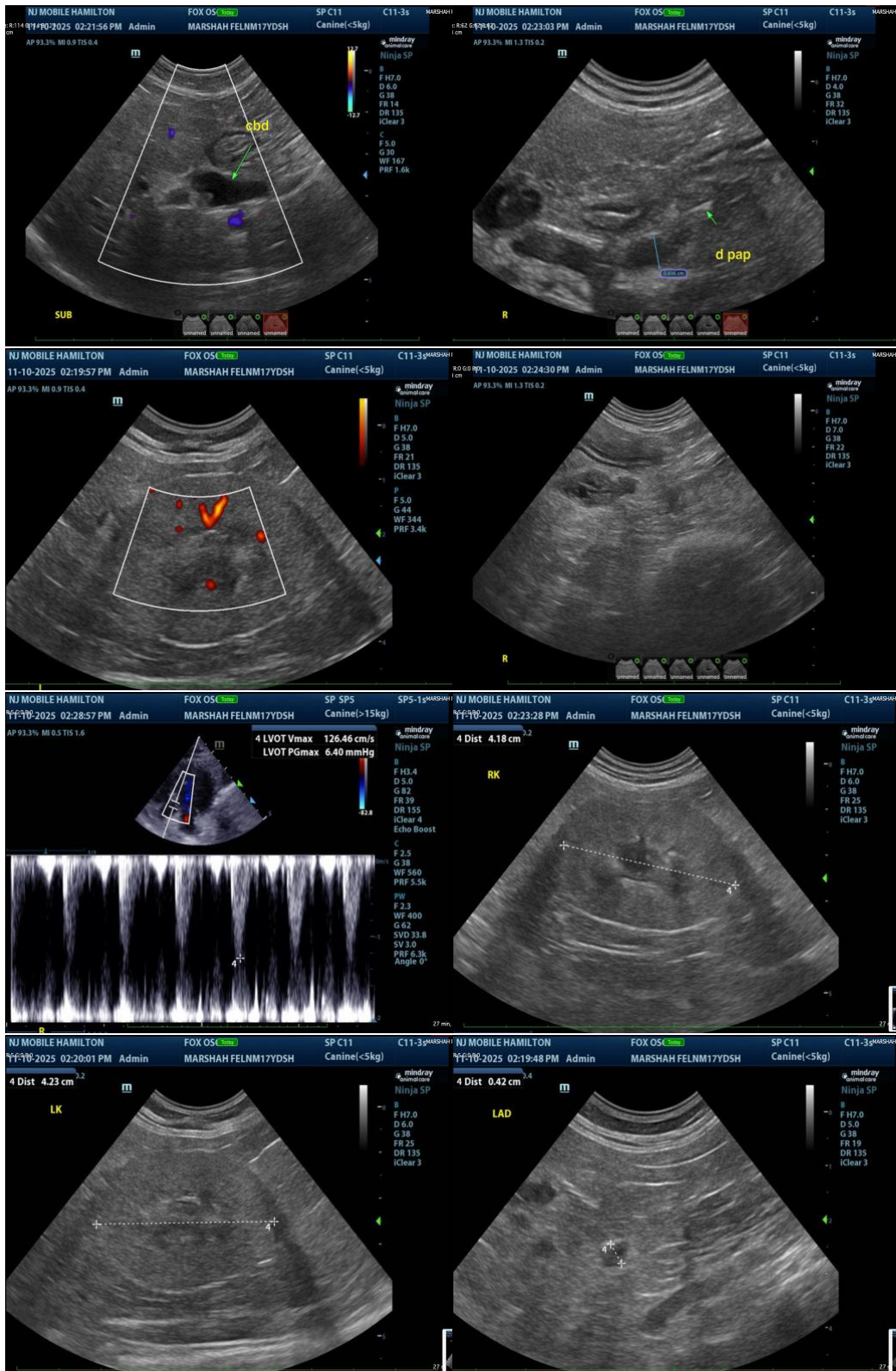
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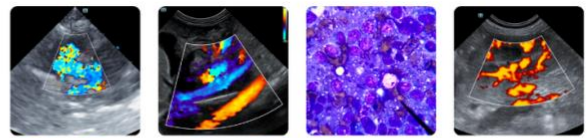
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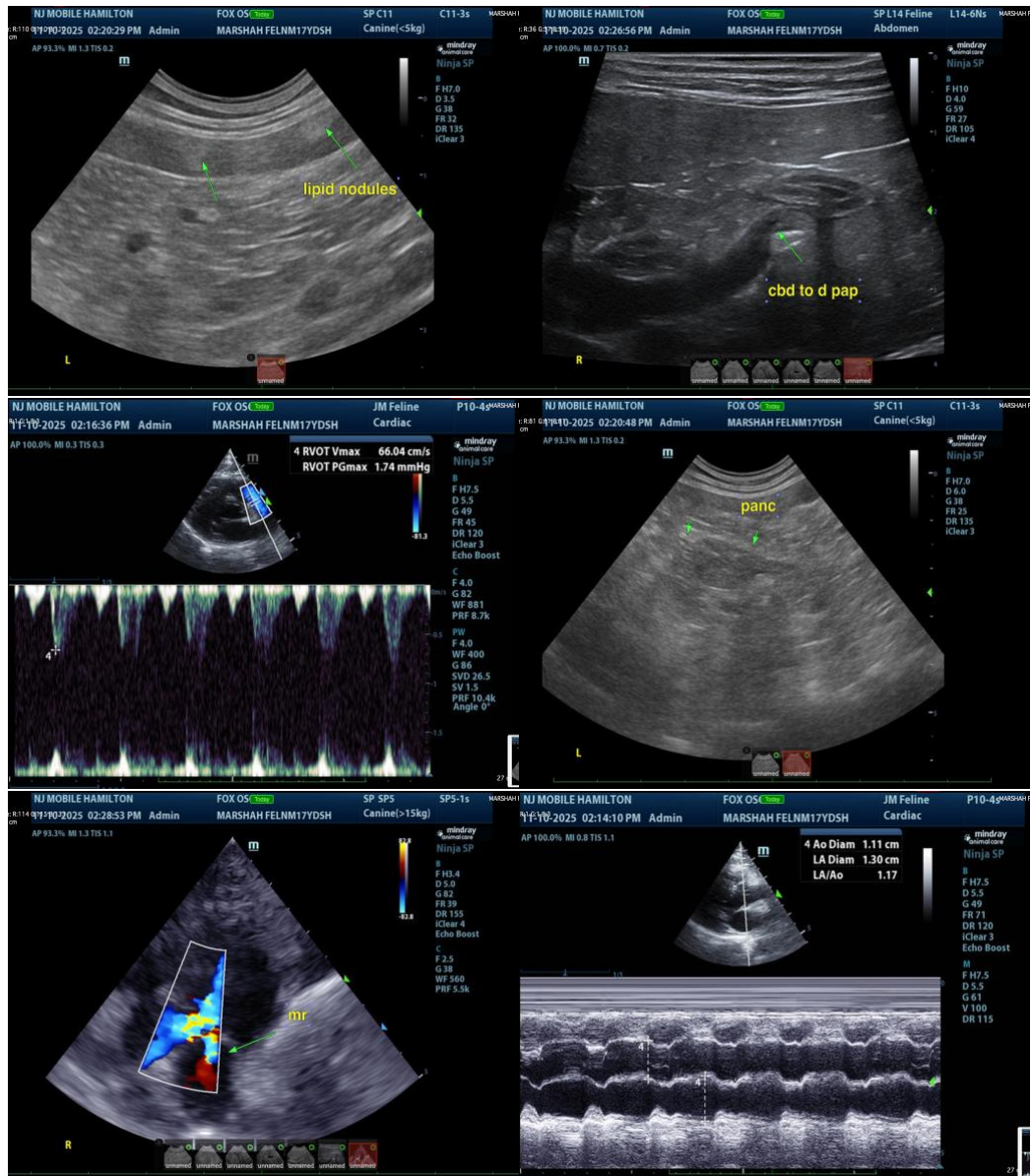
