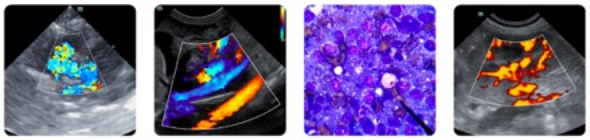

PATIENT

Pix Wallen

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

12 years

WEIGHT

19.18 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Jocelyn Hollway

HOSPITAL NAME

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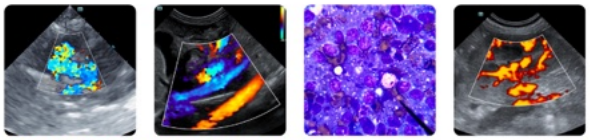
PRESENTING CLINICAL SIGNS

History: HX HM grade 2-3/6 -- best heard on the left side HX increased proBNP (1,500) HX chronic ear infections, concern for polyp/mass AS BAR. No obvious pain/discomfort, no obvious masses palpable, though difficult to palpate due to over conditioning. 2-3/6 HM -- best heard on the left side. Recent proBNP = 1500 HIGH. Lungs clear bilaterally. BCS 9/9; L MLP 2/4. Significant crepitus left stifles. Areas of patchy alopecia which were improving per Owner until recenty. Previous hematoma AS. AS pruritic, largest deep mass is ulcerated today, mild medium brown debris surrounding. Recurrent otitis externa AU. Grade 3 ddz.
Abnormal PE/Chem/CBC/UA Results: CXR/Skull Rads/LH limb rads to IDX = pending BX of AS ear canal mass = pending BP - AVG 235 mmHg -- hypertension (not currently on any meds) ECG = tachycardia, otherwise NSF 12/2025--HESKA Environ Allercept Result -- significant allergies to many mites and grasses 11/20/25: Aerobic ear culture--1+ normal flora Anaerobic ear culture--NO GROWTH Free T4 by ED (ng/dL)--2.7 11/14/25 PT--9.2 PTT--14.8 11/13/25 Chem 10--Cr 1.5; prev 10/31/25--1.7--STABLE SDMA--10; prev 10/31/25--9--STABLE T4--2.4; prev 10/31/25--3.5 11/4/25 CBC: NSF CHEMISTRY: Cr 1.7 (IRIS begins at 1.6) SDMA 9 NSF Lytes: NSF T4 = 3.5 HN--greyzone Feline Triple SNAP = (-)x3 ***proBNP = 1500 H (<100)

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

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 **left ventricular** hypertrophy was noted in this patient. 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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FELINE CARDIAC PARAMETERS	**BODY WEIGHT**	**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	19.18 lbs	200	0.76	1.15	0.65	50	
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	1.2 max				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							

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

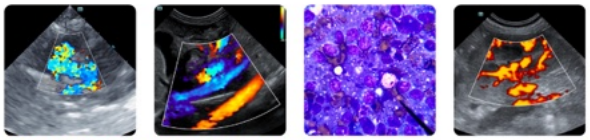
Urinary System

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 4.4 cm. The right kidney measured 4.13 cm with sectorial echogenic remodeling and microinfarcts at the cranial pole. Blood flow to the kidney appeared to be adequate on power Doppler assessment.

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. The left and right adrenal gland measured 0.4 cm each.



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Spleen

The **spleen** was mildly enlarged 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. The spleen measured 1.2 cm.

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

Left ventricular hypertrophy, consistent with temporary myocardial thickening or more likely hypertensive related cardiomyopathy.

Hypertensive cardiomyopathy pattern.

Minor splenic enlargement. Reactive spleen versus emerging round cell neoplasia or splenitis. Reactive spleen is most likely.

Age related abdominal changes with mild right renal infarcts. This may be related to the hypertension.

