



PATIENT

Haze Buskey

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

10 Years

WEIGHT

7.4 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Chloe Lowe, CVT

HOSPITAL NAME

Walker Valley VH

REFERRING VET

Dr. Barnhorst

INVOICE

37274

DATE

6/1/26

PRESENTING CLINICAL SIGNS

History: Weight loss, decreased appetite. X-rays suspect chronic collapse of lung. Ultrasound to confirm if there is a focal lesion or mass right caudal lung lobe. mirataz.

Abnormal PE/Chem/CBC/UA Results: WNL. Felv/FIV negative.

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	7.4	188	0.4	1.74	0.4	28	58
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	1.1		1.2			1.64	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							

Tricuspid insufficiency: 1.90 m/s

Cardiac Presentation

The **cardiac presentation** in this patient revealed slightly deviated cardiac axis with a herniated portion of the liver residing within the pericardium consisting of pericardial diaphragmatic hernia. This is not causing a functional issue at this time. Normal septal and free wall thicknesses were noted with normal internal diameters. Mitral insufficiency was present in minor, as well as tricuspid insufficiency. No pericardial or pleural effusion were noted. The diaphragmatic hernia appeared to not be causing any significant issues, other than minor vascular congestion of the vena cava and hepatic veins. The consolidation is likely hepatic, however, some minor peripheral lung consolidations appear to be present.

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 **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



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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 right kidney measured 4.47 cm. The left kidney measured 3.46 cm.

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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 right adrenal gland measured 0.43 cm. The left adrenal gland measured 0.41 cm.

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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.

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Liver

**See cardiac exam. The gallbladder and common bile duct were unremarkable.

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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. This is a mild change.

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Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation, then low-grade smoldering chronic pancreatitis should be suspected.

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ULTRASONOGRAPHIC FINDINGS

- Slightly deviated cardiac axis, no functional issue at this time.
- Pericardial diaphragmatic hernia
- Minor intestinal thickening
- Age-related abdominal changes otherwise

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Abdominal and chest CT would be ideal in this patient for further definition yet appears to be stable, other than geriatric abdominal changes with minor intestinal thickening.



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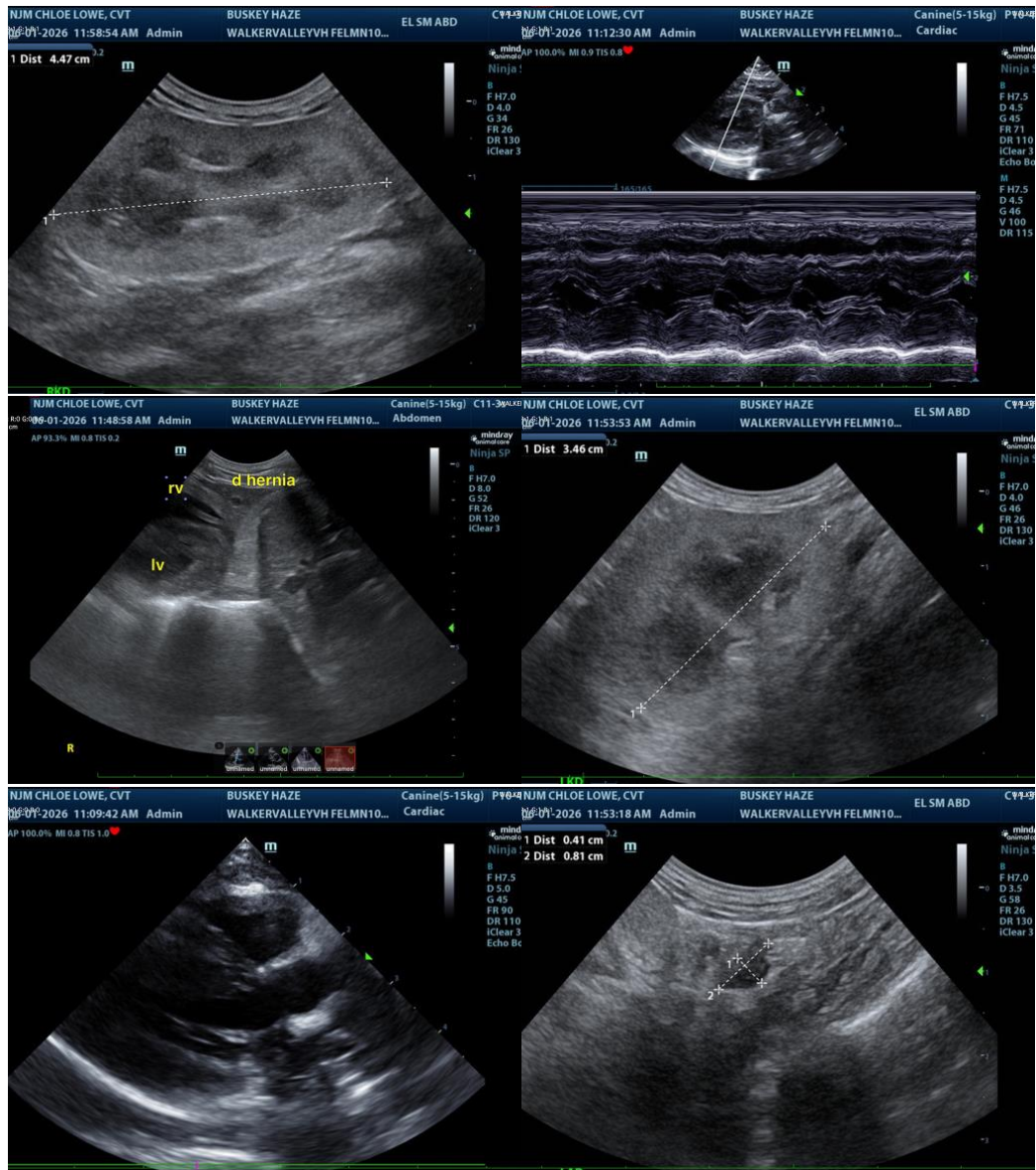
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Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.





