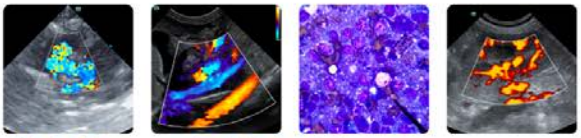

PATIENT

Otis Dragotto

SPECIES

Feline

BREED

DMH

SEX

Neutered Male

AGE

12 Years

WEIGHT

14.1 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Harmony Animal Hospital

REFERRING VET

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INVOICE

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PRESENTING CLINICAL SIGNS

Vomiting large amount 11/24; wt. loss. Sedated for exam. Afast-cystic mass caudal to stomach, cranial to bladder. Xr-cardiac silhouette mildly enlarged, soft fx mass superimposing bladder. Current Meds: IVF; Cerenia; Famotidine; Ampicillin (Torb/Alfaxalone for scan)

Abnormal PE/Chem/CBC/UA Results: ALT 182; UA: USG 1.040; wbc

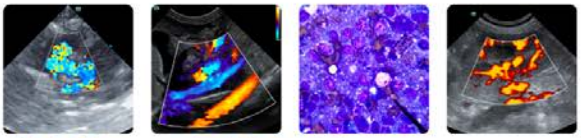
ULTRASONOGRAPHIC EXAMINATION OF THE HEART & ABDOMEN

FELINE CARDIAC PARAMETERS	**BODY WEIGHT** (lbs)	**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	14.1	160	0.45	1.77	0.45	46	81
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	1.5	1.6	1.5		1.1	0.7	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 = 0.9

Cardiac Presentation

The left atrial size measured at the upper limits of normal. Mitral insufficiency noted, centralized and compensated, at 5.23 m/sec. 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.



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Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. Minor amount of suspended debris noted. Ureteral papillae were normal.

The **left kidney** presented a chronic interstitial nephrosis pattern with mineralizations, measuring 5.0 cm.

The **right kidney** revealed hydronephrosis of 3.2 cm. Minimal remaining cortical parenchyma noted. The renal pelvis appeared to be strictured.

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. Left adrenal gland measured 0.53 cm. Right adrenal gland measured 0.40 cm.

Spleen

The **spleen** was mildly enlarged (1.2 cm) with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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. 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.

Pancreas

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. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Mitral insufficiency, structurally unremarkable heart otherwise.
- Hydronephrotic right kidney, no evidence of masses.
- Moderate degenerative left renal changes.

