



**PATIENT**

Jesco Cole

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

8 Years

**WEIGHT**

7.9 Pounds

**PRESENTING CLINICAL SIGNS**

suspect partial saddle thrombus- acutely down in hind end yesterday with cold limbs and poor pulses.

On clopidogrel, buprenorphine

Abnormal PE/Chem/CBC/UA Results: CBC wnl, ALKP elevated, ALT very elevated, T4 elevated; pro BNP normal

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

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		258	0.45	1.7	0.53	48	83
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		>2.0	1.9		0.8	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							

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Diane McFadden

**HOSPITAL NAME**

Rockaway AH

**REFERRING VET**

Dr. Kahn

**INVOICE**

35472

**DATE**

2/4/22

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART & ABDOMEN**

**Cardiac Presentation**

The cardiac presentation revealed moderate to severe volume overload. Tachyarrhythmia noted during the exam. Septal and free wall thickness were largely normal. Mitral and tricuspid insufficiency noted with trace pericardial effusion and minor pleural effusion. Smoke noted in the left atrium. The right atrium was also enlarged.

**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.

Iliac vasculature revealed normal volume.

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. The right kidney measured 4.44 cm. The left kidney measured 4.22 cm. Blood flow to the kidneys appeared to be mildly subnormal.



**PATIENT**

**Adrenal Glands**

Jesco Cole

The regions of the **adrenal glands** were unremarkable.

**SPECIES**

**Spleen**

Feline

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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DSH

**Liver**

**SEX**

The **liver** revealed a hypoechoic nodule in the right medial liver measuring 1.3 cm as well as a separate nodule in the left medial liver measuring 1.0 cm. The gallbladder was unremarkable.

Neutered Male

**Gastrointestinal**

**AGE**

8 Years

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.

**WEIGHT**

7.9 Pounds

**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.

**INTERPRETED BY**

Eric Lindquist, DMV

**ULTRASONOGRAPHIC FINDINGS**

DABVP, Cert. IVUSS

- Left and right-sided congestive heart failure with smoke and tachyarrhythmia
- Chronic interstitial nephrosis pattern
- Undefined hepatic nodules – Differentials include enodular hyperplasia, round cell neoplasia, and abscessation.

**IMAGING PERFORMED BY**

Diane McFadden

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**HOSPITAL NAME**

Rockaway AH

Unclassified cardiomyopathy present. Possible underlying myocarditis. Recommend off-label Pimobendan at 0.3 mg/kg BID, ACE inhibitor 0.5 mg/kg SID, Plaxix therapy, and Lasix at 6.25 mg BID. Recheck echo in one month. This patient is at risk for sudden death.

**REFERRING VET**

Dr. Kahn

Iliac vasculature revealed normal volume. I cannot rule out a distal clot. However, at the iliac trifurcation there was no thrombosis noted at time of sonogram. However, given the cardiac presentation, deep thrombosis is likely.

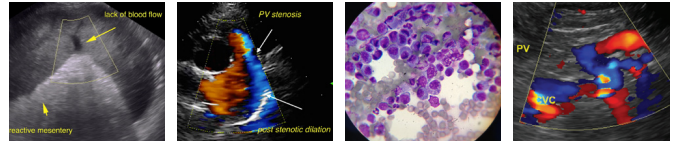
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Very guarded prognosis.



