



## PATIENT

Derp Stewart

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

3 Years

## WEIGHT

5.7 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Brian Barnes

## HOSPITAL NAME

Westview Veterinary  
Hospital

## REFERRING VET

Dr. Brian Barnes

## INVOICE

16315

## DATE

06/04/26

## PRESENTING CLINICAL SIGNS

Presented yesterday with severe pitting edema of the rear legs, ventral abdomen, Pyrexia 40.5 C, Lethargic, dull, Indoors no Hx trauma, , HAs another cat at home. Temp has improved with antibiotics

CBC Mono 2.56 (N 0.05 - 0.67) Eos 0.08 (N 0.17 - 1.57) Baso 0.10 (N 0.01 - 0.26) Plt 137 (N 151 - 600) Chem: Glucose 12.41 (4.11 - 8.84) ALP <10 (N 14 - 111) Bilirubin - Total 39 (N 0 - 15) Cholesterol 5.00 (N 1.68 - 5.81) Amylase 321 (N 500 - 1,500) 1. Severe soft tissue swelling along the caudal ventral aspect of the abdomen extending into the right and left inguinal region and surrounding of the right hindlimb. resulting in hemorrhage/edema does need to be considered as well. 2. Suspect mild feline asthma. The thorax is otherwise unremarkable. 3. Constipation in an otherwise unremarkable abdomen. 4. Unremarkable pelvis. 5. Unremarkable right and left stifle/tarsus and hindfoot.

## 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	5.7	~240	0.5	1.7	0.51	66	94
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	1.3	1.28		1.2	1.0	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							

E-wave V: 1.0

## Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate LA measurements. Trivial **mitral valve** insufficiency was noted. 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 minimal insufficiency at 1.0 m/s 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



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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.

### *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.

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The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen.

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Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 4.22 cm in length. The right kidney measured 4.35 cm in length.

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### *Adrenal Glands*

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 left adrenal gland measured 0.43 cm width. The right adrenal gland measured 0.47 cm width.

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5.7 kg

### *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*

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.

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### *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.

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### *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.



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*Free Abdomen*

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Images of the rear leg did not reveal any fluid accumulation. Muscle belly appeared to be uniform. Submucosal tissues appear to be uniform.

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**ULTRASONOGRAPHIC FINDINGS**

- Normal echocardiogram with trivial mitral insufficiency and minimal tricuspid insufficiency.
- Structurally unremarkable abdomen- no evidence of visceral pathology.

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DSH

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SEX**

No evidence of volume overload. Full orthopedic/radiologic evaluation could be considered, yet there is no fluid accumulation. The cause of pyrexia is unclear. Toxoplasmosis, Bartonella, other viral disease should all be considered, yet viscerally, the abdomen and heart appear unremarkable.