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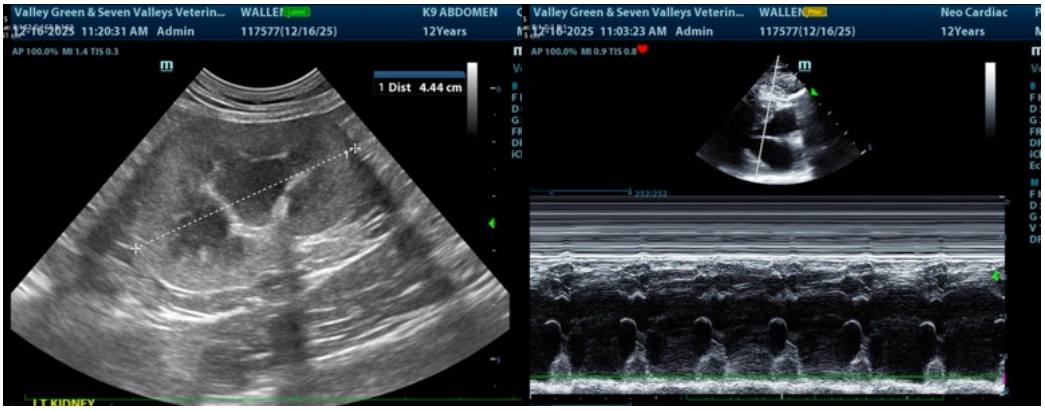
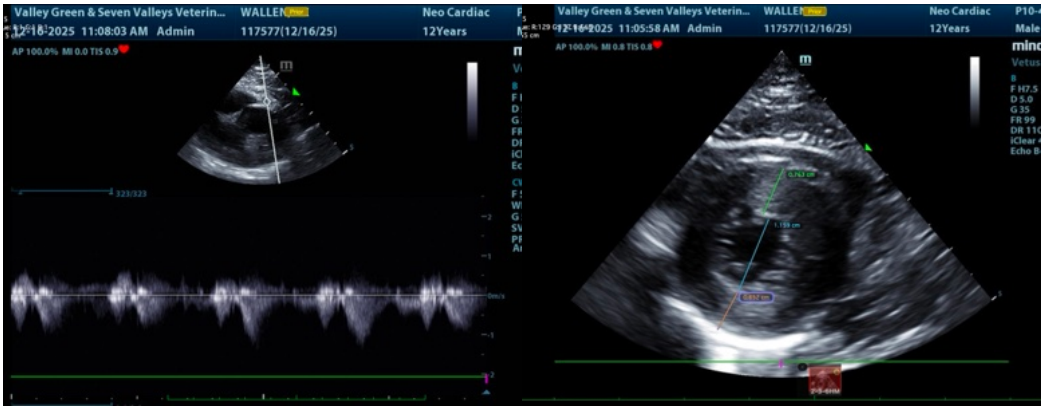
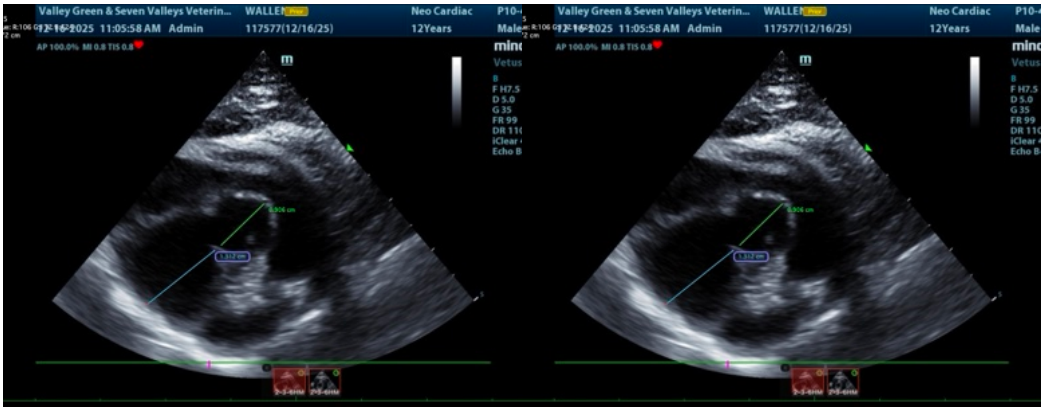
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no cardiac dysfunction or volume overload at this time. I recommend management for systemic disease.

Management for the primary systemic hypertension is indicated in this patient. FNA of the spleen is recommended if any weight loss is an issue.







