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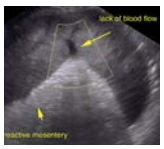
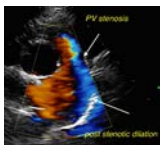
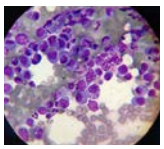
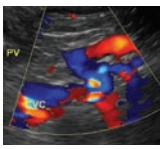

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1-800-838-4268 info@sonopath.com

PATIENT

Grace Deaton

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

2009

WEIGHT

8.6 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Amanda Crook – SDEP Certified Sonographer

HOSPITAL NAME

Rivers Edge PMC

REFERRING VET

Dr. David Gray

INVOICE

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7/14/22

PRESENTING CLINICAL SIGNS

P first presented on 7/10 for vomiting 10 minutes after eating and then every 2-3 hours randomly. At drop-off for ultrasound, o stated that p no longer vomiting or having diarrhea. P has not eaten in 5 days. P just laying in a dark corner and not moving much. P currently on gabapentin (p received dose last night and again this AM), Cerenia (last dose yesterday AM), and Carafate (last dose yesterday AM). Abnormal PE/Chem/CBC/UA Results: See attached radiograph s - chest looked okay some loss of detail in the abdomen no obvious mass-effect but foreign body is not completely ruled out See attached labwork - CHEM = NSF CBC = Eos 0.01, Platelts 76 (aggregates detected not confirmed with film), Plateletcrit 0.11 - otherwise NSF Combo test -/- No UA See attached ECG

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		1.3	0.57	0.83	0.49	69	96

FELINE CARDIAC PARAMETERS	LA/AO (Boon)	LA/AO HEART BASE (Sisson)	LA 2D 4-chamber long axis AS to FW (Sisson) (cm)	LVOT VEL. (m/s)	RVOT VEL. (m/s)	IVRT (m/)
NORMAL PARAMETER	<1.5	0.88-1.79	0.7-1.7	<1.6	<1.3	40-60
PATIENT	1.15		1.2	1.08	0.92	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. Trivial mitral insufficiency noted, not clinically significant. 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** 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.

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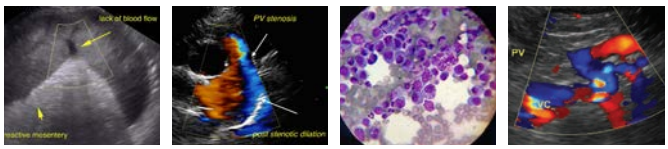

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Urinary System

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 **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with 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. Slight mineralization noted in both kidneys. The left kidney measured 3.4 cm. The right kidney measured 4.47 cm. Occasional cortical cysts noted in both kidneys.

Adrenal Glands

The **right adrenal gland** was rounded, hypoechoic, and slightly enlarged. The right adrenal gland measured 0.51 cm.

The **left adrenal gland** presented normal size and contour and measured 0.31 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** was uniform. The gallbladder wall was slightly echogenic. The cystic and common bile ducts were normal. Common bile duct measured 0.41 cm. Tortuous cystic duct noted, age related change. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

The **stomach** revealed a moderate amount of anechoic stasis. The pylorus was free of evident pathology and patent, most consistent with ileus. The small intestine and colon were unremarkable.

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. Minor duct dilation noted at 0.17 cm. Width of left pancreatic base measured 1.19 cm. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

Free Abdomen

Large amount of falciform fat noted in this patient. Maximum width of falciform fat was 3.5 cm.

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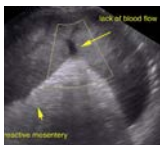
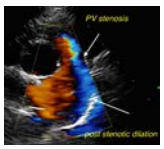
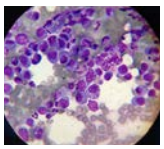
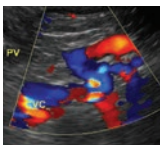

