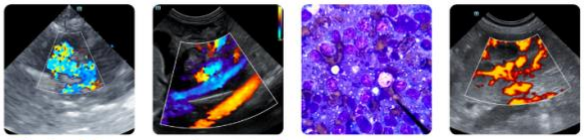

PATIENT

Violet Domantay

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

12

WEIGHT

5.7

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Dr. Maniar

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06/01/26

PRESENTING CLINICAL SIGNS

re check prev u/s 5/25 and 5/29

ULTRASONOGRAPHIC EXAMINATION OF THE HEART & ABDOMEN

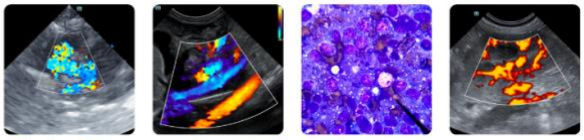
FELINE CARDIAC PARAMETERS	**BODY WEIGHT**	**HR** (BPM)	**IVSd** (cm)	**LVIDd** (cm)	**LVWd** (cm)	**FS** (%)	**EF** (%)
NORMAL PARAMETER	------	150-240	0.3-0.6	1.0-2.1	0.25-0.6	35-67	80-100
PATIENT	5.7	180	0.5	1.3	0.45	50	--
FELINE CARDIAC PARAMETERS	**LA/AO** (M-mode)	**LA/AO HEART BASE** (Sisson)	**LAD** 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	1.4	1.3		UE	0.5	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. Centralized **mitral valve** insufficiency was present yet does not appear clinically significant. No volume overload was observed in the left heart. 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). No visible **pericardial** 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 amount of pleural effusion appears to have reduced.

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.



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The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with moderate some 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 3.6 cm in length. The right kidney measured 3.6 cm in length. This presentation is similar to the prior sonogram.

Adrenal Glands

Both **adrenal glands** were not visualized.

Spleen

The **spleen** in this patient was enlarged, yet volume contracted. Hydration status should be assessed.

Liver

The **liver** revealed coarse architecture and increased portal markings, similar to the prior sonogram. A comet tail lung pattern was noted through the diaphragm. The gallbladder and common bile duct were unremarkable.

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 **pancreas** presented with undulating hypoechoic parenchyma and swollen irregular contour. Generalized enlargement with persistent hyperechoic surrounding fat.

Free Abdomen

Persistent enlarged multifocal hypoechoic **lymph nodes** were present in this patient. Length to width ratio is maintained. The lymph nodes measured up to 1.5 cm x 0.5 cm.

ULTRASONOGRAPHIC FINDINGS

- Enlarged irregular spleen.
- Persistent pancreatitis.
- Normal echocardiogram with mitral valve insufficiency- no volume overload.
- Reduced pleural effusion.
- Age-related renal changes.
- Age-related hepatic remodeling.
-

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pleural effusion appears to have reduced, yet it should be based on radiographic findings. Systemic inflammatory response or pleuritis is possible. Systemic infectious disease such as toxoplasmosis or Bartonella should be ruled out if not already performed. Continual management for pancreatitis is indicated.

