



PATIENT PRESENTING CLINICAL SIGNS

- PATIENT**
Fudge Gratale
 - SPECIES**
Feline
 - BREED**
DSH
 - SEX**
Neutered Male
 - AGE**
16 Years
 - WEIGHT**
7.15 Pounds
 - INTERPRETED BY**
Eric Lindquist, DMV, DABVP (Canine & Feline), Cert. IVUSS
 - IMAGING PERFORMED BY**
Vincent Ravancho, CVT
 - HOSPITAL NAME**
The Gentle Vet
 - REFERRING VET**
Dr. Dulude
 - INVOICE**
36412
 - DATE**
3/27/26
- Hx Renal dz + hepatic cyst-mass.
 - Last U/S 1/19/2026
 - Last Echo at Eclipse 8/2025 = HCM
 - HR 170, BP 140 mean systolic
 - Current medications - Amlodipine 1.25 1/4 SID, Cerenia Transdermal, Mirataz Transdermal, Famotidine Susp, SC fluids q30
 - Abnormal PE/Chem/CBC/UA Results: February - SDMA 23, Creat 3.2, BUN 75

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	7.15 lbs	NM	0.48	1.1	0.42	50	--
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	1.0	1.0	--		1.50	1.00	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: 1.1, EPSS: 0.1

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. Some myocardial remodeling was noted in this patient, yet the left ventricular thicknesses were normal, however, some remodeling may be reducing the overall size. **Contractility** and volumes were normal. 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. **Tricuspid** insufficiency (1.5 m/s) was noted. 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



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in the visible planes. The cranial **mediastinum and pericardial regions** were free of masses in the visible window.

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** presented moderate degenerative changes, irregular contour, and infarcts. The left kidney revealed an anechoic cyst (0.68 cm) at the dorsal cortex. The right kidney measured 3.7 cm. The left kidney measured 3.47 cm.

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 0.5 cm. The left adrenal gland measured 0.28 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** revealed a hypoechoic nodule, measuring 2.17 cm in the left cranial liver. This is similar to the prior sonogram. The echotexture of the liver nodule is concerning, especially if any weight loss is an issue. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as 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

- Mild myocardial remodeling, measurably normal at this time.
- Normal contractility
- Minor tricuspid insufficiency, not clinically significant



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- Renal dystrophy
- Subjectively benign hyperplastic nodule in the liver
- Chronic GI changes