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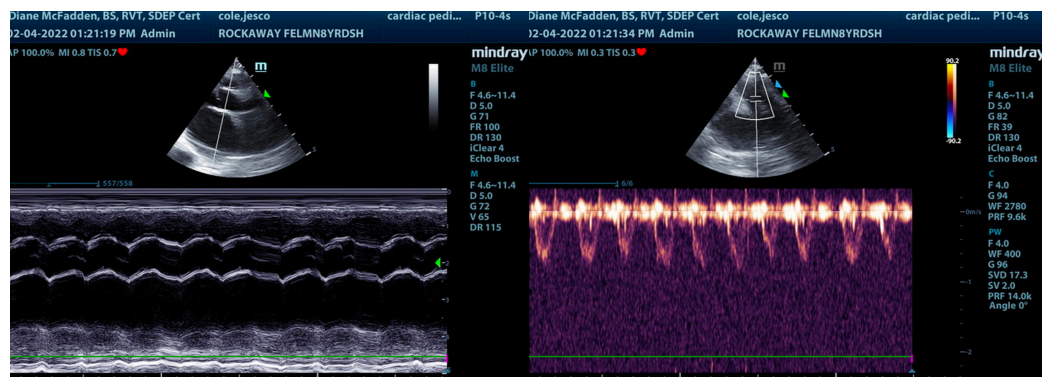
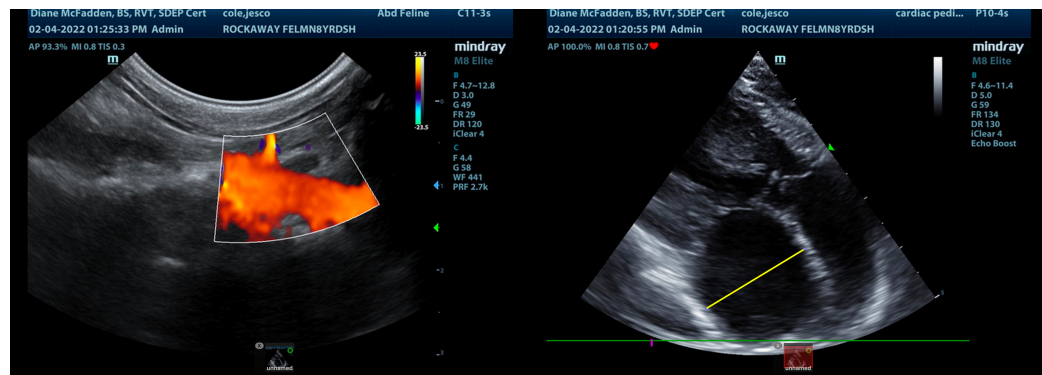
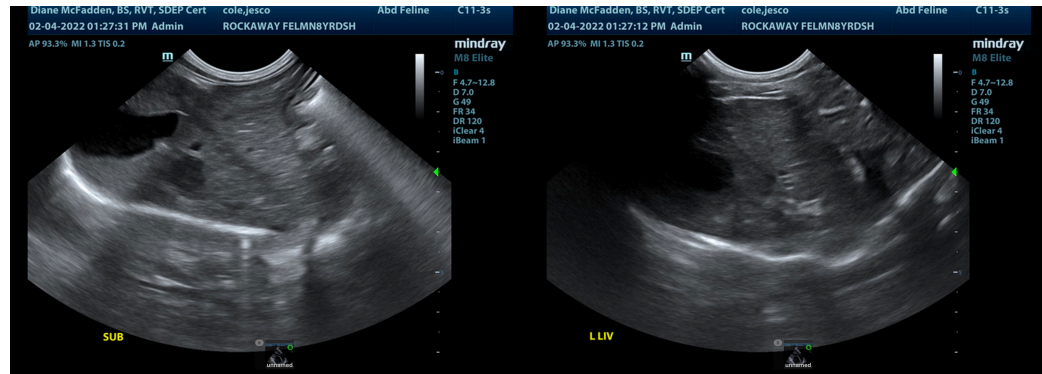
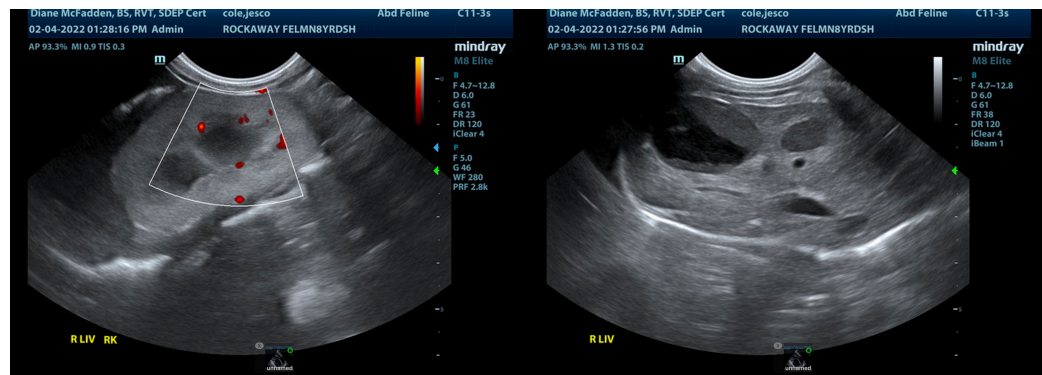
