

PATIENT PRESENTING CLINICAL SIGNS

Sasha Shusterman History: Lethargy, decreased appetite, hepatomegaly. Medication: Convenia

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline **Urinary System**

BREED Domestic Longhair 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 was noted. Ureteral papillae were normal.

SEX Neutered Male The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 4.71 cm. The left kidney measured 4.7 cm.

AGE 2010

Adrenal Glands

WEIGHT 10.5 lbs 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 and right adrenal gland measured 0.4 cm.

INTERPRETED BY

Eric Lindquist, DMV
 DABVP, Cert. IVUSS

Spleen

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

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.

HOSPITAL NAME

New Britan

Liver

REFERRING VET

Dr. Bandekar

The **liver** was mildly hyperechoic to the falciform fat with uniform parenchyma. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal.

INVOICE

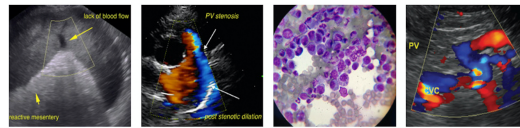
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Gastrointestinal

DATE

3/8/23

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.



PATIENT *Pancreas*

Sasha Shusterman

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.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

BREED

Domestic Longhair

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. The **left ventricle** presented normal thicknesses with linear contour and was not dilated nor restricted. The **myocardium** presented normal echogenicity without subjective evidence of significant fibrotic or ischemic disease. **Contractility** of the ventricular walls was adequate and in normal range for this patient evidenced by the fractional shortening measurement and subjective evaluation of the different regions and angles of the myocardium. 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** valvular assessment demonstrated adequate linear morphology and kinetics. 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). A large amount of pleural effusion was noted in this patient with areas of irregular lung consolidation. Irregular pleura was noted. An overt, mineralizing lung mass was noted and measured 2.0 x 3.0 cm.

SEX

Neutered Male

AGE

2010

WEIGHT

10.5 lbs

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| 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 | | 1.2 | | | |
| 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 | | | 1.4 | | | 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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ULTRASONOGRAPHIC FINDINGS

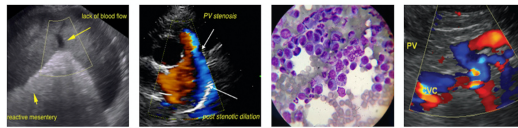
Non-cardiogenic pleural effusion with lung consolidation and irregular pleura.

DATE

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Overt, mineralizing lung mass was noted.

Hyperechoic liver.



PATIENT

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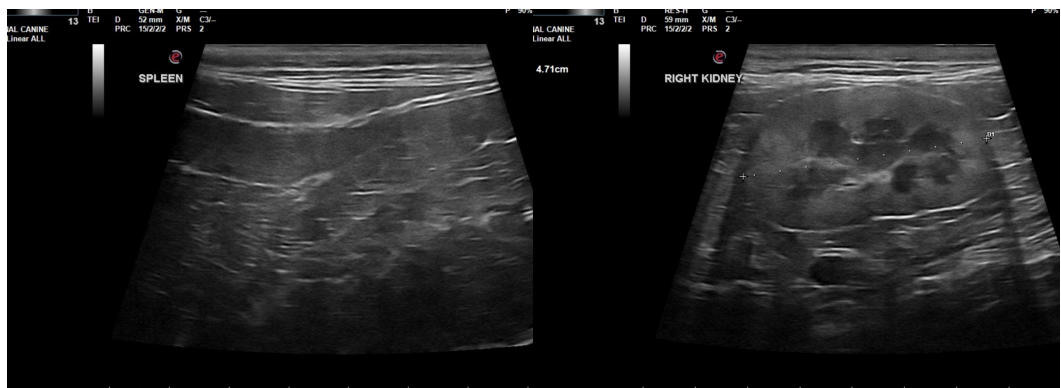
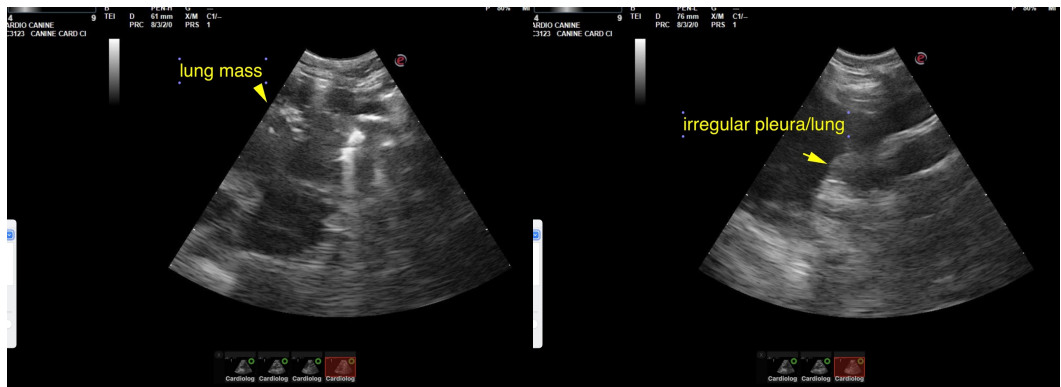
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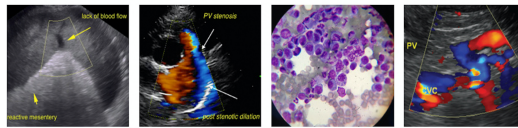
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The lung mass is most consistent with thoracic carcinomatosis type presentation. Pleurocentesis of the chest with cytospin and/or FNA of the lung mass is warranted for a definitive diagnosis. The abdomen is unremarkable. The heart is not a clinical player in this patient. Prognosis is guarded to poor depending on cytology results.





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Domestic Longhair

SEX

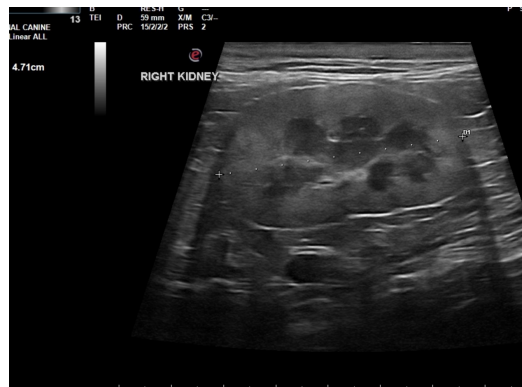
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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