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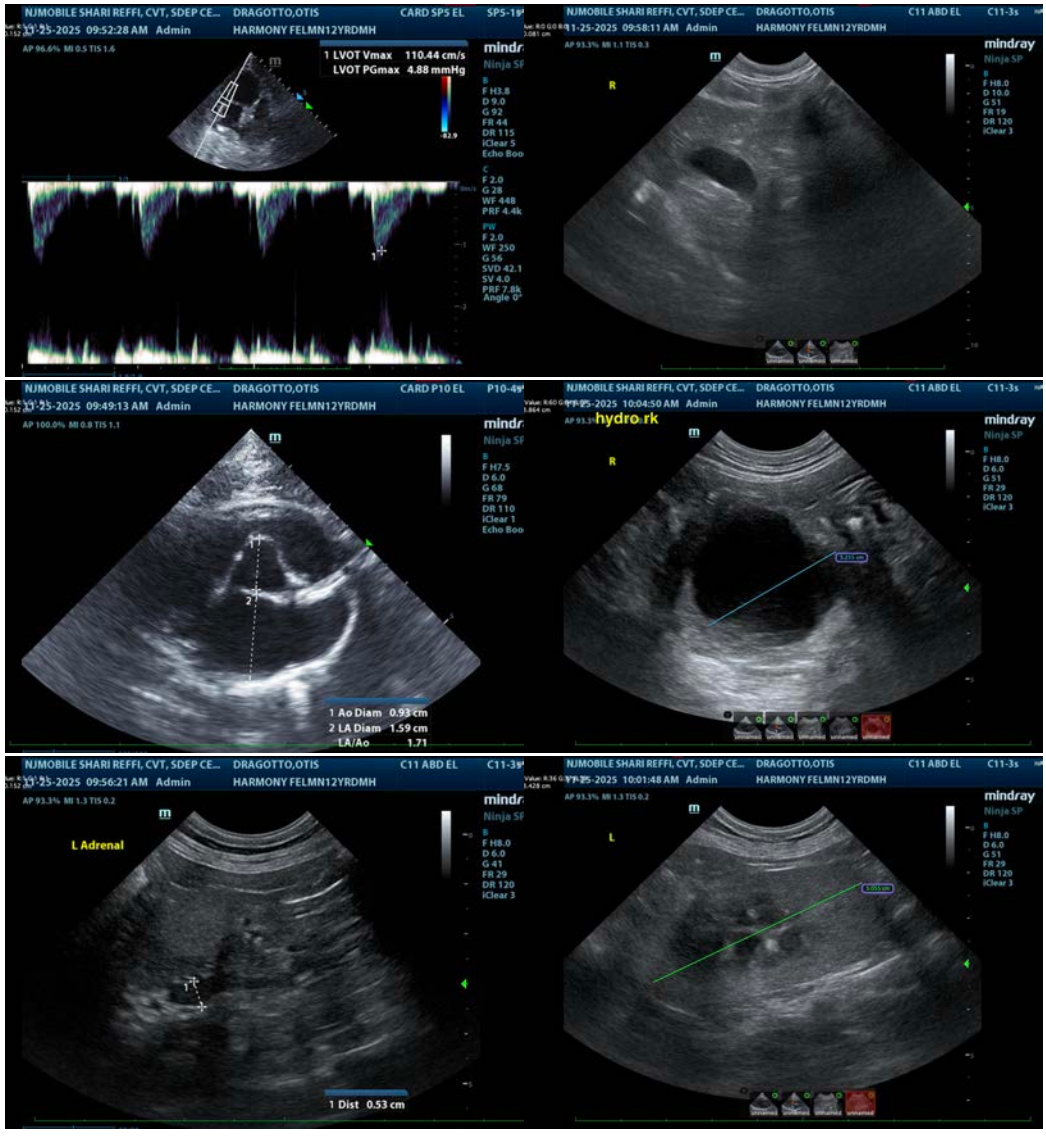
- Mildly enlarged, micronodular spleen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

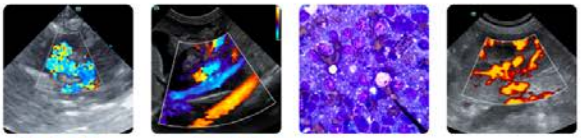
No cardiac medications recommended at this time.

Right nephrectomy could be considered in this patient. No evidence of neoplasia.

Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.