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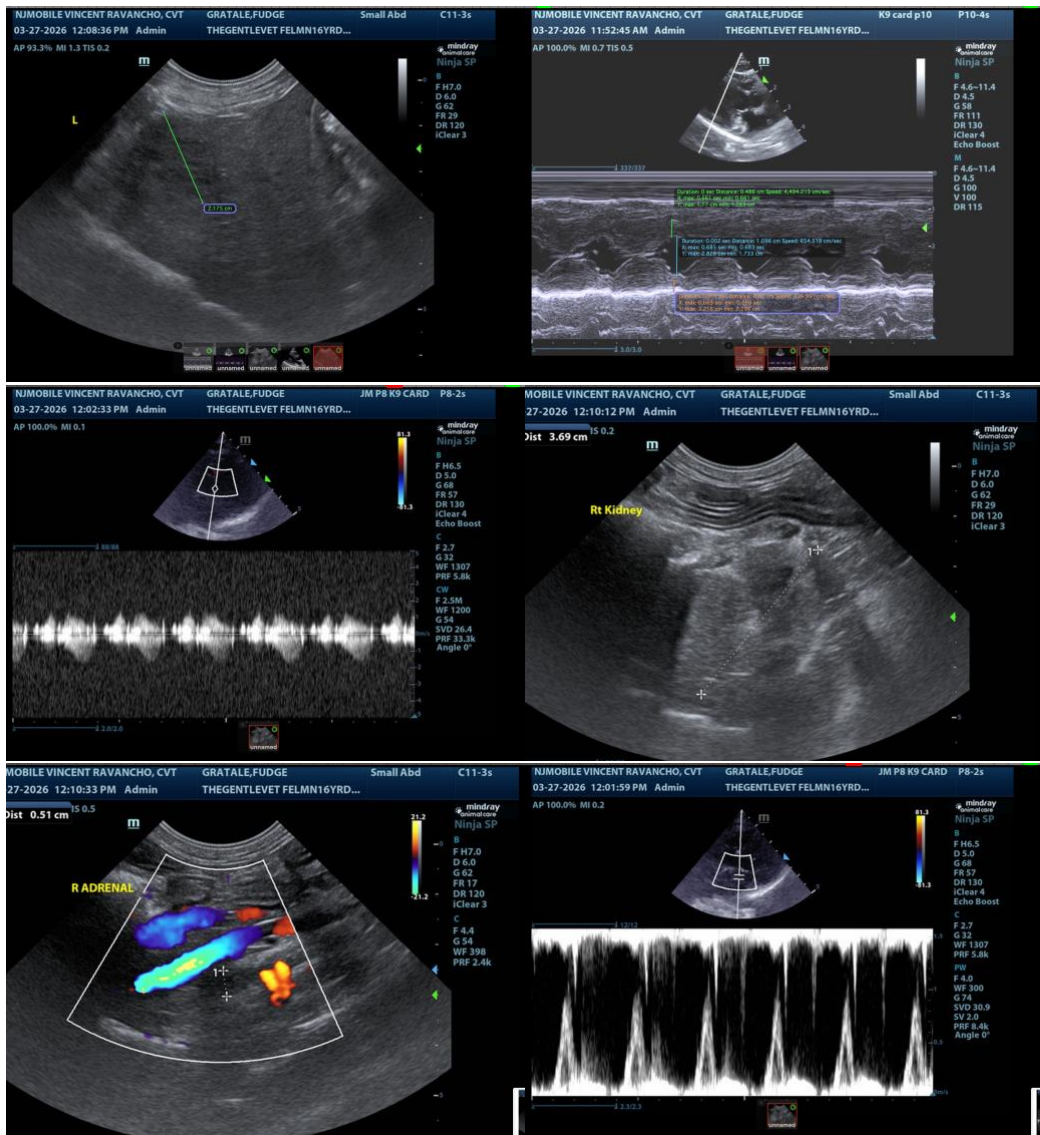
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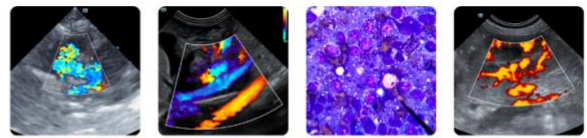
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Variable myocardial thickening can occur temporarily owing to systemic effects or some remodeling can cause variability and measurement thicknesses, yet no evidence of structural or functional disease is noted at this time. Ultrasound guided FNA of the liver nodule is recommended. The kidney changes have significantly progressed in this patient. Systemic hypertension, hyperthyroidism, as well as any urinary sediment should be monitored carefully in this patient. Recommend focusing primarily on the kidneys, as far as longevity in this patient.





