**PATIENT**

Posie Smith

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

7 Years

WEIGHT

8.9 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Sara Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Tiffani Yerkey

INVOICE

43049

DATE

11/30/22

PRESENTING CLINICAL SIGNS

A month ago, pt had V/D and a whistle was heard upon breathing. She had decreased airflow from both nares and a fecal revealed a Clostridial overgrowth. Pt V/D improved, but her breathing has become worse and pt is abdominal breathing. Patient was NPO about 14 hours prior to scan.

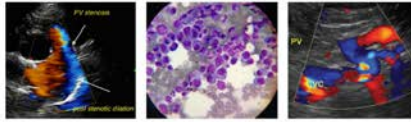
Abnormal PE/Chem/CBC/UA Results: Chest x-rays revealed some caudal lung lobe congestion on the right side and an enlarged heart VHS of 9.5. Pt also had some gas noted in the SI, esophagus and LI. Pt also presented anemic (pale mm and white ear pinna) which was confirmed on a slide (nRBC, macrocytosis and polychromasia). CBC today: WBC 4.00, Neu 1.83, RBC 1.78, HGB 2.4, HCT 8.69%, MCHC 27.6, PLT 232. Saline Agglutination: negative Chem: unremarkable. Was FeLV/FIV tested negative as a kitten. Has been indoor only cat. Patient is being sent to emergency center for hospitalization and blood transfusion this evening.

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		131	0.46	1.6	0.46	57	90
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	--	1.55	1.4	1.28	0.55	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. 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.

**PATIENT****Urinary System**

Posie Smith

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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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.

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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 3.6 cm. The left kidney measured 3.36 cm.

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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 0.45 cm. The right adrenal gland measured 0.33 cm.

AGE

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Spleen

The **spleen** in this patient was uniform, yet volume contracted. 5.0 mm in width. Hydration status should be assessed.

WEIGHT

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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.

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Eric Lindquist, DMV

DABVP, Cert. IVUSS

Gastrointestinal**IMAGING PERFORMED BY**

Sara Pender, CVT

The **gastric** wall revealed concentric thickening with wall thickness up to 0.94 cm with aggressive loss of mural detail. Annular thickening noted in the pyloric antrum. The remainder of the stomach was unremarkable. The small intestine and colon were unremarkable.

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Pancreas

The **pancreas** was uniform, slightly hypoechoic to surrounding mesentery. No overt evidence of significant disease.

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ULTRASONOGRAPHIC FINDINGS

- Normal echocardiogram, no evidence of pathology
- Concentric gastric wall thickening
- Slightly hypoechoic pancreas
- Volume contracted spleen

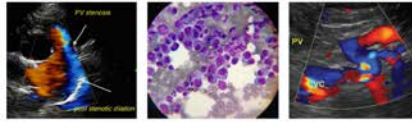
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**DATE**

11/30/22

Endoscopy indicated for mucosal biopsies. The cause of anemia is not evident in the thorax or abdomen. CBC path review and bone marrow biopsies indicated. Blood transfusion indicated. However, there is concentric gastric thickening consistent with gastritis or potential very early manifestation of gastric



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Lymphoma. Recommend focusing on CBC path review and bone marrow sampling in this patient.

