



PATIENT PRESENTING CLINICAL SIGNS

Camille Kurtz Patient presents for losing weight and suspicion of possible thoracic nodules/mass seen on radiographs.

SPECIES Abnormal PE/Chem/CBC/UA Results: 1/25/23: T. bili 0.1, K 6.5, TP 8.5, HCT 72.5, HGB 23.3, RBCs 15.61.

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE HEART & ABDOMEN

BREED

DSH

SEX

Spayed Female

AGE

13 Years

WEIGHT

9.03 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

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		NM					
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	1.6		1.75		1.22	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 **myocardium** presented normal echogenicity without subjective evidence of significant fibrotic or ischemic disease. A **left ventricular** septal mass was noted expanding into the tricuspid annulus. Concurrent obstruction of the left ventricular outflow tract noted, and partial obstruction of the right ventricular inflow. Slight pericardial effusion also noted. The mass appeared to impinge on the LVOT and aortic valve. Pleural effusion noted in the thorax. Left ventricular contractility and volumes appeared to be contained. The **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted or chamber overload. **Pulmonic** tract assessment revealed normal valve structure, laminar flow, and diameter (approx. 1:1 pa/ao ratio).

Urinary System

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** 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 3.4 cm. The left kidney measured 4.11 cm.

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Animal Paradise Hospital

REFERRING VET

Dr. ElShafie

INVOICE

45175

DATE

2/16/23



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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 right adrenal gland measured 0.28 cm. The left adrenal gland measured 0.30 cm.

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 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

- Cardiac mass occupying the left ventricular septum and impinging upon the tricuspid annulus and left ventricular outflow with concurrent slight pericardial effusion and pleural effusion – thoracic sarcomatosis suspected.
- Age related renal changes, unremarkable abdomen otherwise

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Pleurocentesis and cytospin could be considered. Given the hemoconcentration, paraneoplastic erythropoietin production may be an issue.



