



PATIENT

Cutie Pie Vivian

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

14 Years

WEIGHT

25 Pounds

PRESENTING CLINICAL SIGNS

Cardiomegaly on rads suspect pulmonary edema. Dyspnea. Diabetic Current meds: prozinc 4.5uBID, Lasix 2mg/kg (2x) Unasyn 250mg
Abnormal PE/Chem/CBC/UA Results: abnormal proBNP, abnormal FPL

ULTRASONOGRAPHIC EXAMINATION OF THE HEART & ABDOMEN

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	0.7	10	0.7		
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	1.2	1.5			0.84	1.04	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

Jessica Miller

HOSPITAL NAME

Newton Vet Hospital

REFERRING VET

Dr. Barron

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3/25/22

Cardiac Presentation

Left atrial size was normal. Mitral insufficiency present, yet without volume overload. The right atrium, right ventricle and tricuspid valve were unremarkable. A mild amount of non-cardiogenic pleural effusion noted in this patient. Excessive thoracic fat noted and may be creating the appearance of cardiomegaly.

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The **kidneys** presented moderate degenerative changes. Cortical infarct noted at the cranial pole of the left kidney with adjacent calculus. No evidence of active inflammation. Multiple infarcts and mineralization noted in the right kidney.

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 0.59 cm. The left adrenal gland measured 0.40 cm with slight pinpoint mineralizations noted.



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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.

Liver

The **liver** revealed minor cystadenoma. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

Some shadowing material was noted in the **stomach**, consistent with hairball accumulation. The small intestine and colon were unremarkable.

Pancreas

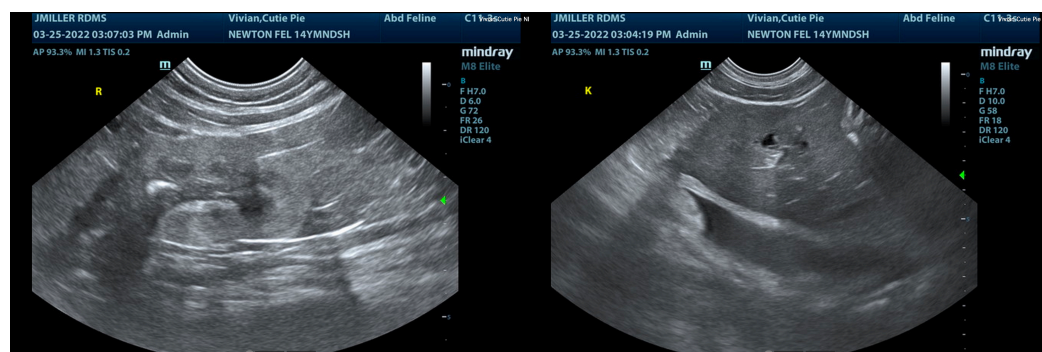
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Renal infarcts and dystrophy
- Mitral insufficiency
- Non-cardiogenic pleural effusion

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Left atrial size is normal in this patient. Therefore, I'm concerned for non-cardiogenic causes of pleural effusion. Low-dose Lasix can be continued. Full urinary workup warranted. No evidence of neoplasia. However, thoracic neoplasia/lymphomatosis, carcinomatosis or similar cannot be ruled out. Chest CT would be ideal in this patient. Pleurocentesis and cytospin of the free fluid recommended to assess for exfoliating neoplasia. Recheck echo in one week.