New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



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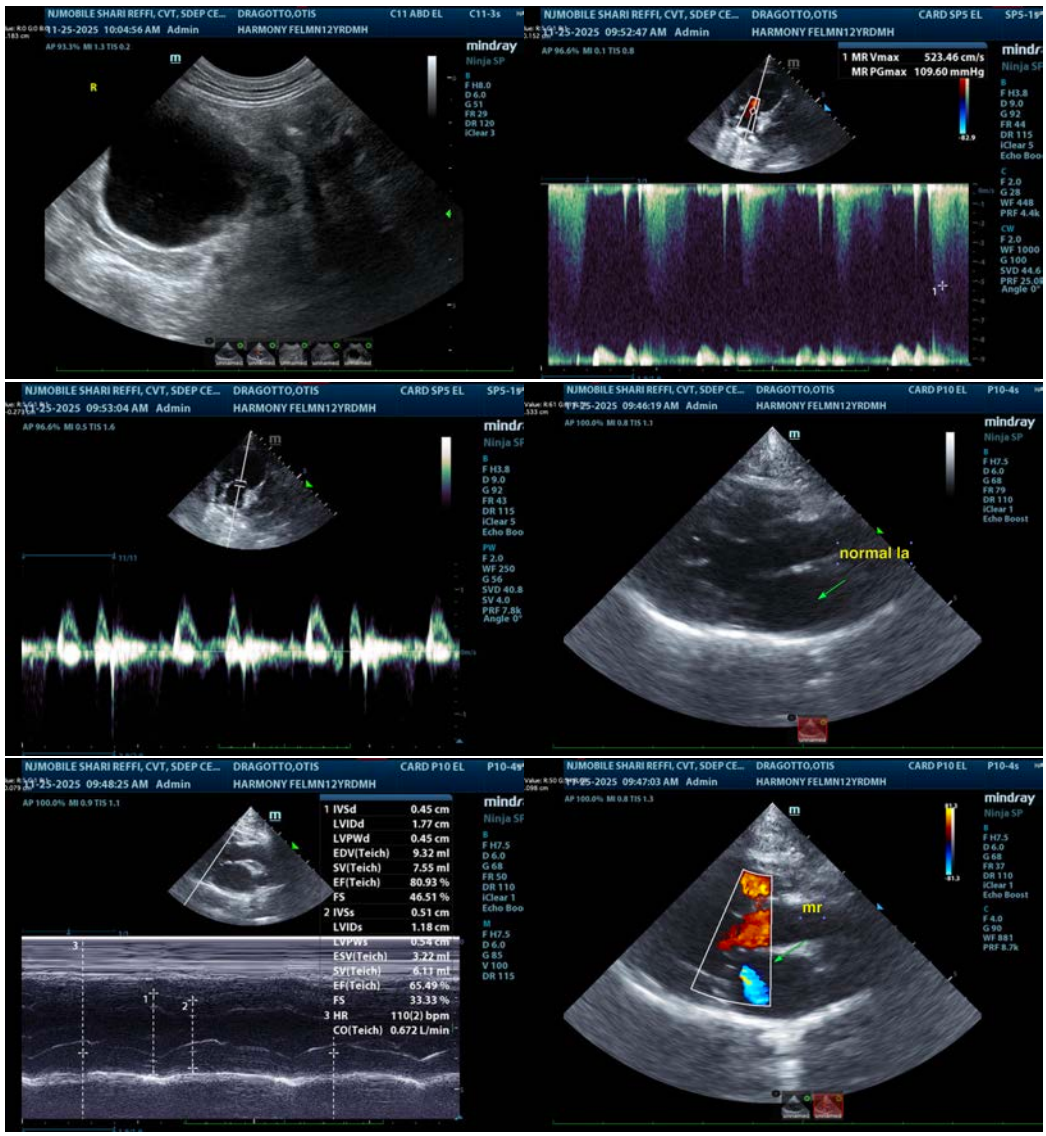

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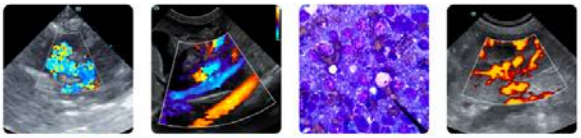

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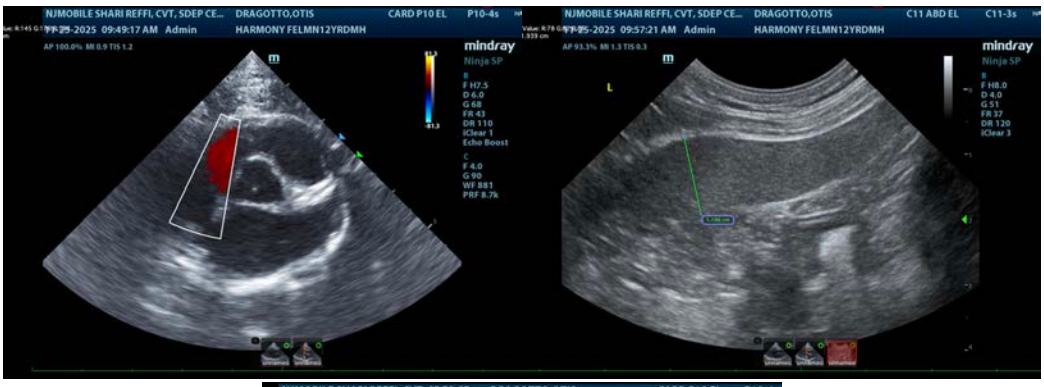

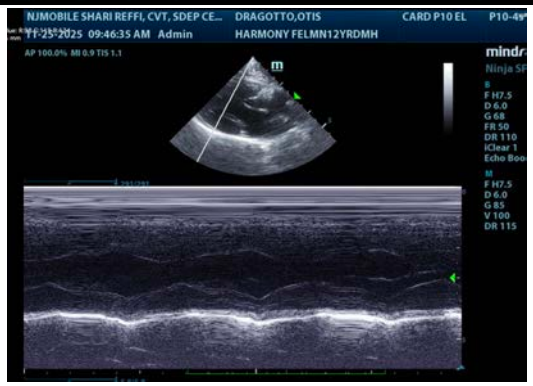

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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