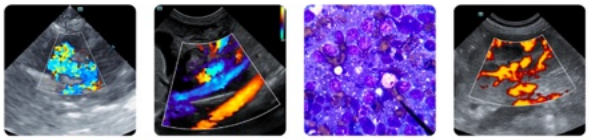


PATIENT

Rocket Roberts

SPECIES

Feline

BREED

Domestic Medium Hair

SEX

Neutered male

AGE

11 years

WEIGHT

7.5 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Ashley Whitesell

HOSPITAL NAME

Dickson AC

REFERRING VET

Dr. Hovis

INVOICE

72162

DATE

3/3/26

PRESENTING CLINICAL SIGNS

- History: labored breathing,
- Bloodwork WNL
- Enlarged heart on radiographs
- Blood Pressure Measurement Cuff Size 2, Location right forelimb, Systolic 157 mmHg, Diastolic 107 mmHg, MAP 121 mmHg, HR 207 bpm

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 1.0 cm beyond the cystourethral junction and appeared normal. 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 was 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 4.0 cm. The right kidney measured 4.3 cm with cortical infarcts and pelvic mineralization.

Adrenal Glands

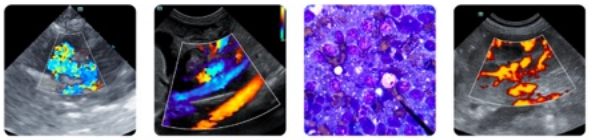
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.33 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 was noted.

Liver

The **liver** revealed uniform hepatic enlargement present. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Minor passive congestion pattern ws noted with minor dilated vena cava and hepatic veins. 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



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LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

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 EXAMINATION OF THE HEART

The echocardiogram in this patient presented severe **mitral insufficiency** with **left atrial** enlargement and slight **pericardial effusion** without tamponade effect. Pleural effusion was also noted. **Contractility** was poor. The **left ventricular** wall was thin with inadequate, non-compensatory contractility. The **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted or chamber overload. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. **Aortic velocity** was excessive. **Tricuspid** insufficiency was also noted at 2.0 m/sec. Arrhythmogenic activity was noted.

FELINE CARDIAC PARAMETERS	**BODY WEIGHT**	**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	7.5 lbs	200	0.48	2.0	0.41	30	70
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	>2.5	1.7	2.1		3.8	1.0	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

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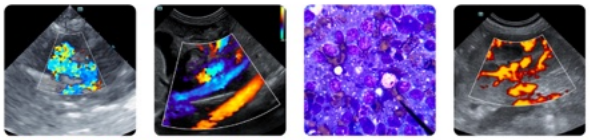

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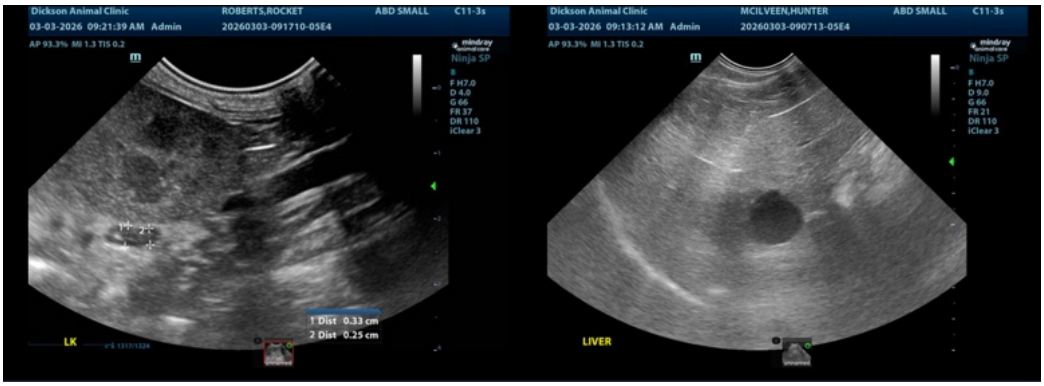
ULTRASONOGRAPHIC FINDINGS

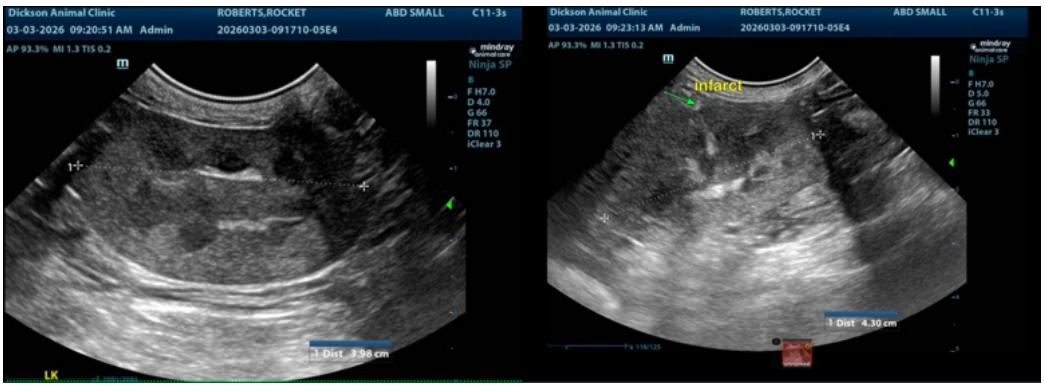
Age related abdominal changes.

