

**PATIENT**

Minka Kovacevich

**SPECIES**

Feline

**BREED**

DLH

**SEX**

Spayed Female

**AGE**

19 Years

**WEIGHT**

6 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Amanda Stewart

**HOSPITAL NAME**

Halton Peel AH

**REFERRING VET**

Dr. Walters

**INVOICE**

35943

**DATE**

5/5/26

**PRESENTING CLINICAL SIGNS**

History: Drooling, dysphagia, (pain if try to open mouth), drinking (++) out of toilet; 1 cm lump visible on floor of mouth under tongue.

Current Medications: Buprenorphine sublingual 0.2 mg/ml @ 0.3 ml 2-3 times/day

Abnormal PE/Chem/CBC/UA Results: Values ALP 124 (N 6-122 U/L), ALT 232 (N 6-109 U/L), urea 14 (N 5-13 mmol/L), creatinine 195 (N 50-180 umol/L), sodium 162 (N142-160 mmol/L), lymphs 0.49 (N 1.15-7.5 x 10E9/L); Total T4 141.3 (N 13-56 nmol/L) Radiographic Findings Pending Primary Question to Be Answered in This Exam Reason for drooling.

**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	6	216	0.43	1.3	0.42	42	77
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	--	0.95	--		>1.00	1.04	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 **left atrium** appeared subjectively volume contracted. 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. Some myocardial remodeling was noted. **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). 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. The patient was tachycardic.



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**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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The **kidneys** revealed subnormal size, moderate degenerative changes, slight pyelectasia, irregular contour and echogenic cortical remodeling. Mild enhanced pericapsular inflammatory pattern was noted, consistent with nonspecific nephritis. The right kidney measured 2.6 cm. The left kidney measured 3.14 cm. Blood flow to the kidneys appeared to be adequate on power doppler assessment.

**Adrenal Glands**

The **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 0.52 cm. The right adrenal gland measured 0.45 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** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild 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. 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 LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

**Gastrointestinal**

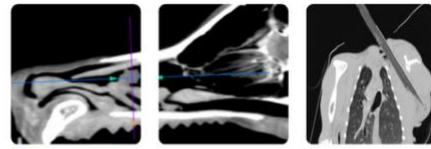
Structurally the **GI tract** appears unremarkable with a minor amount of ingesta in the stomach.

**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**

- Volume contracted normal heart
- Some myocardial remodeling
- No evidence of cardiac disease, other than tachycardia.



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- Subacute on chronic nephritis pattern
- Minor stomach ingesta
- Geriatric abdomen