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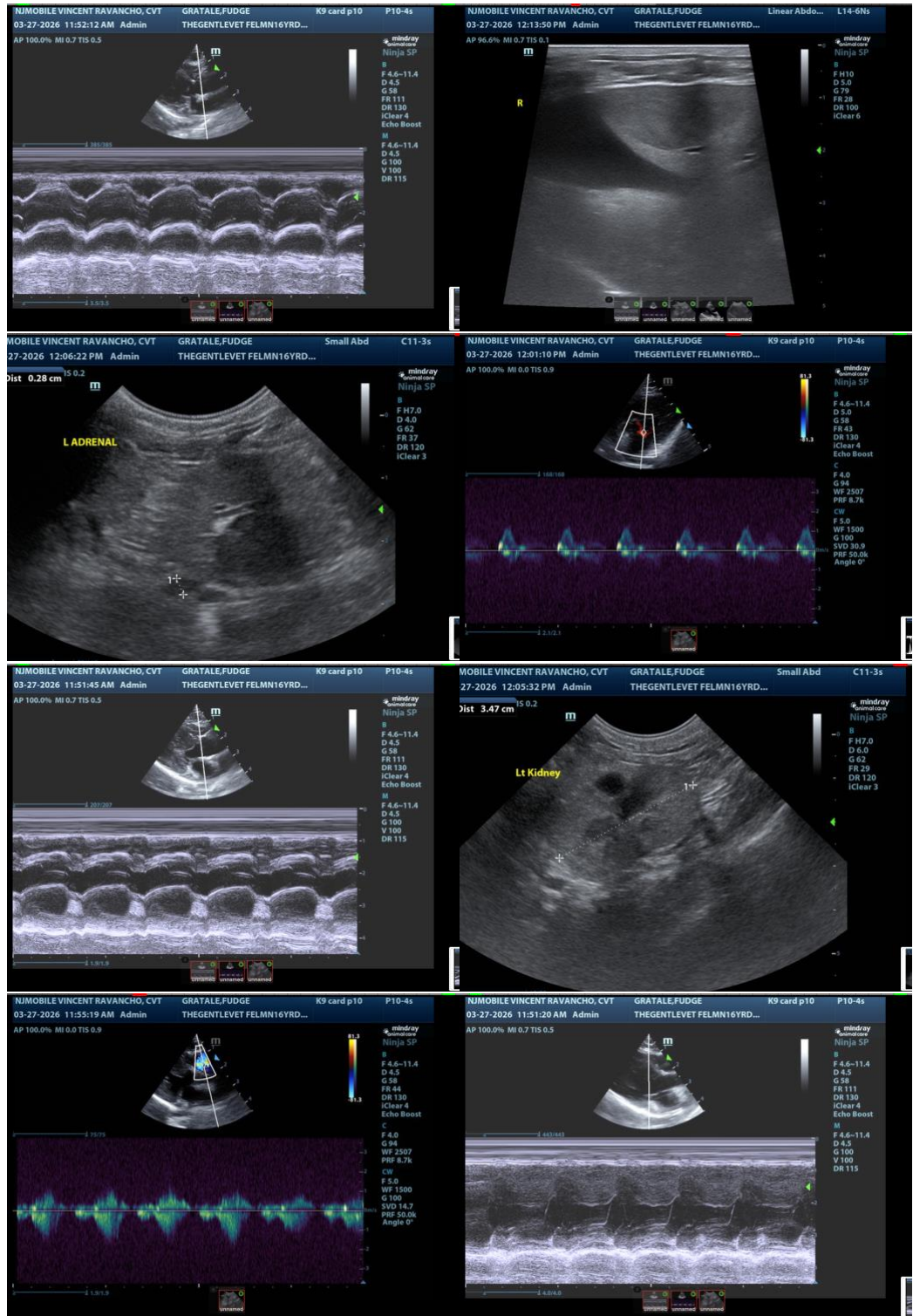
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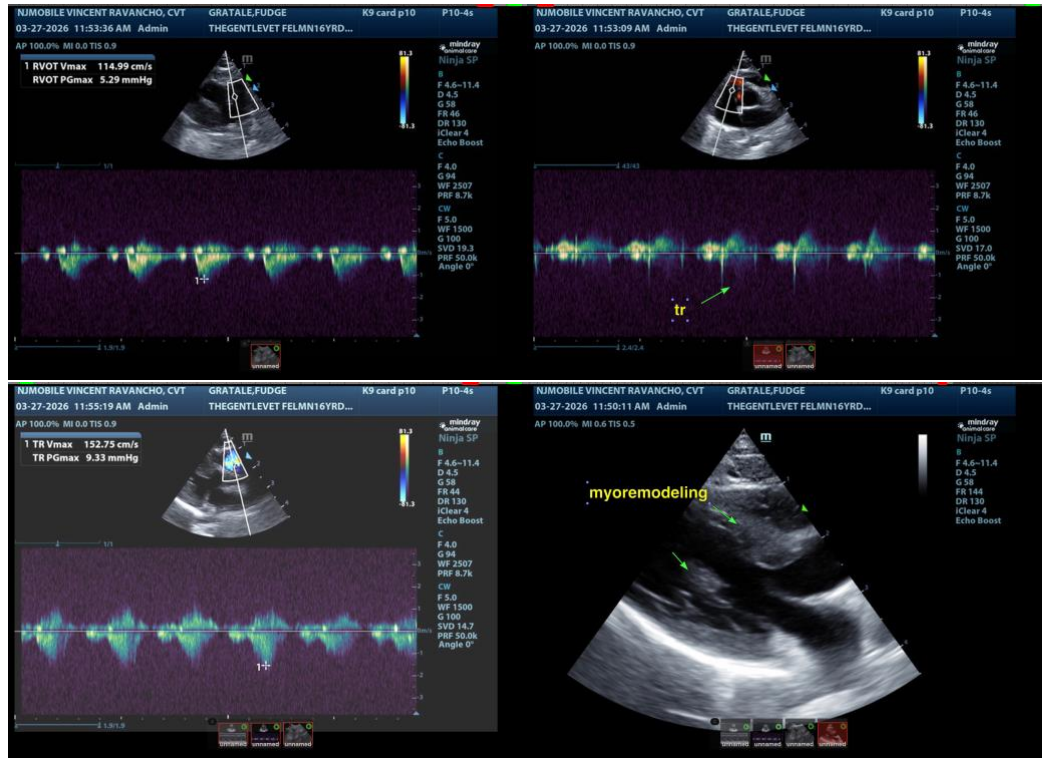
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,
 CEO, Owner, Founder -- SonoPath.com
info@SonoPath.com