



PATIENT

Cobweb Anderson

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

15 Years

WEIGHT

6.3 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jessica Bailes

HOSPITAL NAME

All Cr3atures Great &
Small, Corvallis

REFERRING VET

Dr. Jessica Bailes

INVOICE

35740

DATE

12/4/25

PRESENTING CLINICAL SIGNS

History: Chronic intermittent hx of vomiting/diarrhea for the last 1.5 years. More recently symptoms have increased in severity and rapid progressive weight loss has been noted. Currently on strict hydrolyzed diet, pro - pectalin, cerenia, mirtazipine as needed. Did receive 1st vitamin B12 injection 3 days ago. More recently dx w/ stage 2 CKD. New heart murmur w/ elevated pro - BNP.
Abnormal PE/Chem/CBC/UA Results: very thin, 2/6 systolic murmur, otherwise NSF on PE BW: SC: SDMA 26, Creat 2.6, BUN 76, Phosph 6.6, Ca 11.3. All other UR. CBC: RBC 5.7, Hct 30, Hg 9.3. All other UR. UA: USG 1.012. 1+ protein. 2+ granular casts. Otherwise IS. proBNP: elevated @ 249 T4: 1.9

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	6.3	170	0.55	1.21	0.52	49	84
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	1.24	1.06	--		--	1.06	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 methods of LA evaluation. Trivial mitral insufficiency was noted. Slight hypertrophy, or more likely, pseudohypertrophy is noted in this patient, or TMT. 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 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. **Tricuspid** valvular assessment demonstrated adequate linear morphology and kinesis. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. **Pulmonary outflow** 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. The cranial **mediastinum and pericardial and extra-cardiac regions** were free of masses in the visible window.

Urinary System



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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 **kidneys** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was 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 appeared mildly subnormal. Subjectively, the kidneys do not appear end stage. The right kidney measured 3.81 cm.

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 adrenal glands measured 0.3 cm each.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume, and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. Soft stool was noted in the colon. Excessive GI gas was noted in this patient. Hyperperistalsis was noted, consistent with irritability. No obvious neoplastic patterns were noted and luminal content as unremarkable.

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.



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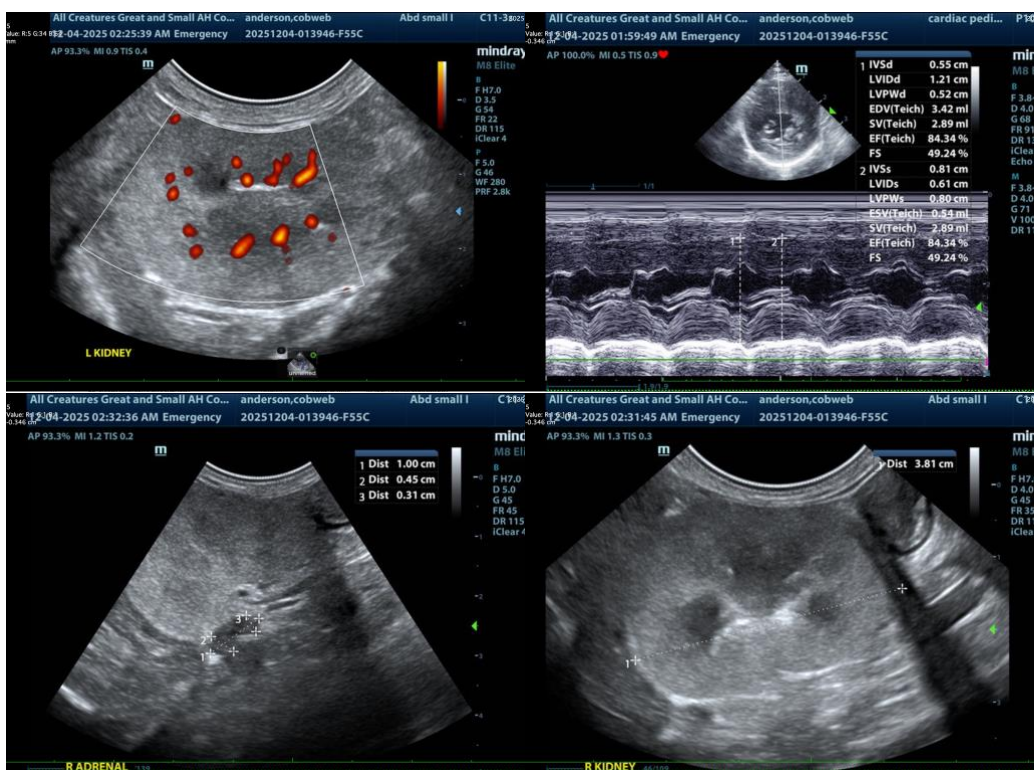
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ULTRASONOGRAPHIC FINDINGS

- Unremarkable heart with subjectively slight left ventricular hypertrophy. No evidence of volume or pressure overload. Likely TMT.
- Nonspecific subacute on chronic inflammatory bowel presentation.
- Moderate interstitial nephrosis pattern.
- Age-related hepatic changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Subjectively, the kidneys do not appear overtly end stage. Temporary myocardial thickening is likely owing to volume contraction or systemic hypertension. IV fluid support and management for azotemia and renal failure, urine culture, and blood pressures are all indicated, and reassessment of the clinical status. GI protectants are indicated.





