



PATIENT

Cookie Remes

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

14 Years

WEIGHT

15.6

INTERPRETED BY

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

IMAGING PERFORMED BY

JK

HOSPITAL NAME

Hamburg Veterinary
Clinic

REFERRING VET

Dr. Branning

INVOICE

12157

DATE

11/07/25

PRESENTING CLINICAL SIGNS

Distended abdomen, grade 3/6 murmur

Abnormal PE/Chem/CBC/UA Results: BP 175/84(147), 185/119(170), very agitated. Blood pending

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	--	168	--	1.7	--	53	87
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	1.3	1.4	1.2	1.5	--	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. Mild septal hypertrophy and remodeling noted. The ventricular septum measured approximately 1.0 cm impinging on the left ventricular outflow tract (it is compensated at this time). 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 **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 (to a depth of 3.0 cm) 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.



PATIENT

Cookie Remes

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

14 Years

WEIGHT

15.6

INTERPRETED BY

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

IMAGING PERFORMED BY

JK

HOSPITAL NAME

Hamburg Veterinary
Clinic

REFERRING VET

Dr. Branning

INVOICE

12157

DATE

11/07/25

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 4.3 cm in length. The right kidney measured 4.2 cm in length.

Adrenal Glands

Both **adrenal glands** were sonographically unremarkable.

Spleen

The **spleen** presented mildly irregular and moderately enlarged measuring 1.4 cm.

Liver

The **liver** was fairly uniform. Slight free fluid was noted between the liver lobes. The gallbladder and common bile duct were unremarkable. No evidence of passive congestion.

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.

Free Abdomen

Free fluid was noted throughout the abdomen with nodular omental changes.

ULTRASONOGRAPHIC FINDINGS

- Abdominal ascites with nodular omental changes.
- Mild splenomegaly- strong concern for lymphomatosis or similar pathology.
- Unremarkable geriatric heart with septal hypertrophy (not a clinical issue).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Abdominocentesis and cytopsin with 25-gauge FNA in the spleen is indicated. Prognosis is very guarded depending on cytology results.