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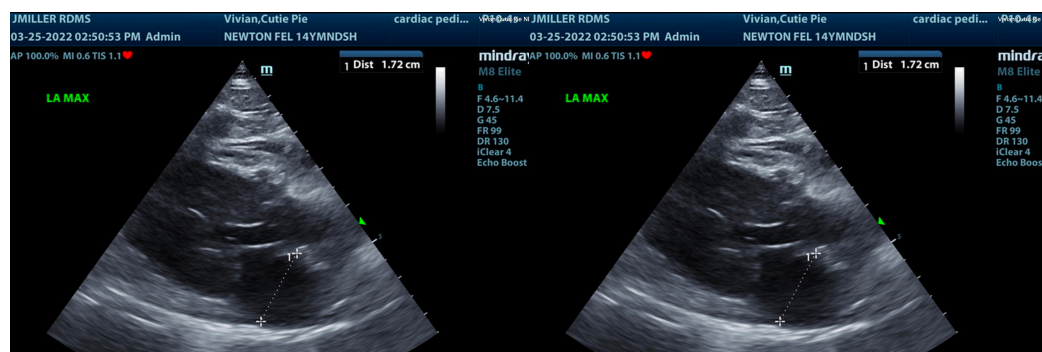
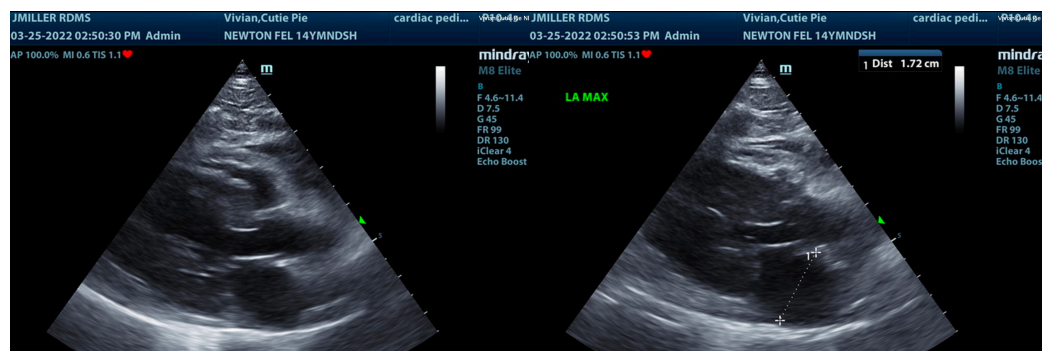
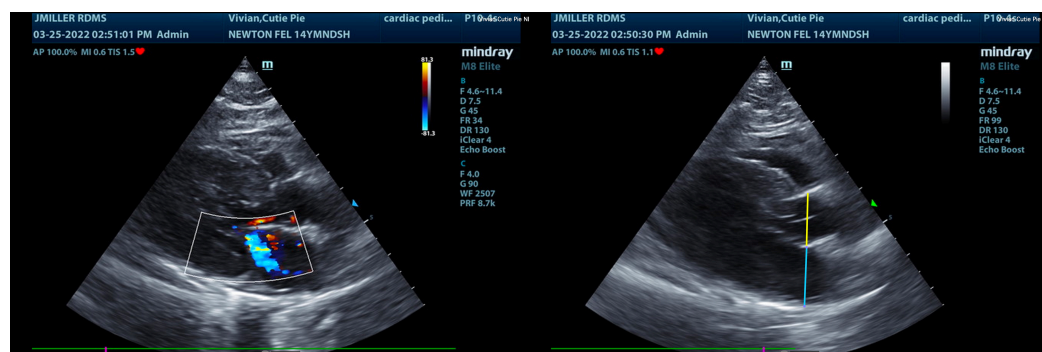
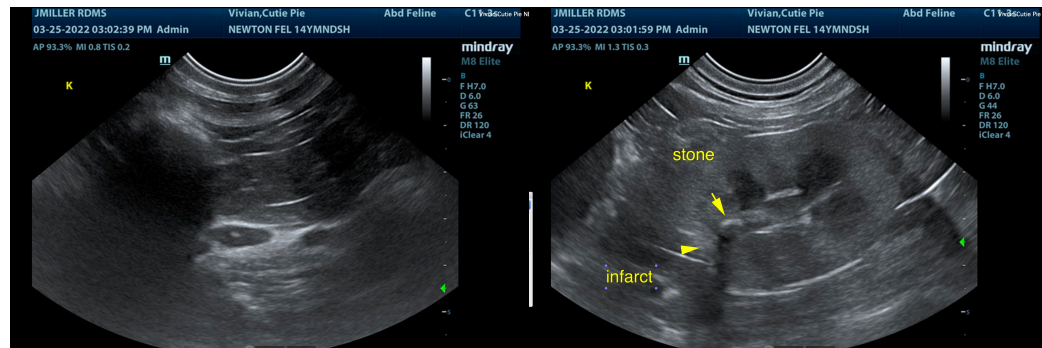