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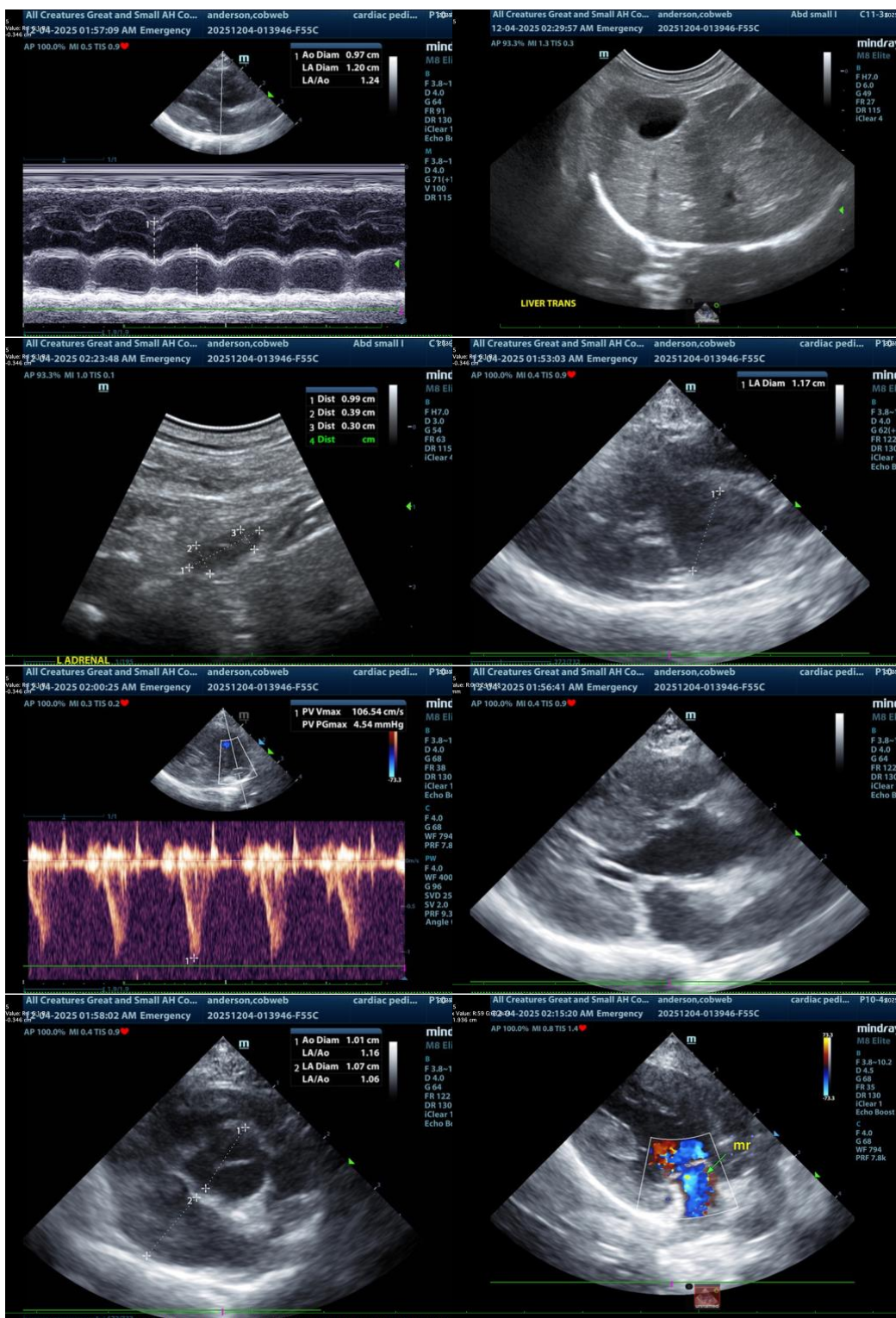
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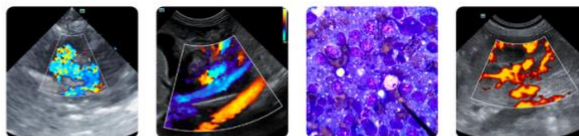
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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