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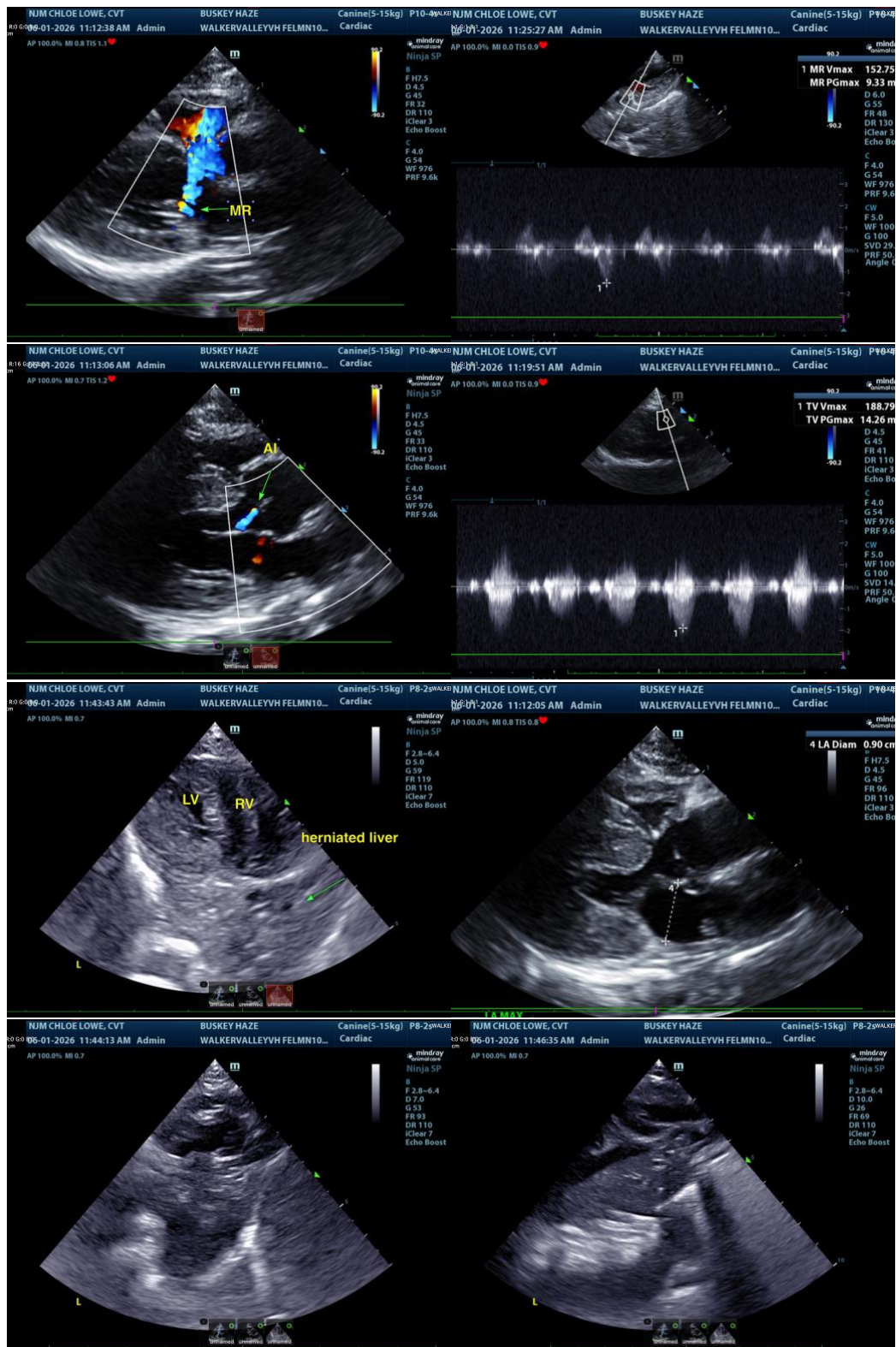
Dr. Barnhorst

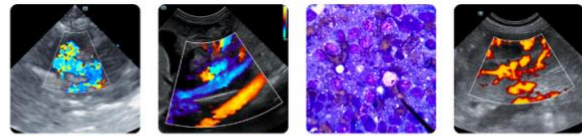
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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