Unclassified cardiomyopathy with left and emerging right-sided heart failure and arrhythmogenic activity. Underlying myocarditis is also a potential.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend initiating Pimobendan off label at 0.3 mg/kg b.i.d. Plavix therapy, Lasix at 12.5 mg b.i.d. diminishing to minimal effective dose based on radiograph findings and respiratory rate. Ace inhibitor therapy is also indicated. The prognosis is guarded. Recheck echocardiogram is recommended in 2 weeks to assess for refinement of therapy. The patient is at risk for sudden death. EKG is indicated.





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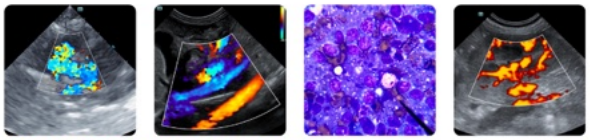

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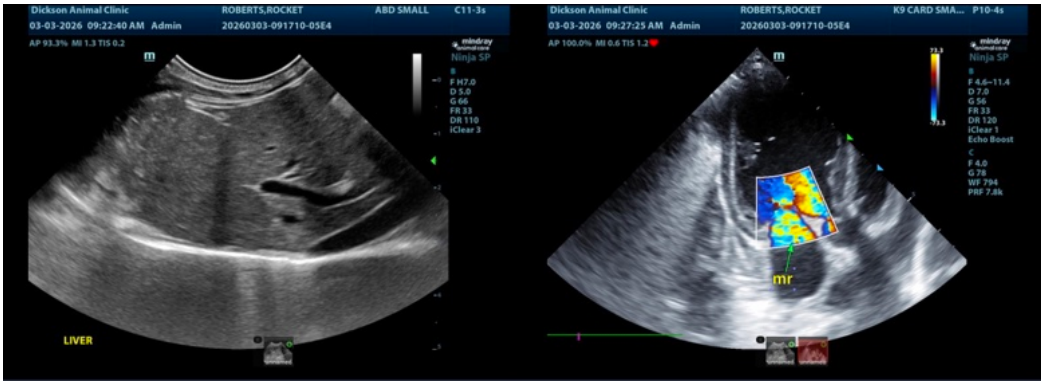

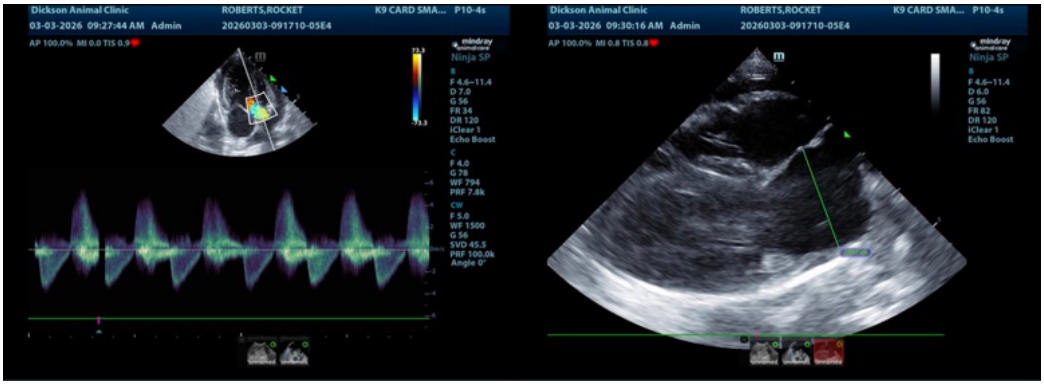

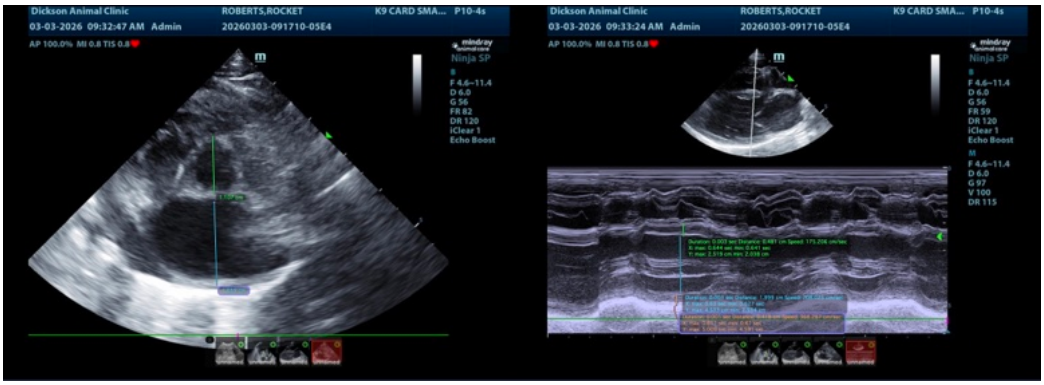

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 of SonoPath.com

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