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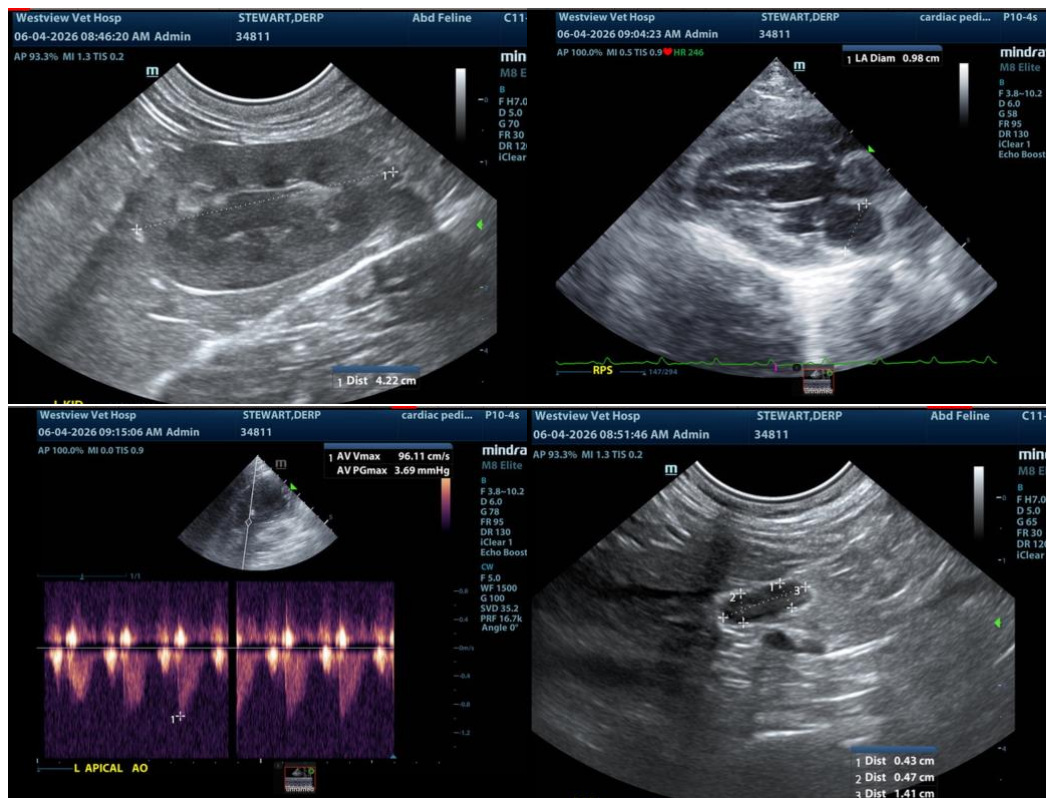
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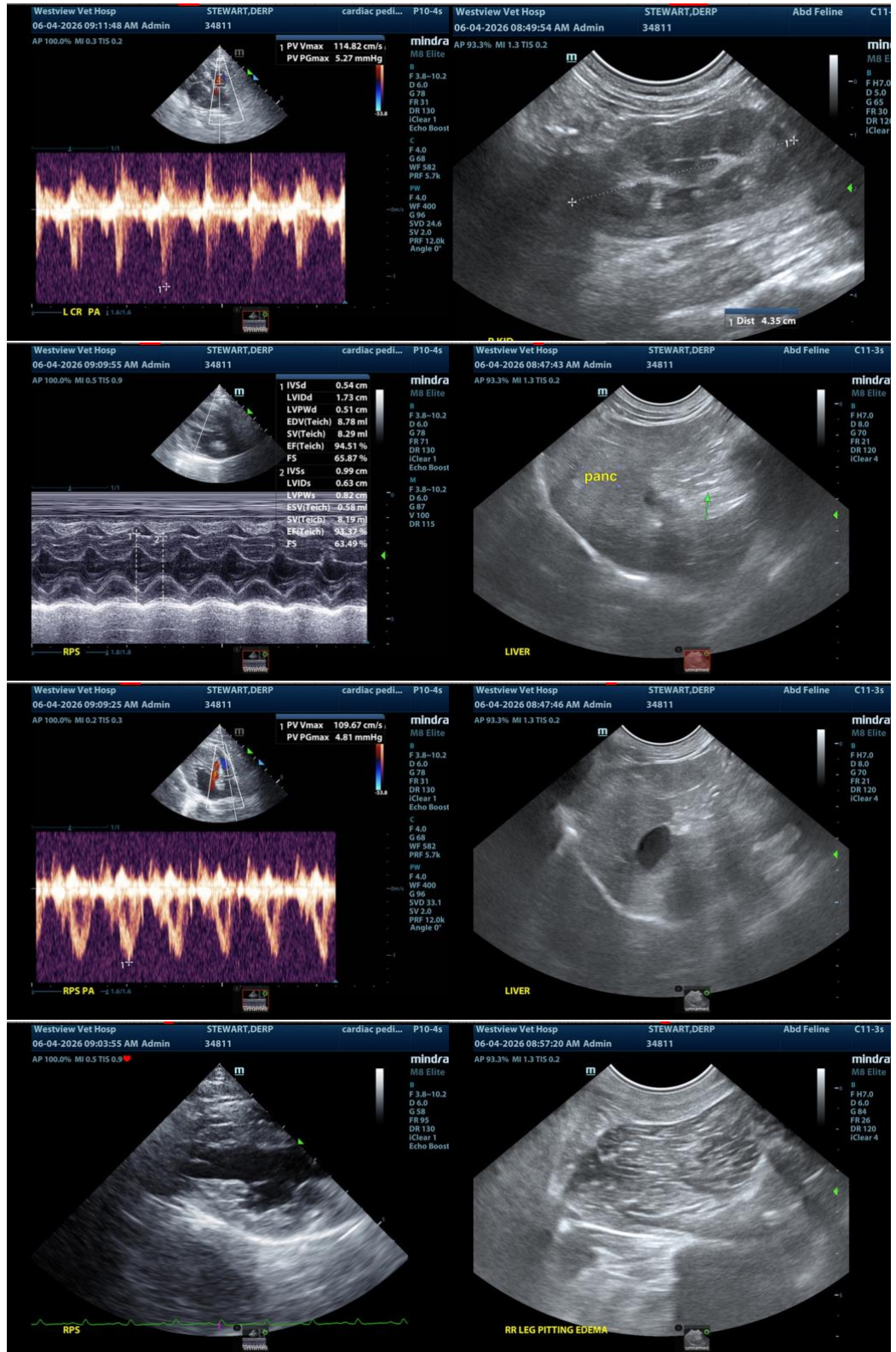