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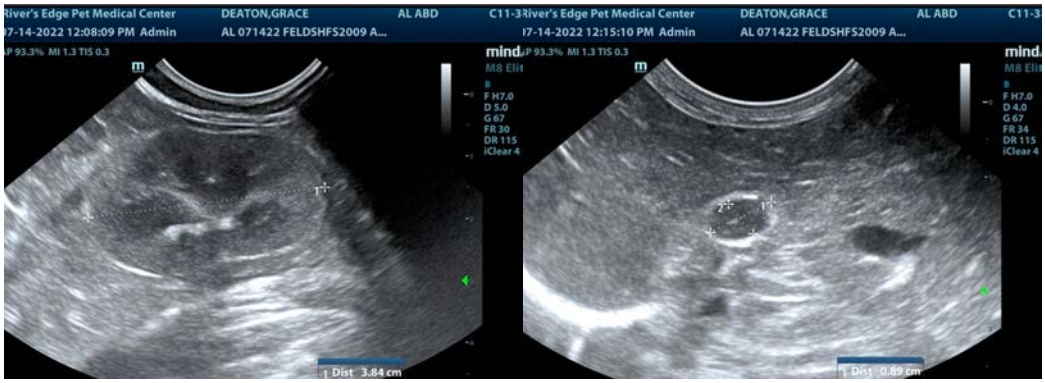
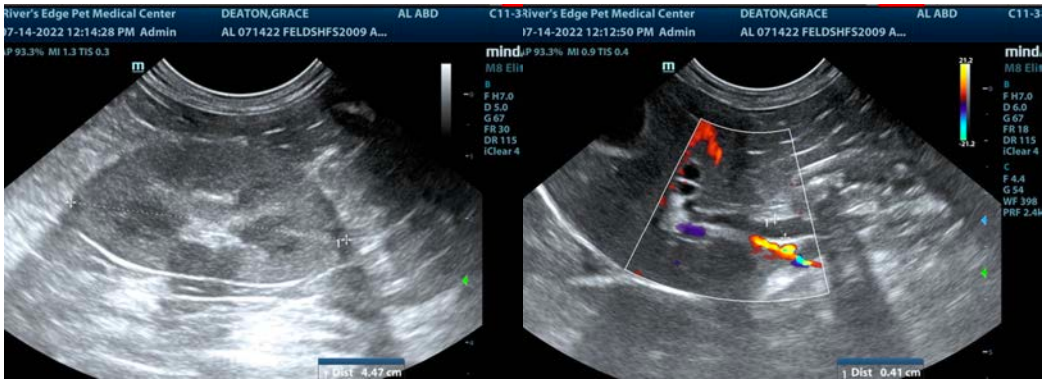
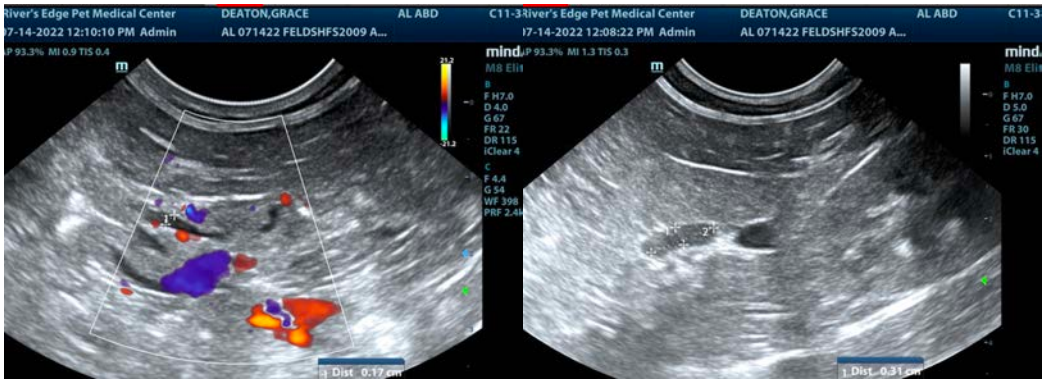
PRIMARY FINDINGS

- Trivial mitral insufficiency, essentially flow murmur
- Chronic pancreatic changes
- Gastritis or ileus
- Age related abdominal changes otherwise
- Prominent right adrenal gland

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of cardiac disease.

If sodium/potassium ratio becomes altered in this patient, assessment for Conn's syndrome based on the right adrenal enlargement would be indicated. No evidence of foreign body. IV fluid support without restriction of fluid therapy and treatment for gastritis/pancreatitis should prove effective in this patient.

