



PATIENT

Sammie Cassaro

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

15 Years

WEIGHT

5.9 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi CVT

HOSPITAL NAME

Animal Hospital of
 Sussex County

REFERRING VET

Dr. Lovell

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DATE

02/13/26

PRESENTING CLINICAL SIGNS

- Ascites, weight loss, anorexia, lethargy, controlled Hyperthyroid; IRIS stage I CKD, r/o cardiac vs neoplasia
- Current meds-Methimazole

Abnormal PE/Chem/CBC/UA Results: CKD; USG: 1.015

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	5.9	220	0.68	1.4	0.65	40	80
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	1.4		1.0	0.90	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 echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate LA measurements. Minor **mitral valve** insufficiency was present. The **myocardium** presented with remodeling. The **left ventricle** presented with mild excessive septal and free wall thicknesses. **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. Minor **tricuspid** insufficiency was present measuring 2.0 m/s. 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



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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.

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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 thickened and irregular with adequate vascularity. Medullary structure differed distinctly from that of the cortex. Pelvic calculus was noted in the left kidney measuring 0.80 cm. The right kidney presented with pelvic calculus as well measuring 1.9 cm. The left kidney measured 4.22 cm in length.

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Adrenal Glands

Both **adrenal glands** were not visualized.

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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.

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5.9 pounds

Liver

The **liver** revealed multifocal nodular changes strongly consistent with metastatic disease with disrupted architecture and surrounding free fluid. Small hepatic masses were present measuring up to 2.0 cm. The gallbladder and common bile duct were unremarkable. The hepatic veins were not dilated.

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Gastrointestinal

The **gastrointestinal tract** was deviated with variable minor thickening.

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Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some mild parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation, then low-grade smoldering chronic pancreatitis should be suspected. Nodular changes were also noted throughout the right pancreatic base.

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Free Abdomen

A mild amount of free fluid was noted in the abdomen.

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An undifferentiated parenchymal cystic mass was noted in the cranial abdomen in the region of the pancreas measuring 4.0 cm.

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ULTRASONOGRAPHIC FINDINGS

- Mitral and tricuspid insufficiency.
- Mild form of hypertrophic cardiomyopathy or more likely hypertensive or hyperthyroid



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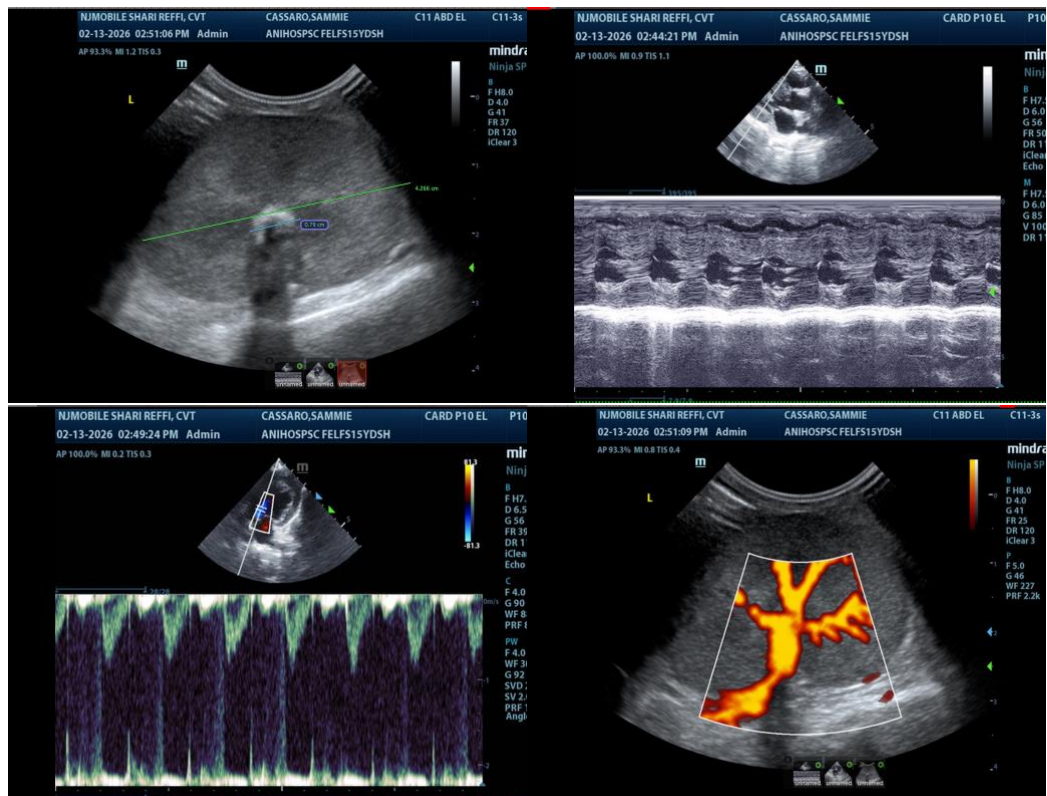
induced left ventricular hypertrophy and remodeling.

