



PATIENT

Riley Kurtz

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

15 Years 8 Months

WEIGHT

11.1 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Vincent Ravancho, CVT

HOSPITAL NAME

Animal Paradise
Hospital

REFERRING VET

Dr. Elshafie

INVOICE

74142

DATE

4/1/26

PRESENTING CLINICAL SIGNS

R/o possibility of urethral blockage, better characterize any functional/structural pathology of mild generalized cardiomegaly. Moderately urinary bladder distention. Grade III-IV/VI murmur; slightly increased compared to past visits.

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	11.1	180	0.59	1.5	0.5	45	90
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	1.3	1.2	1.0	0.86	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							

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.. 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. Minor **tricuspid** insufficiency noted, not clinically significant. 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 in the visible planes. The cranial **mediastinum** and **pericardial** regions were free of masses in the visible window.

Urinary System

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or



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sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The **kidneys** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis, yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. The right kidney measures 3.67 cm. The left kidney measures 4.5 cm.

Adrenal Glands

The **left adrenal gland** is 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. Left measures 0.40 cm.

The region of the **right adrenal gland** is unremarkable.

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** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume, and no evidence of congestion was noted. Gallbladder sand and lobar biliary calculi noted.

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.

Free Abdomen

The mesenteric **lymph nodes** presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.



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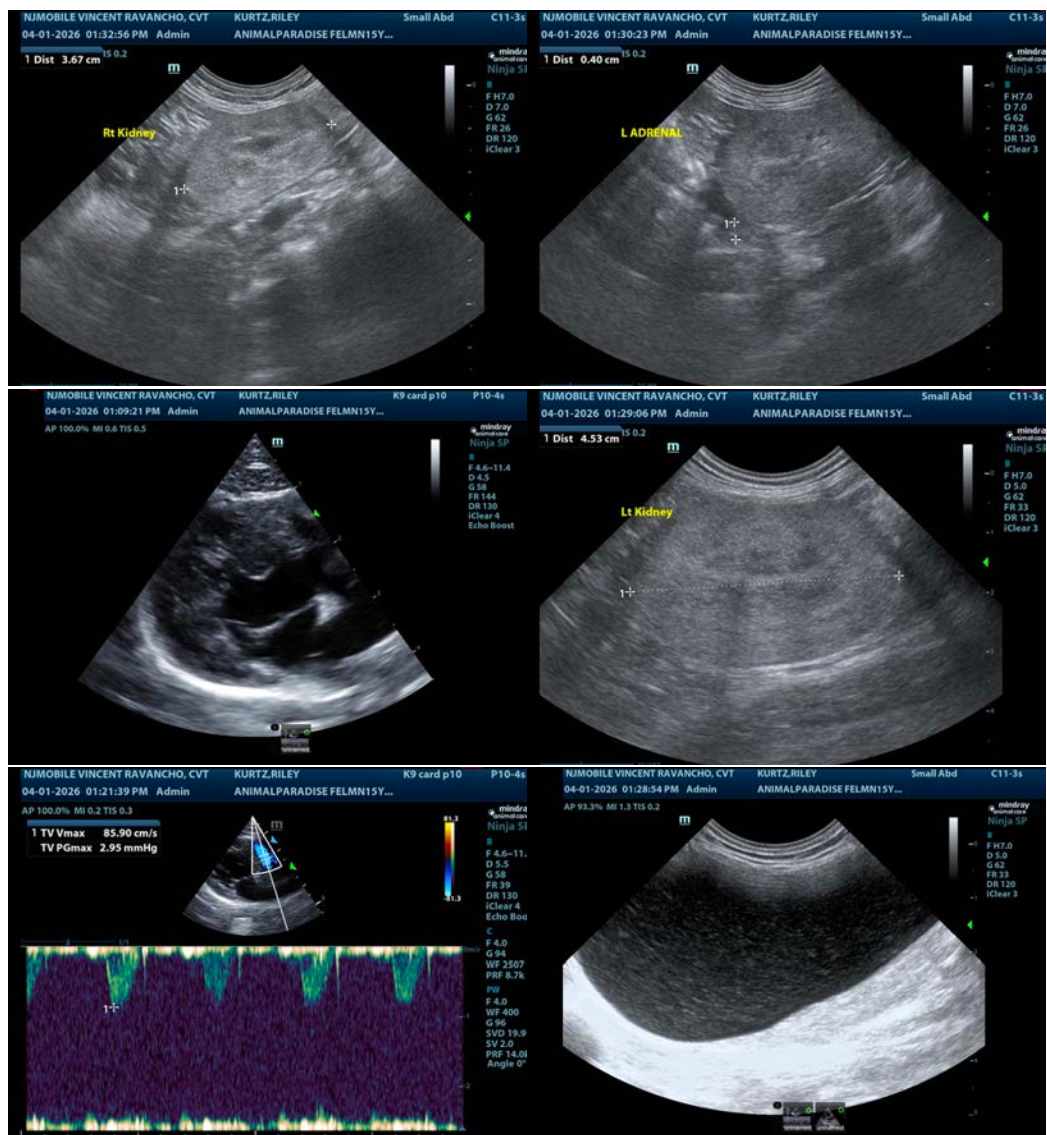
4/1/26