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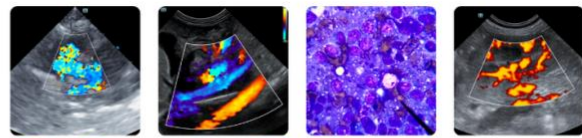
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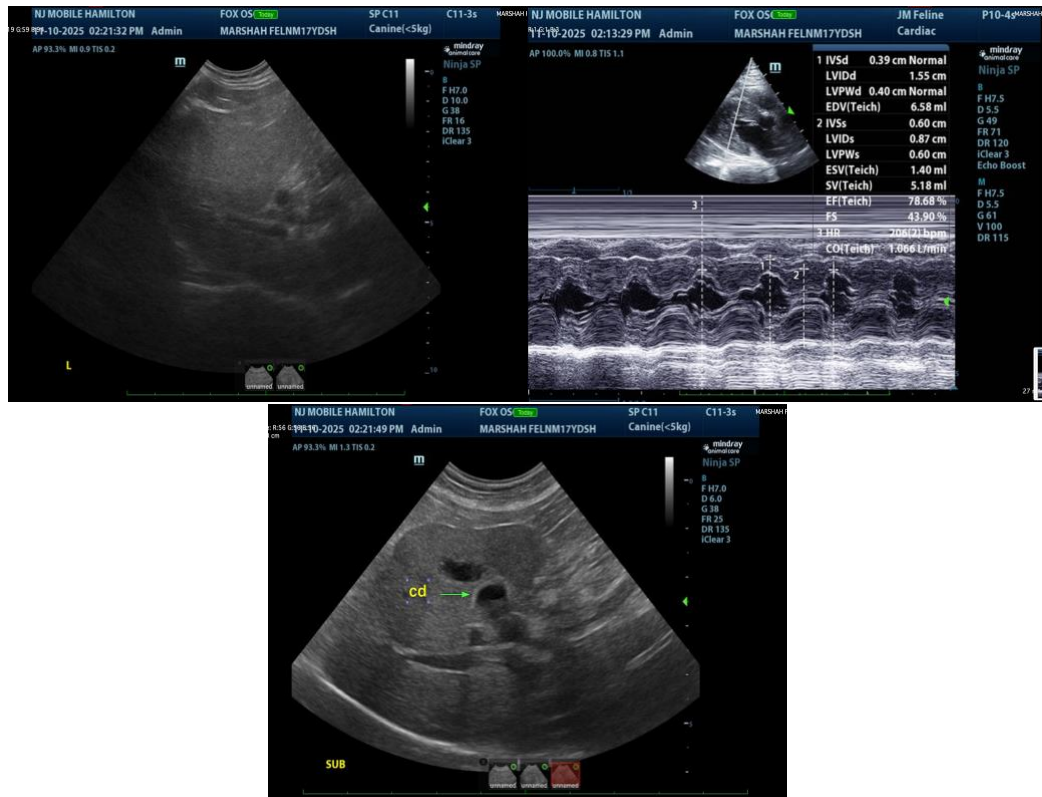
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS,

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