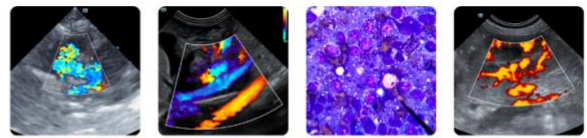
- Abdominal neoplasia involving the pancreas and liver- multicentric sarcomatous type presentation, hemangiosarcoma possible round cell neoplasia likely, carcinoma possible.
- Cranial abdominal cystic mass likely pancreatic in origin.
- Free abdominal fluid.
- Severe dystrophic changes and end stage right renal disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No cardiac medications are recommended.

Prognosis is poor.





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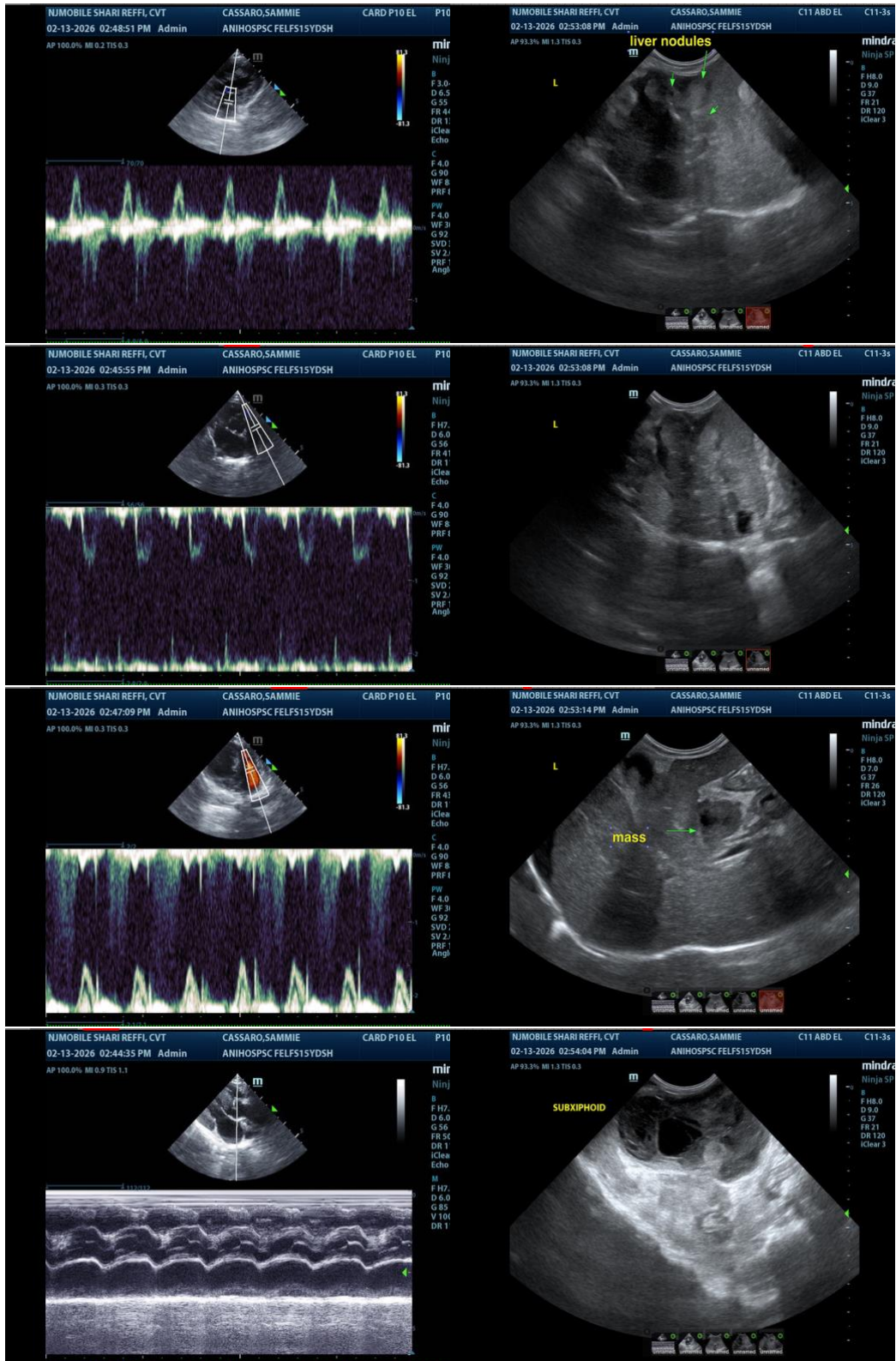
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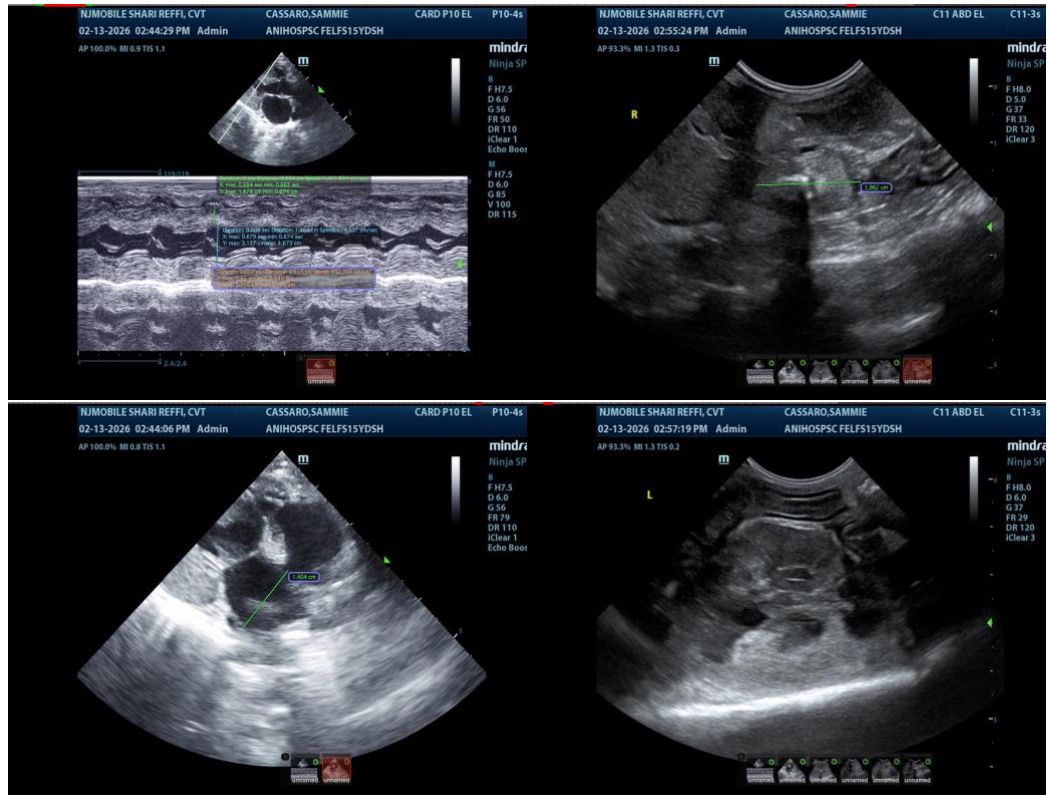
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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