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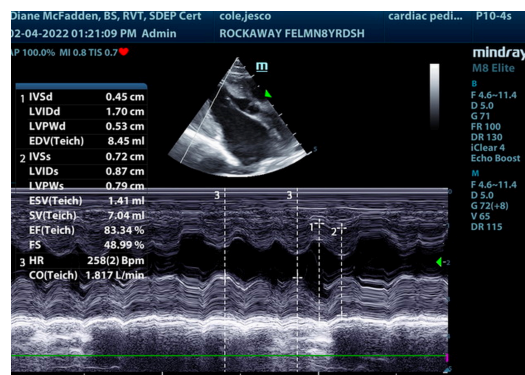
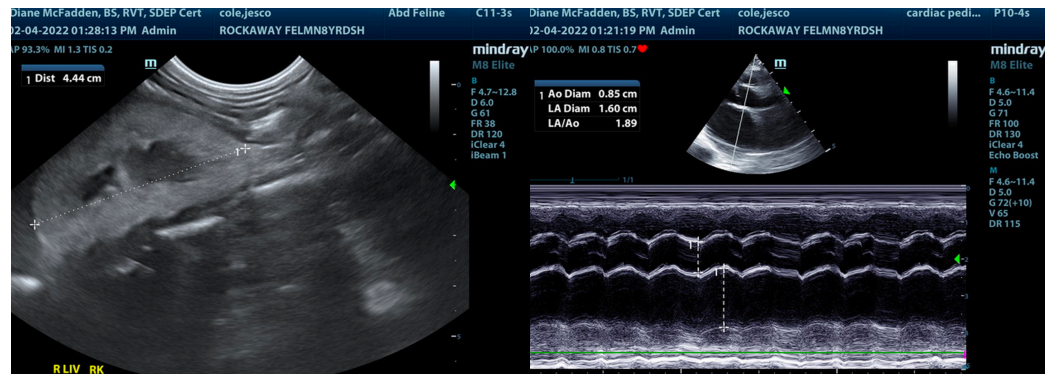
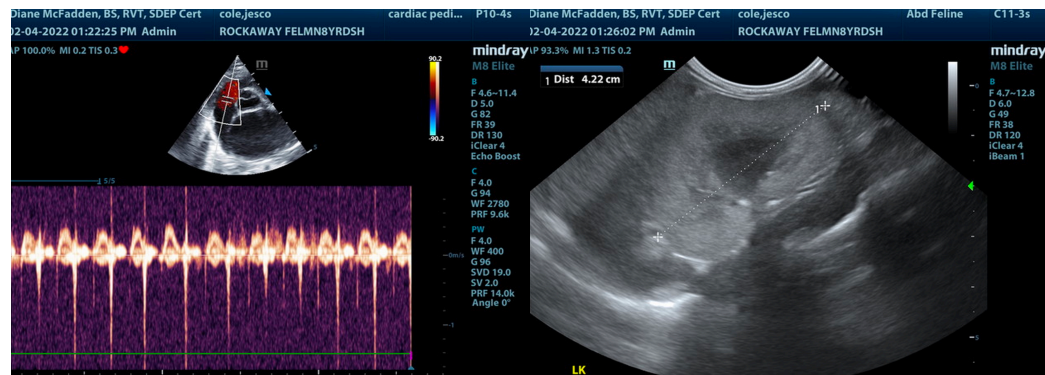
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com

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