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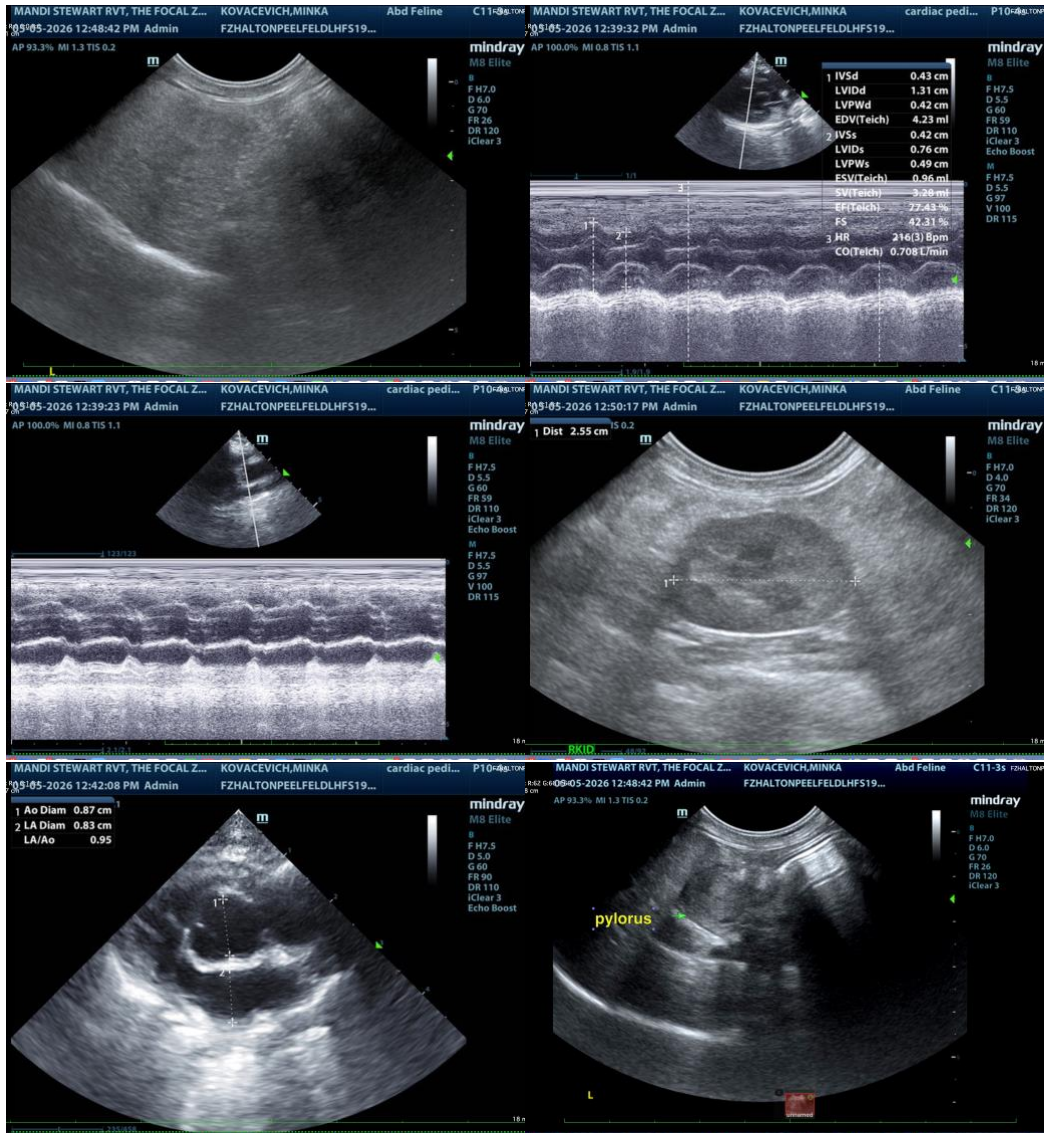
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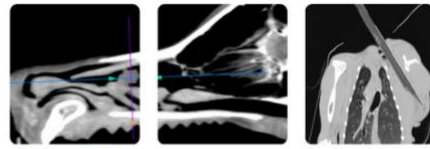
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Hypovolemia/dehydration should be considered in this patient. Full urinary work up is warranted. The cause of drooling is unclear. GI protectant protocol is warranted, however, cannot rule out oral or esophageal disease as an underlying cause.