PATIENT

Cookie Remes

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

14 Years

WEIGHT

15.6

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

JK

HOSPITAL NAME

Hamburg Veterinary
Clinic

REFERRING VET

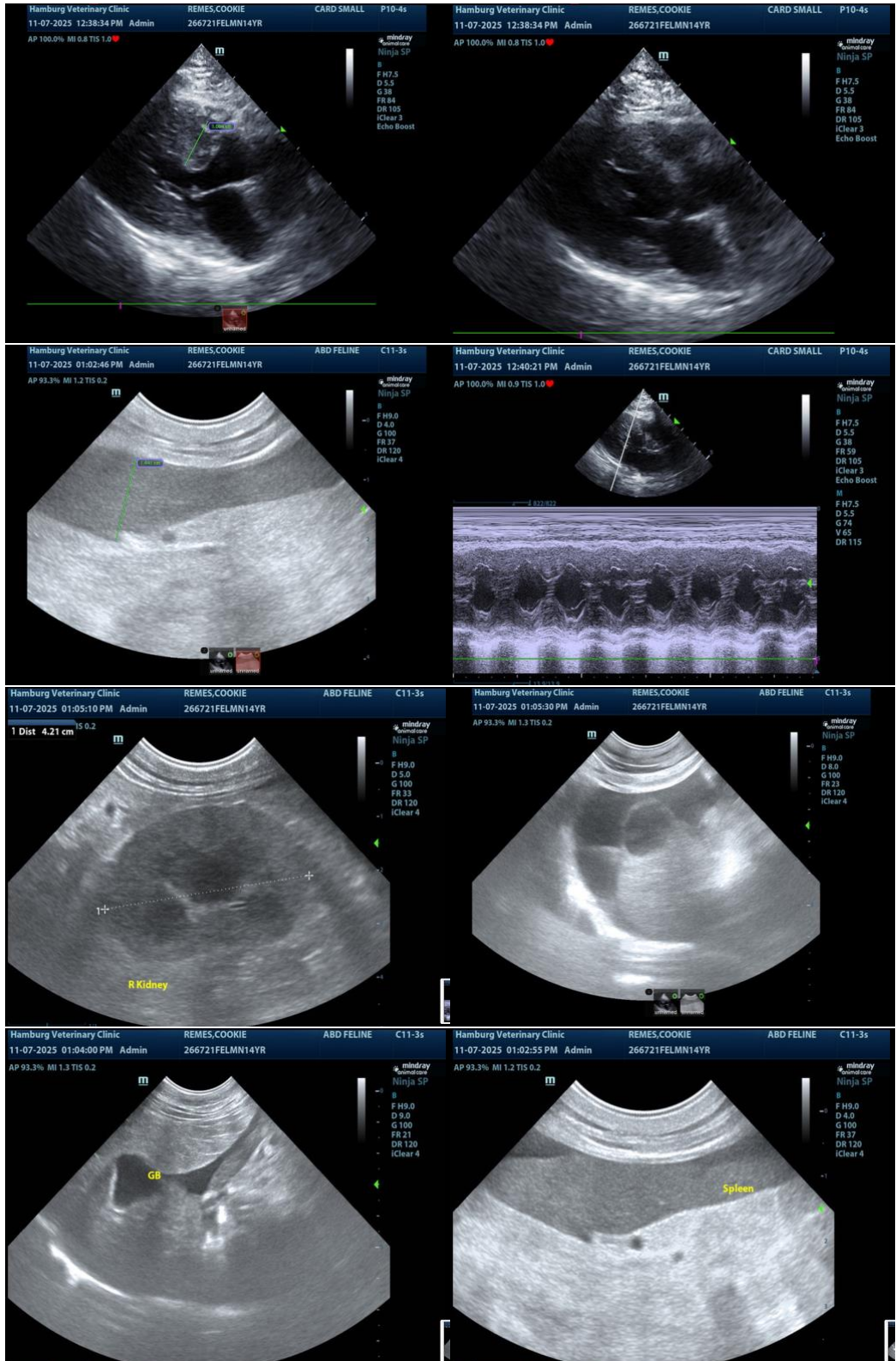
Dr. Branning

INVOICE

12157

DATE

11/07/25





PATIENT

Cookie Remes

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

14 Years

WEIGHT

15.6

INTERPRETED BY

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

IMAGING PERFORMED BY

JK

HOSPITAL NAME

Hamburg Veterinary
Clinic

REFERRING VET

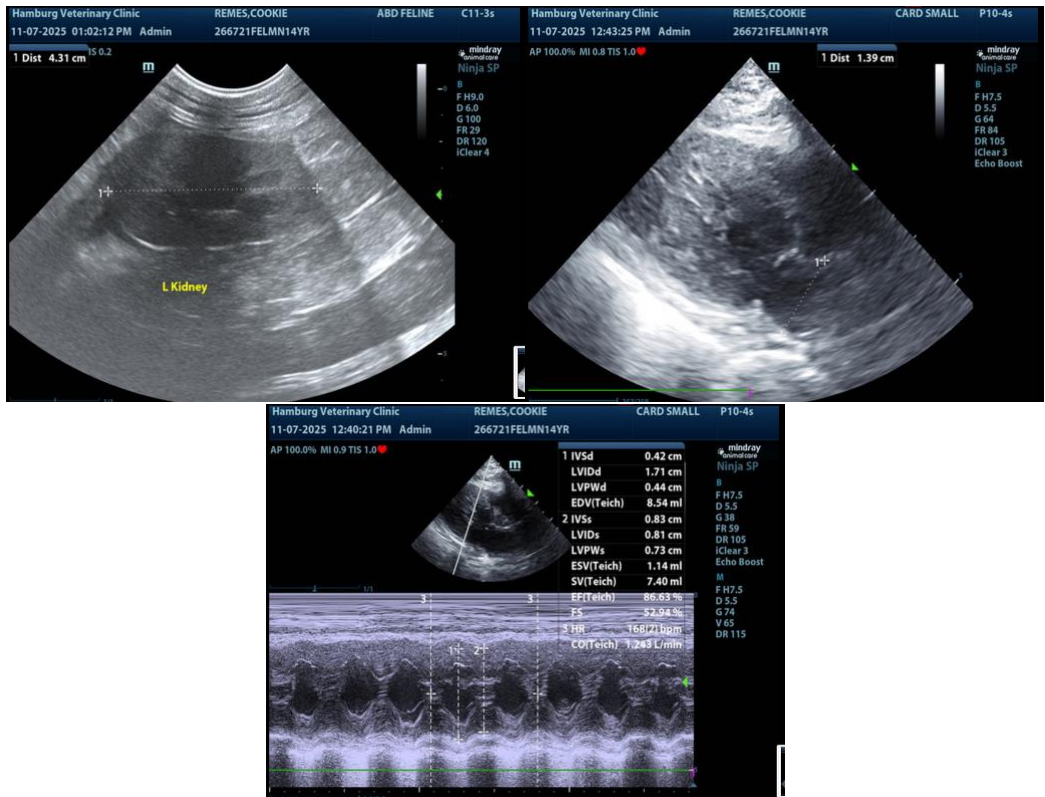
Dr. Branning

INVOICE

12157

DATE

11/07/25



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,

CEO, Owner, Founder -- SonoPath.com

info@SonoPath.com