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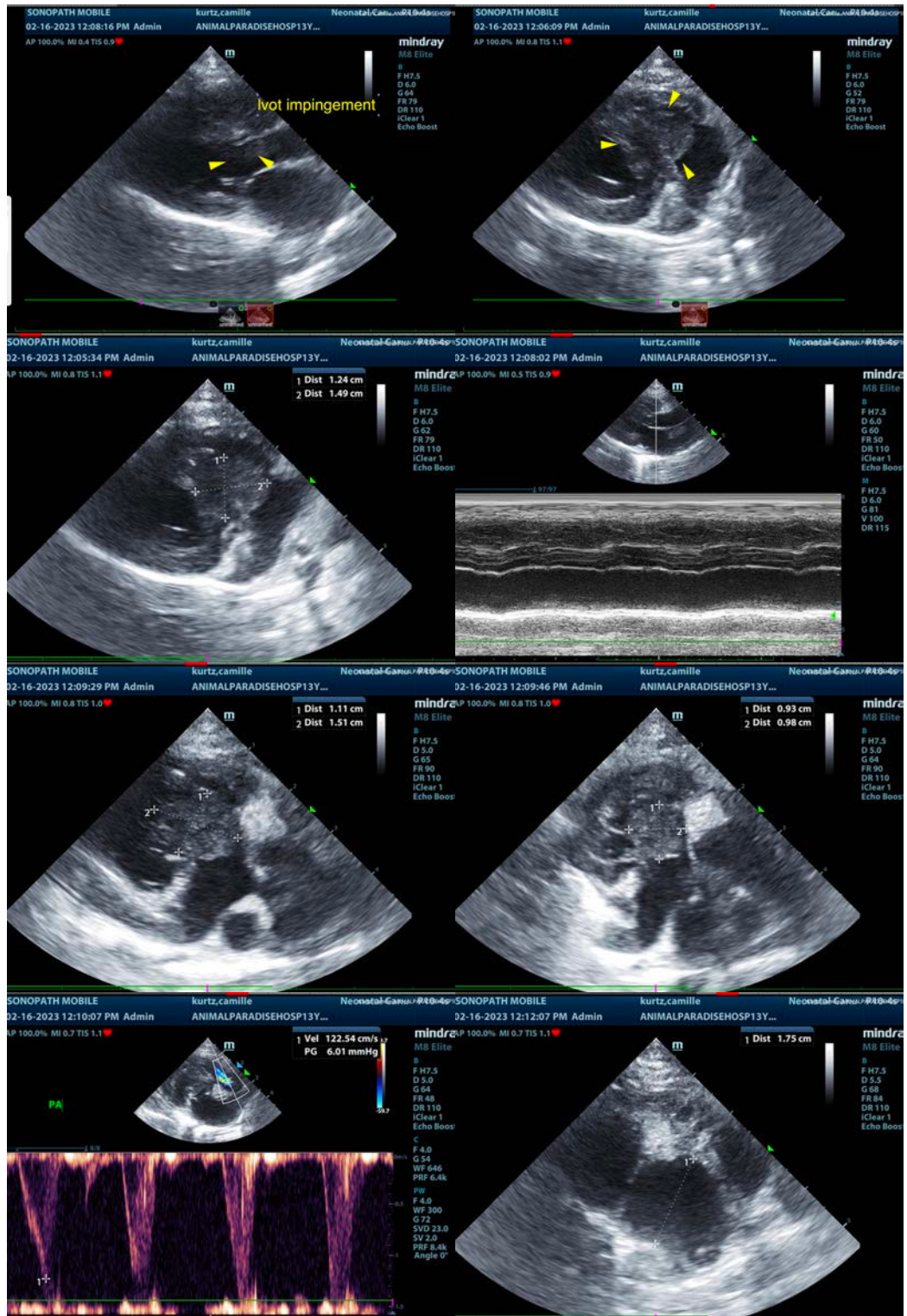
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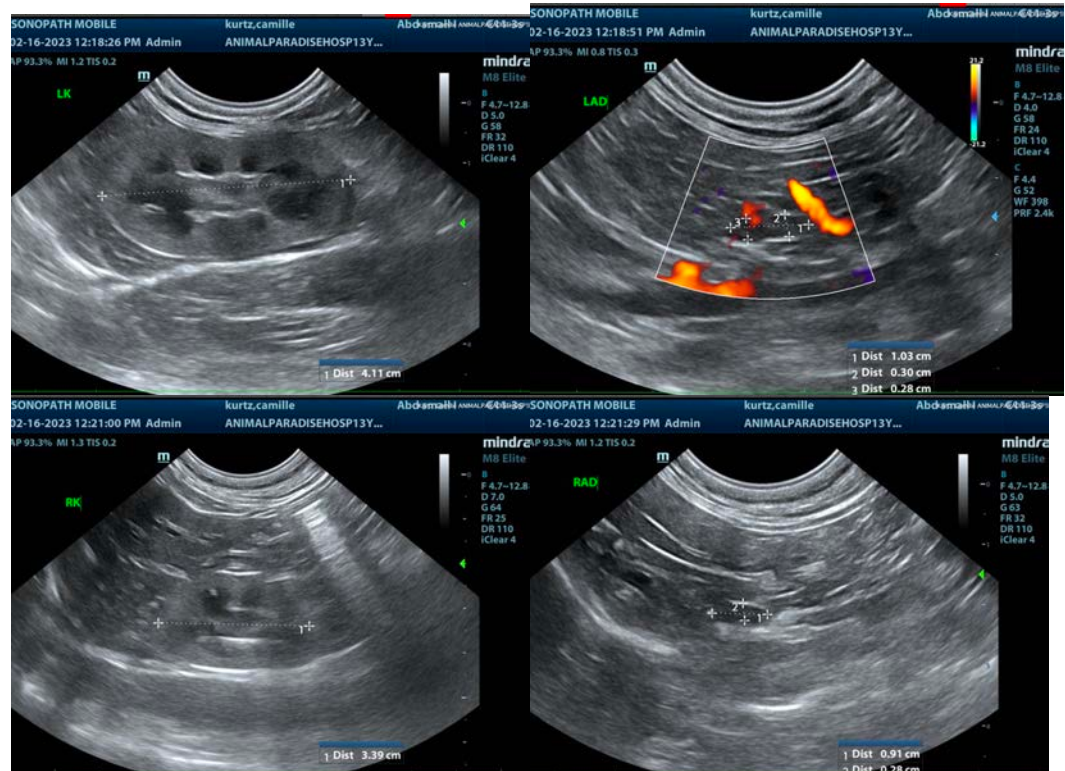
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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