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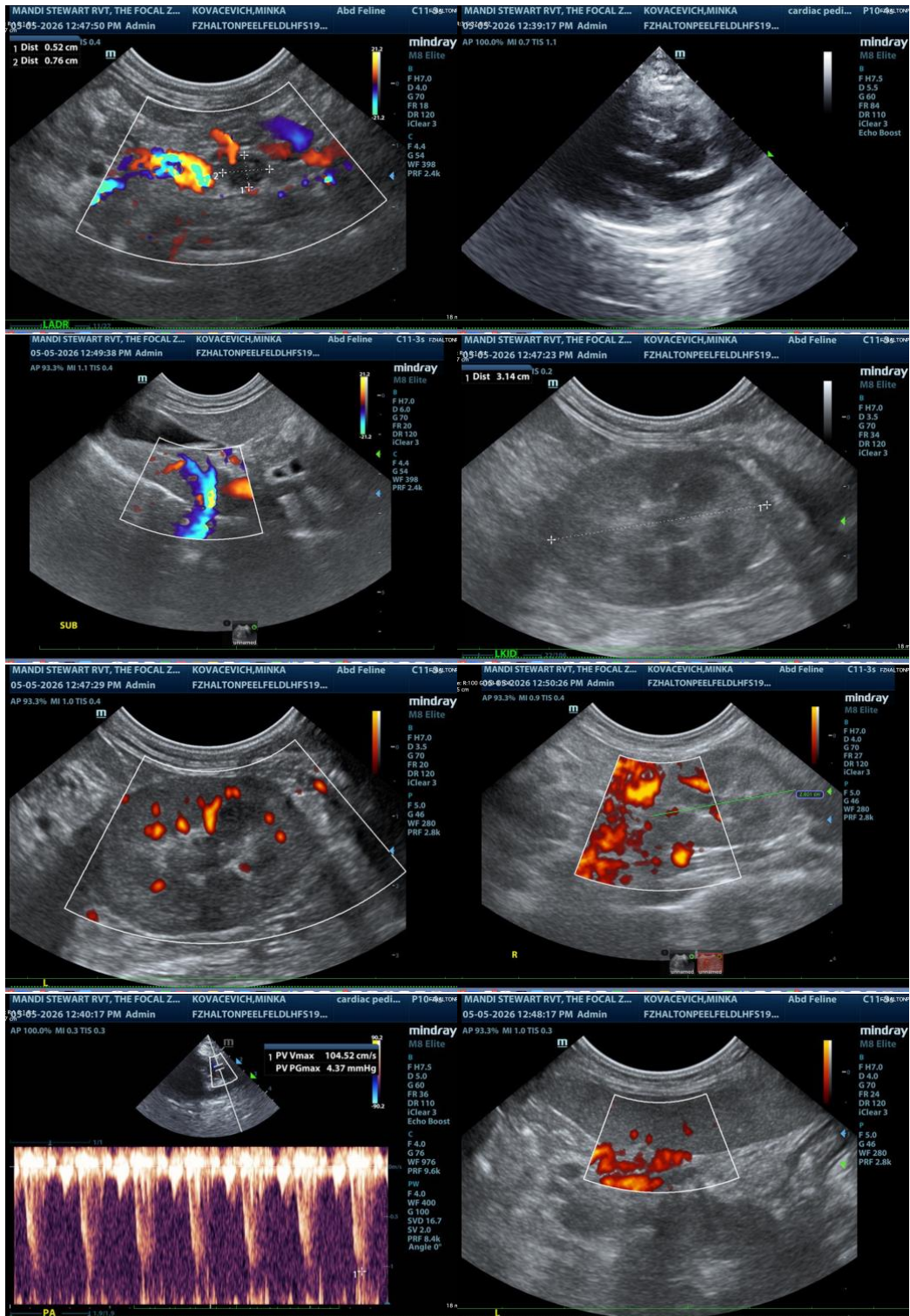
Dr. Walters

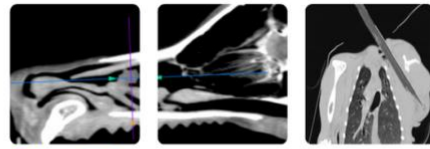
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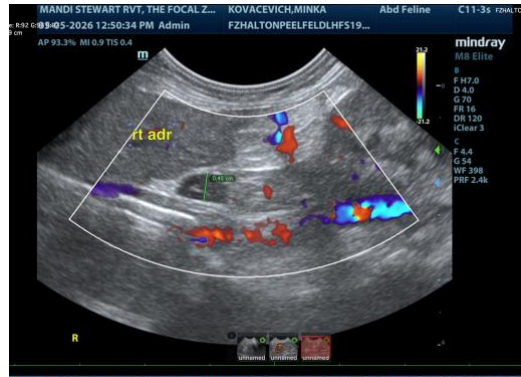
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)