ULTRASONOGRAPHIC FINDINGS

- Minor tricuspid insufficiency, clinically insignificant. Normal echocardiogram otherwise.
- Diffuse intestinal thickening – chronic IBD GI pattern.
- Reactive mesenteric lymph nodes.
- Lobar biliary calculi and mineralization.
- Moderate degenerative renal changes.
- Urinary bladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of structural lower urinary tract disease. Ursodiol therapy warranted as an attempt to dissolve the biliary calculi. Urinary workup, culture and sensitivity indicated. Environmental factors/stressors should be considered as well, yet no evidence of structural lower urinary tract disease.





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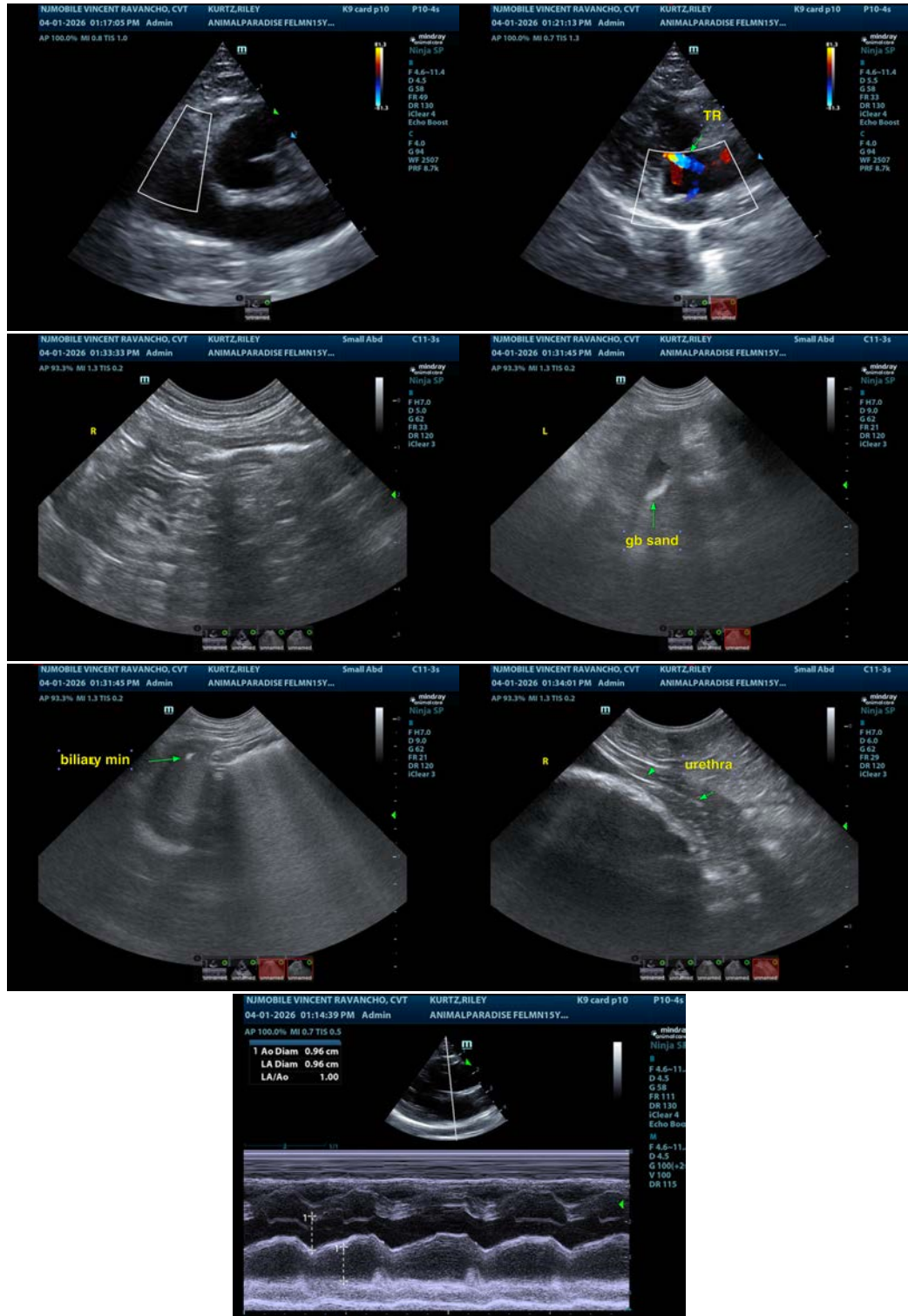
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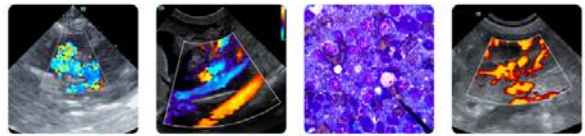
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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

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