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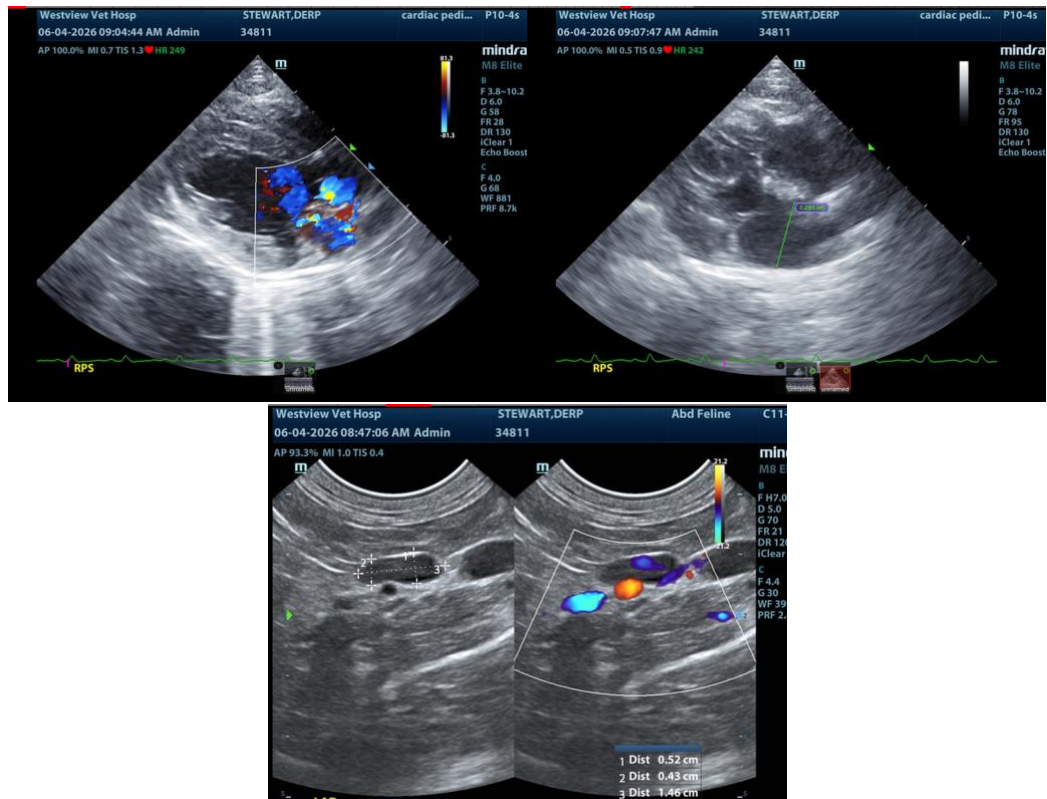
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,**

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