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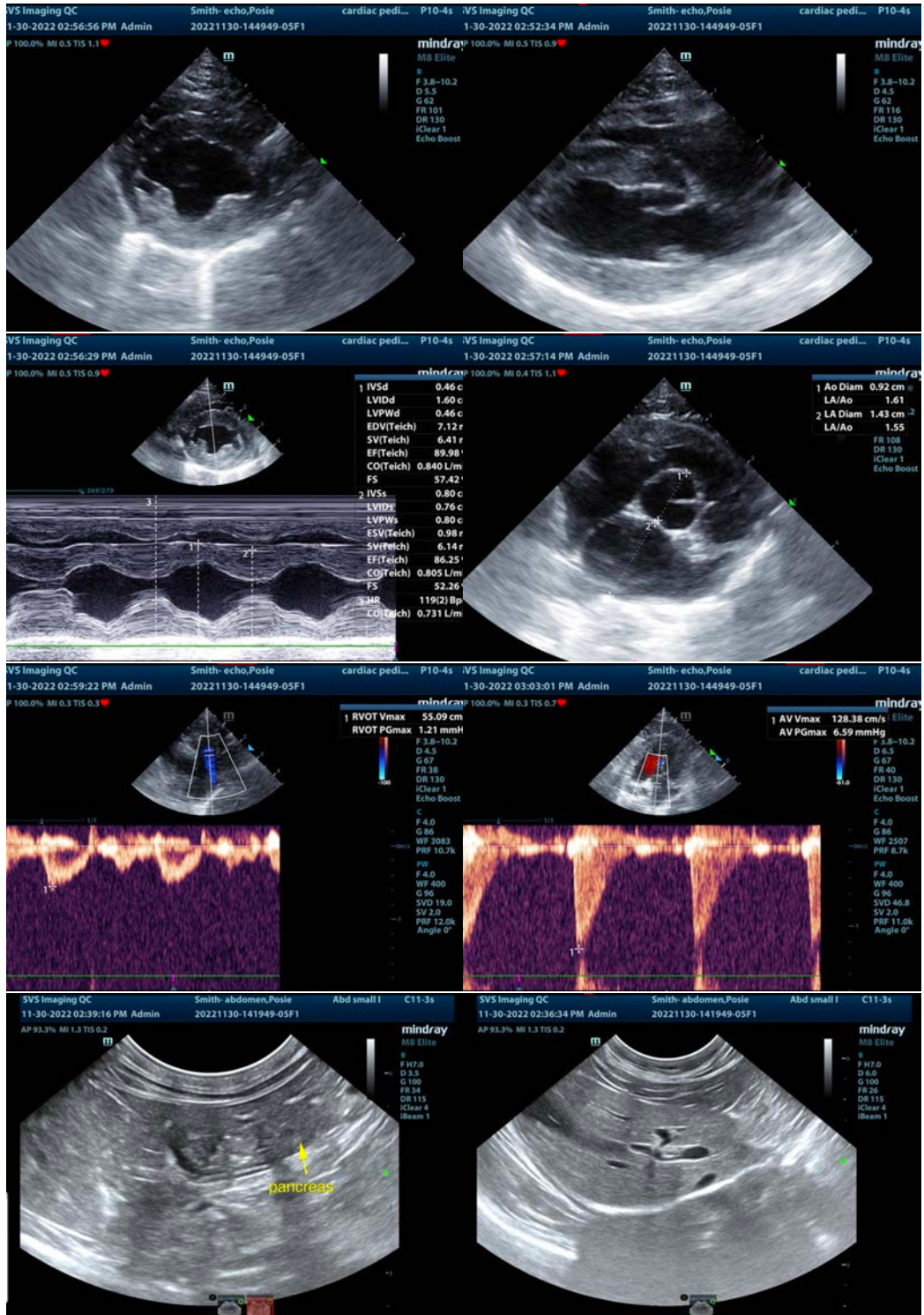
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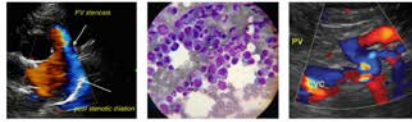
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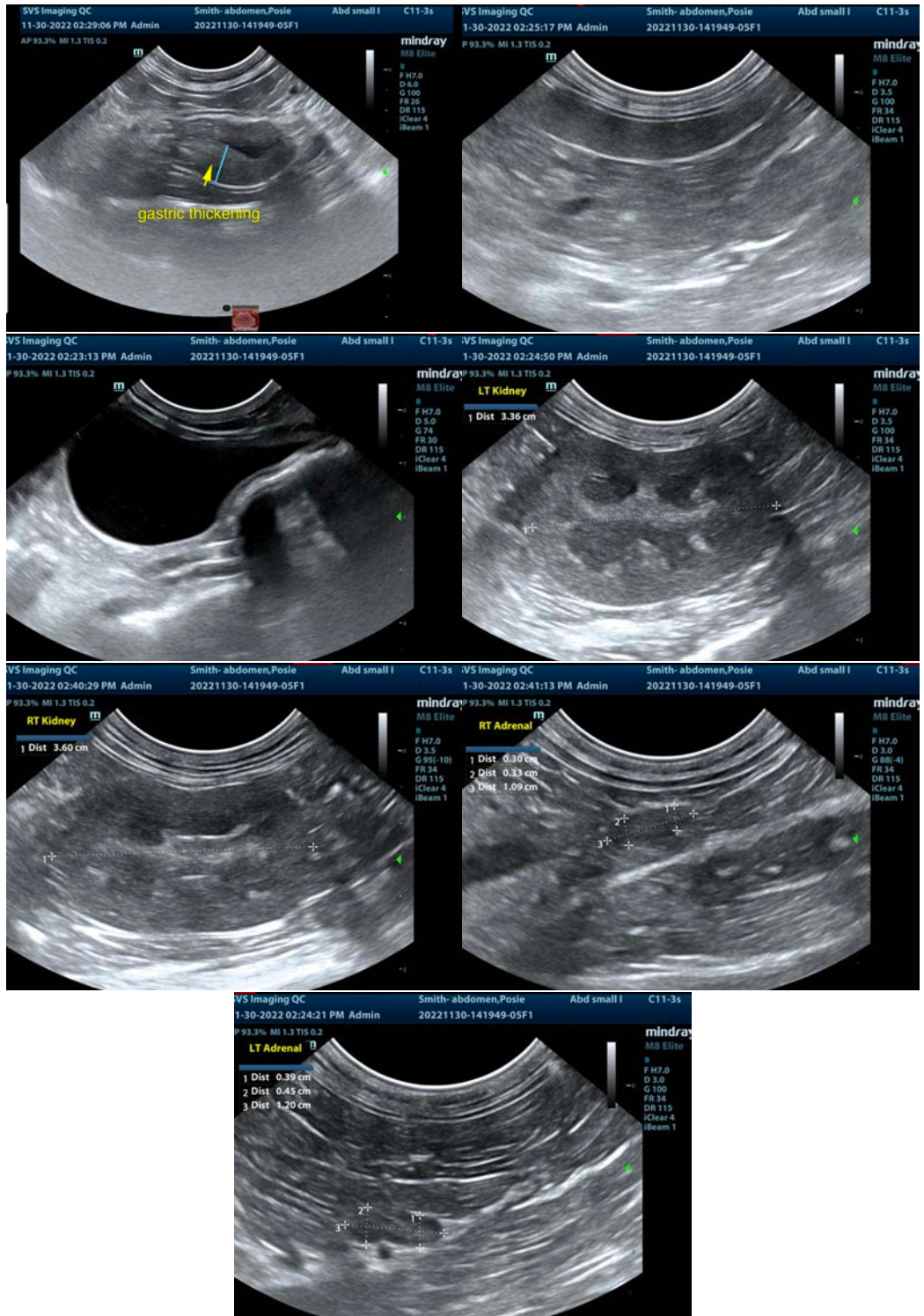
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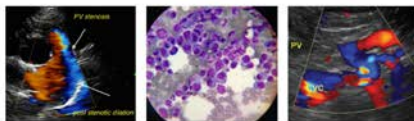
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svsimaging.net 309-737-3070



 **SonoPath**

Clinical Sonography & Telectology

EDUCATIONAL TELECONSULTATION SERVICES™

1-800-838-4268 info@sonopath.com Sonopath.com

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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.

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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.

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

info@SonoPath.com

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