



PATIENT

Mimi Feindt

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

14 Years

WEIGHT

6.7 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Newton Veterinary
Hospital

REFERRING VET

Dr. Timony

INVOICE

14438

DATE

03/19/26

PRESENTING CLINICAL SIGNS

- Cranial abd mass, hx hyperthyroid, pleural effusion, pos lymphoma, tachypnea, wt loss, lethargy, crackles in lungs bilateral, x-ray 2/14 cranial thorax lymphadenopathy, hepatomegaly

Abnormal PE/Chem/CBC/UA Results: wbc-23.6 neu-1628 mono-708 eos-3776 bun-42 sdma-17.7 na-161 k-3.3 amy-1737 t4-4.3

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	6.7	variable	0.58	1.5	0.67	--	--
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	2.06	2.0	--	--	0.70	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							

EPSS: 0.1

Cardiac Presentation

Cardiac presentation revealed severe volume overload on the left and right atria with periodic tachyarrhythmia. Smoke was noted in the left atrium. Slight pericardial effusion was present with a large amount of pleural effusion. Both right and left-sided failure appeared to be present as hepatic veins were dilated. Contractility was non-compensatory.

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 moderate 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 left kidney measured 3.01 cm in length. The right kidney measured 3.08 cm in length.

Adrenal Glands



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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 adrenal gland measured 0.46 cm width. The right adrenal gland measured 0.46 cm width.

Spleen

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

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. 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. Mild hepatic vein dilation was evident. A cystadenomatous type mass was noted measuring 2.0 cm yet appears likely benign.

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.

Free Abdomen

Slight ascites were noted throughout the abdomen.

ULTRASONOGRAPHIC FINDINGS

- Left and right-sided heart failure consistent with unclassified cardiomyopathy.
- Periodic tachyarrhythmia.
- Cystadenomatous liver mass with hepatic vein dilation.
- Slight ascites in the abdomen.
- Chronic renal changes.
- Volume contracted spleen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Pimobendan is indicated at 0.30 mg/kg BID, Plavix therapy at 62.5 mg SID, Lasix at 12.5 mg BID, ACEi at 1.5 mg/kg SID and palliative pleurocentesis could all be considered. Recommend focusing on the heart in this patient. Recheck echo is suggested in 3-4 weeks. The patient is at risk for sudden death. EKG and blood pressure monitoring is recommended.



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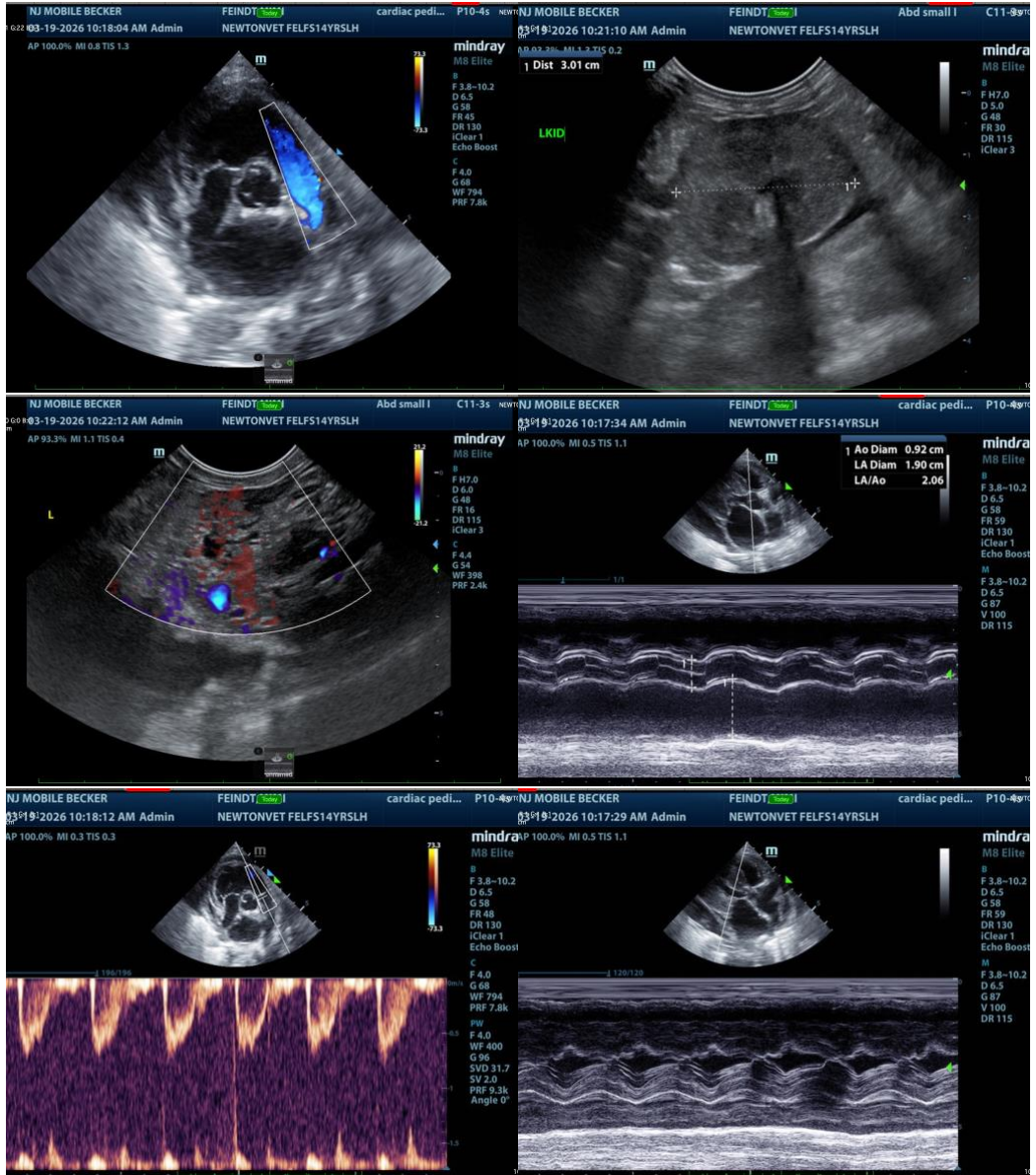
Dr. Timony