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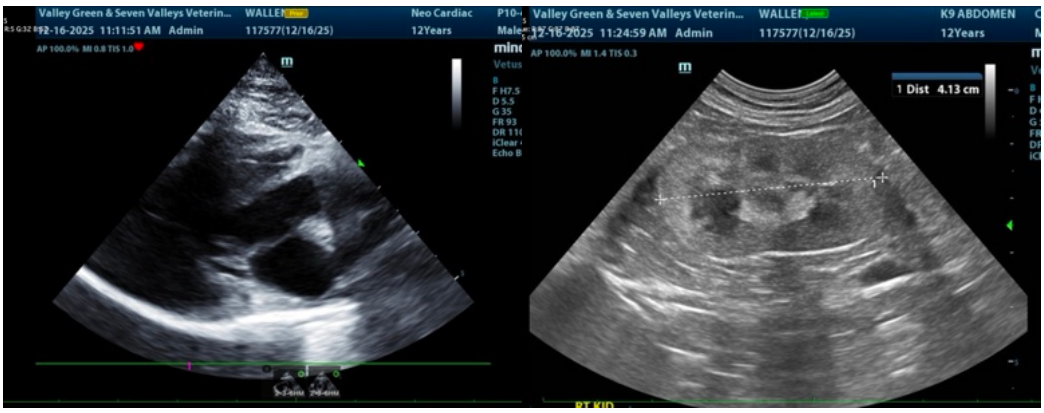

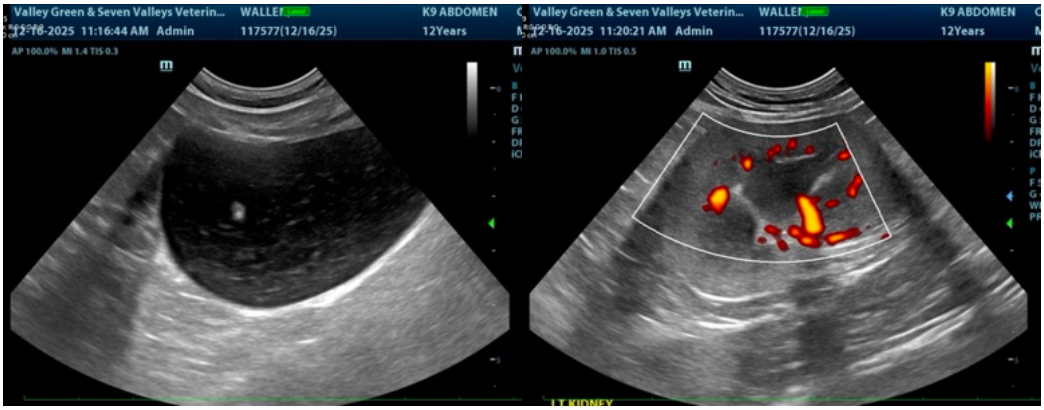

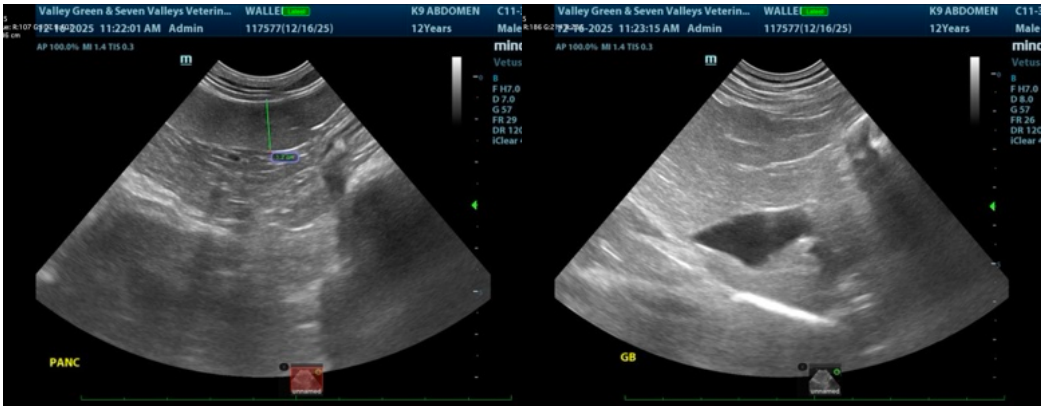

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, CEO of SonoPath.com

info@SonoPath.com