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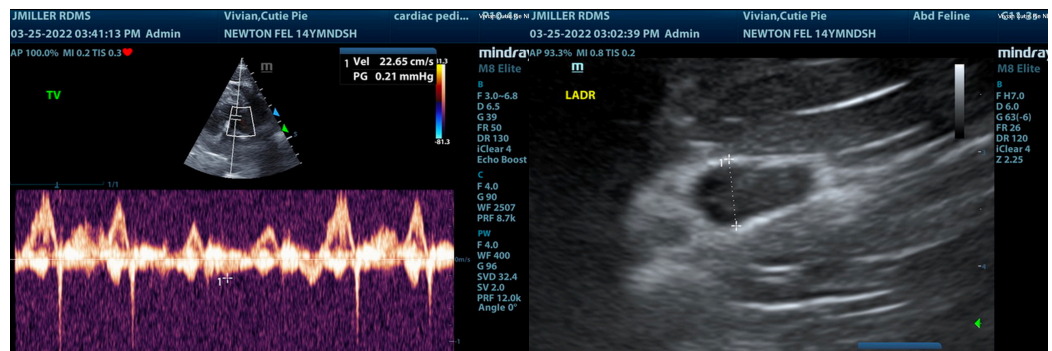
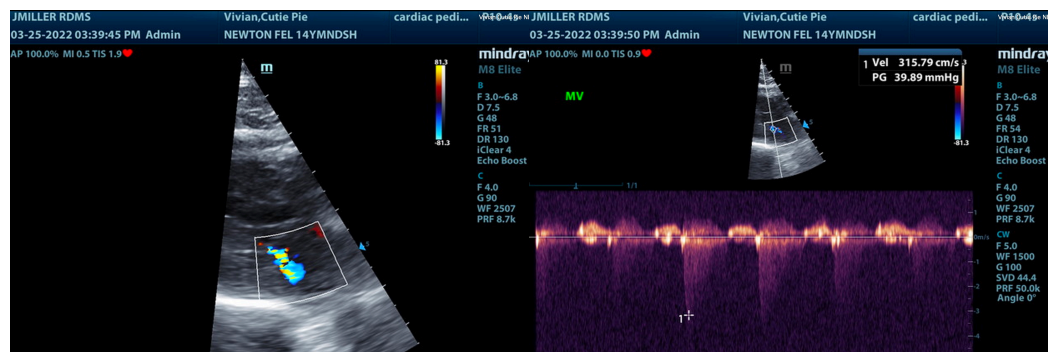
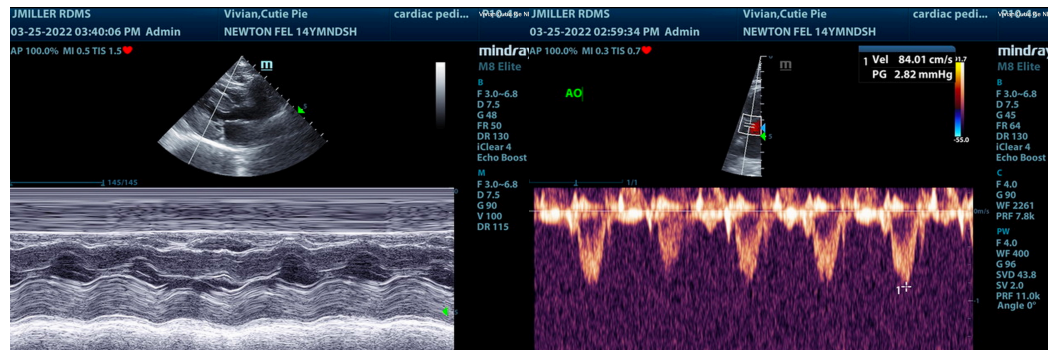
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 info@SonoPath.com