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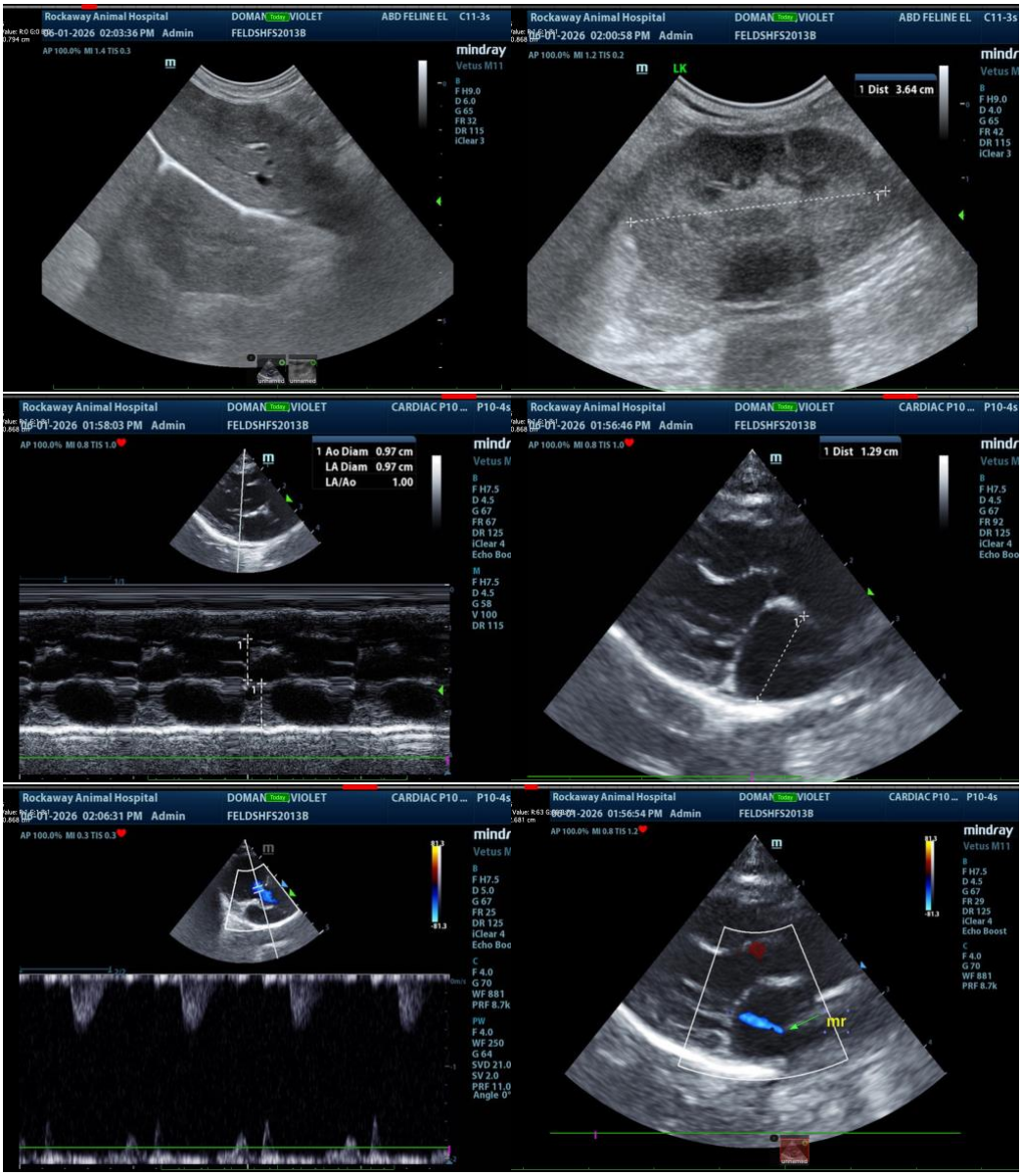

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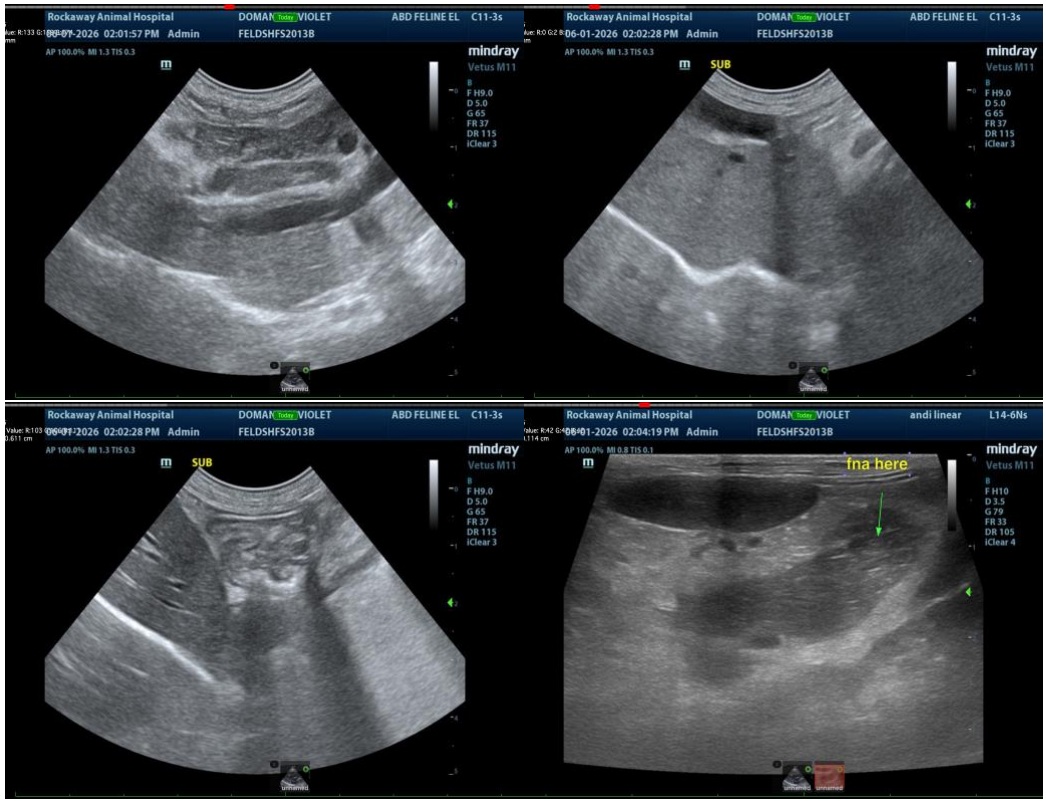

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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