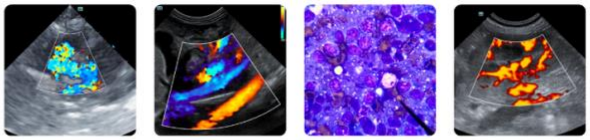


PATIENT

Bailey Kuykendall

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

10 Years

WEIGHT

5.2 kg

INTERPRETED BY

Eric Lindquist, DMV, DABVP (Canine & Feline), Cert. IVUSS

IMAGING PERFORMED BY

Jolee Stegemoller, DVM

HOSPITAL NAME

North Idaho AH (VCA)

REFERRING VET

Jolee Stegemoller, DVM

INVOICE

37086

DATE

5/12/26

PRESENTING CLINICAL SIGNS

History: Presented 3 weeks ago for pre-op labs for dentistry (unremarkable), but started having weight loss, lethargy, and inappetence last week. On 5/8 had gallop rhythm and possible pain on abdominal palpation. Sent out recheck labs with cardiac proBNP.

Abnormal PE/Chem/CBC/UA Results: 4/14/26 - HCT 45%, TP 8.0, Alb 3.3, Glob 4.7, BUN 25, SDMA 8.8, Cre 1.6, USG 1.045, 1+ proteinuria, 1+ blood, 4-10 RBC/hpf (Antech) 5/9/26 - HCT 48%, Eos 1.285, SDMA 16, Cre 2.8, BUN 49, Na 14, K 2.9, Cl 88, TP 8,9, Alb 3.5, Glob 5.4, CK 521, Cardiopet proBNP 1427, USG 1.019, Trace proteinuria, RBC 6-10/hpf, WBC 0-2/hpf Urine culture pending.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART & ABDOMEN

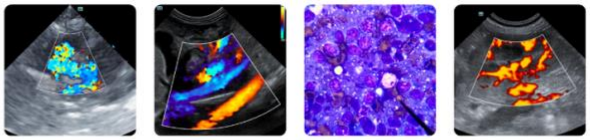
FELINE CARDIAC PARAMETERS	**BODY WEIGHT** (kg)	**HR** (BPM)	**IVSd** (cm)	**LVIDd** (cm)	**LVWd** (cm)	**FS** (%)	**EF** (%)
NORMAL PARAMETER	------	150-240	0.3-0.6	1.0-2.1	0.25-0.6	35-67	80-100
PATIENT	5.2	200	0.55	0.9	0.55	50	80
FELINE CARDIAC PARAMETERS	**LA/AO** (M-mode)	**LA/AO HEART BASE** (Sisson)	**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	--	1.3	1.5		--	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

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size and structure with no evidence of "smoke" or thrombi. The cranial and caudal **mitral** valve leaflets appeared mildly thickened with some insufficiency noted on Doppler. Myocardial remodeling was noted in this patient with sectorial hypertrophy. The patient appeared volume contracted; however, b-lines were noted in the peripheral lung fields. **Contractility** of the ventricular walls was considered excessive for this patient evidenced by the elevated fractional shortening measurement. The **left ventricular outflow** tract demonstrated turbulent laminar flow. Subjective assessment of the **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted. **Tricuspid** valvular assessment demonstrated linear morphology. The **right ventricle** was of normal size with normal chordae structure, myocardial echogenicity and thickness. **Pulmonic** tract assessment revealed normal valve structure, laminar flow, and diameter. No visible **pericardial** or free pleura fluid was noted. No echographically detectable evidence of infiltrative disease was visible. The **mediastinum** was free of masses in the visible window.

Urinary System



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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** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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. The left kidney measured 4.2 cm. Pelvic mineralizations were noted in the left kidney, nonobstructive. The right kidney measured 4.55 cm.

Adrenal Glands

The regions of the **adrenal glands** revealed no evident pathology.

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 submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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 FINDINGS

- Left ventricular hypertrophy
- Temporary myocardial thickening versus pseudohypertrophy or mild HCM phenotype (non-clinical).
- Nonspecific age-related renal changes with pelvic calculi in the left kidney