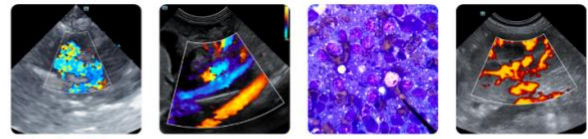
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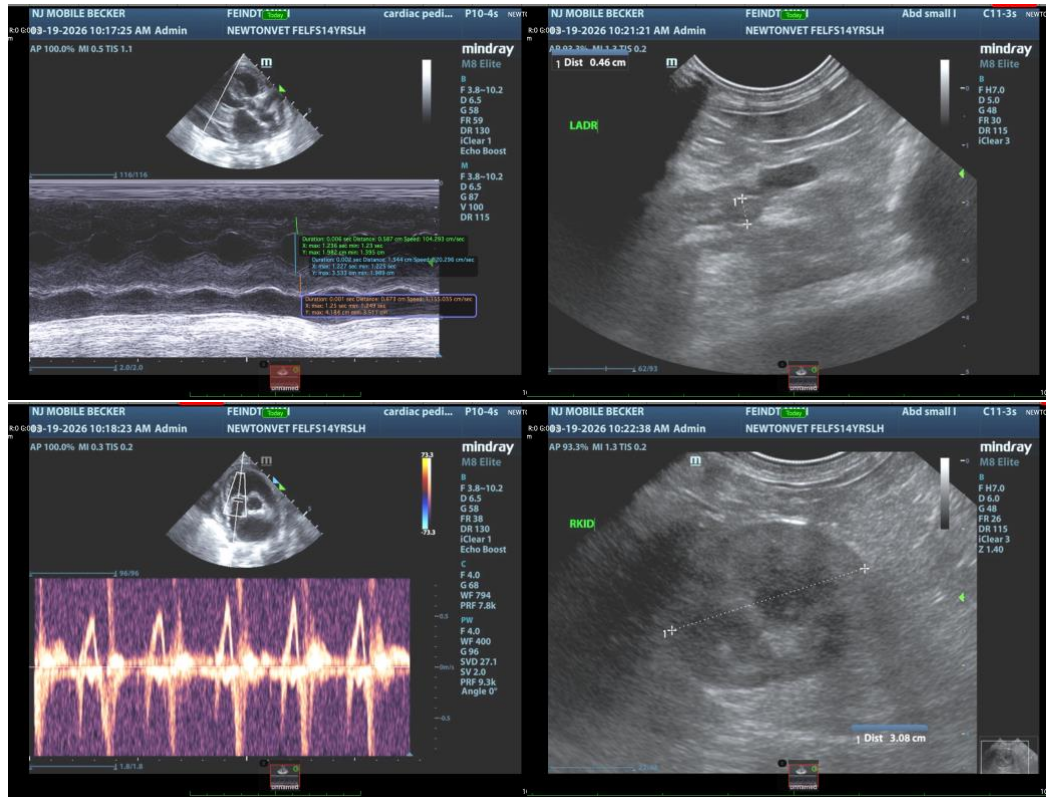
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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