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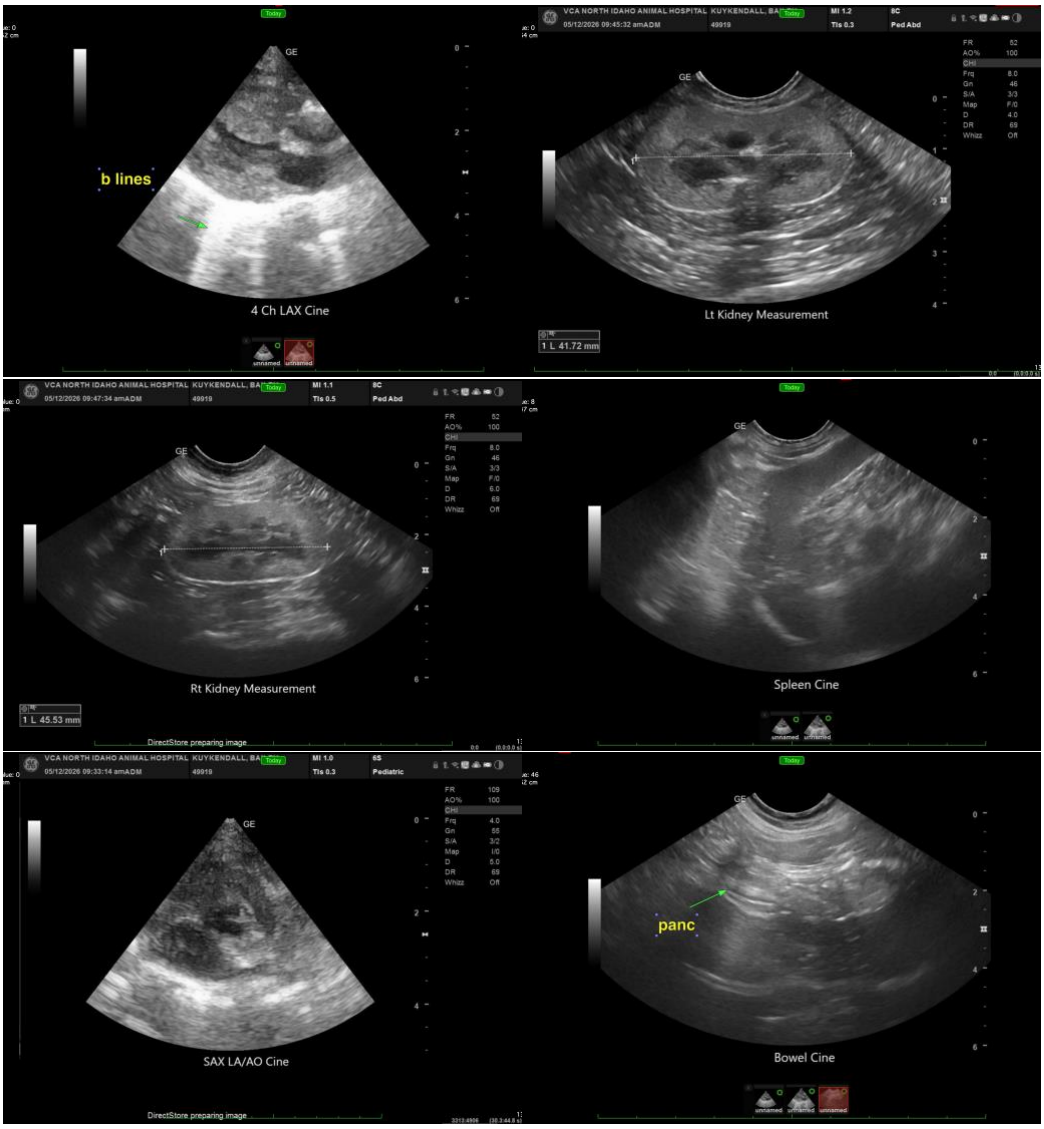
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No volume overload was noted in this patient. Wall thicknesses may be artificially thickened owing to volume contraction. Chest radiographs are warranted to assess for pulmonary disease. Recommend volume restitution in this patient. Blood pressure and thyroid assessment are recommended if not already performed. The kidneys appear to only have mild degenerative changes. Recent passage of calculi is a potential, yet no obstructive disease was noted at this time.

Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.



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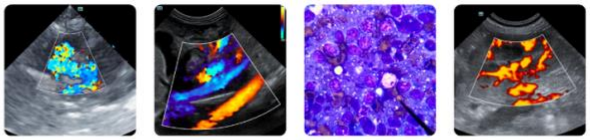

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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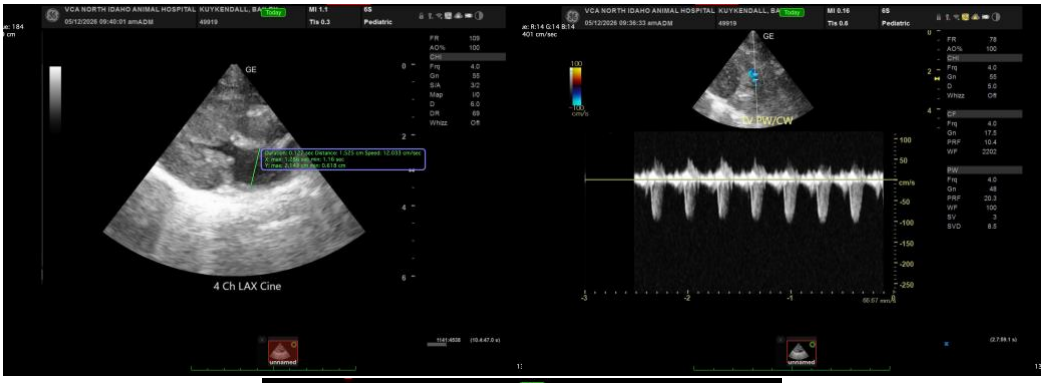

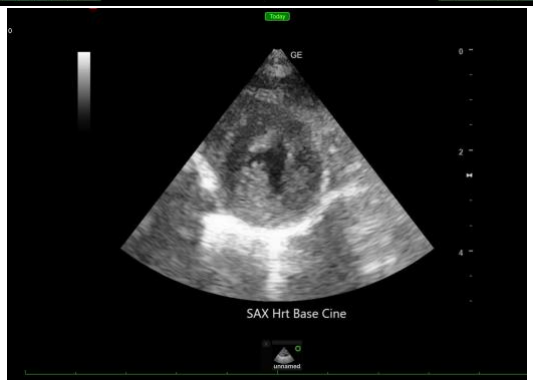

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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