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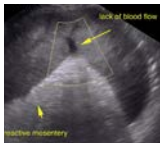
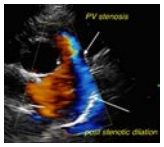
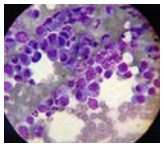
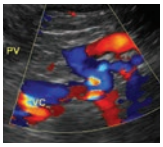

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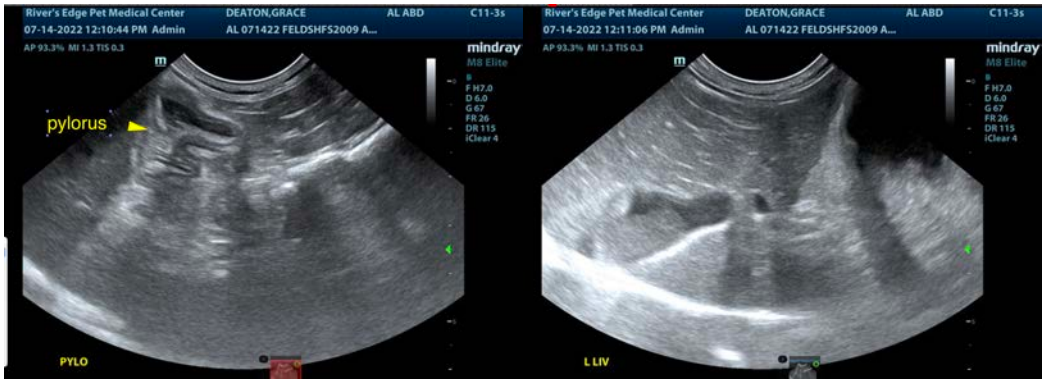

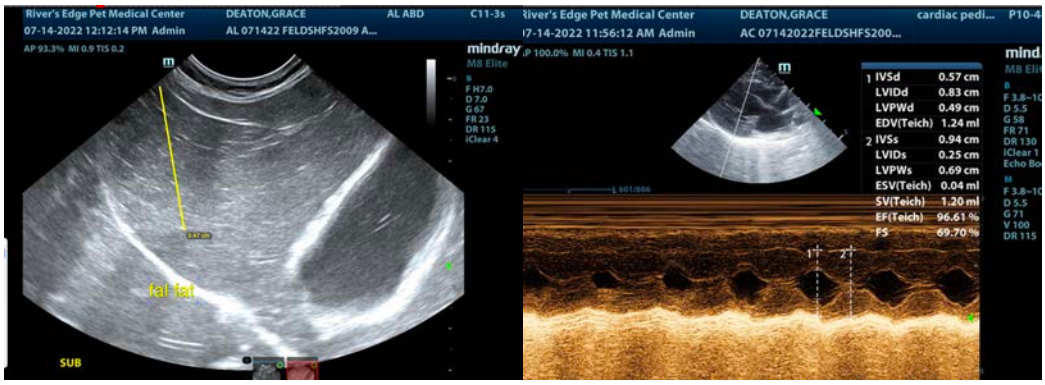

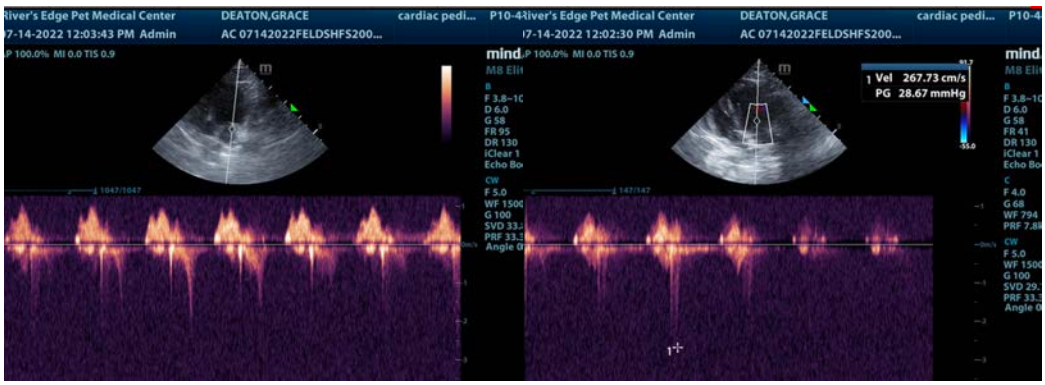

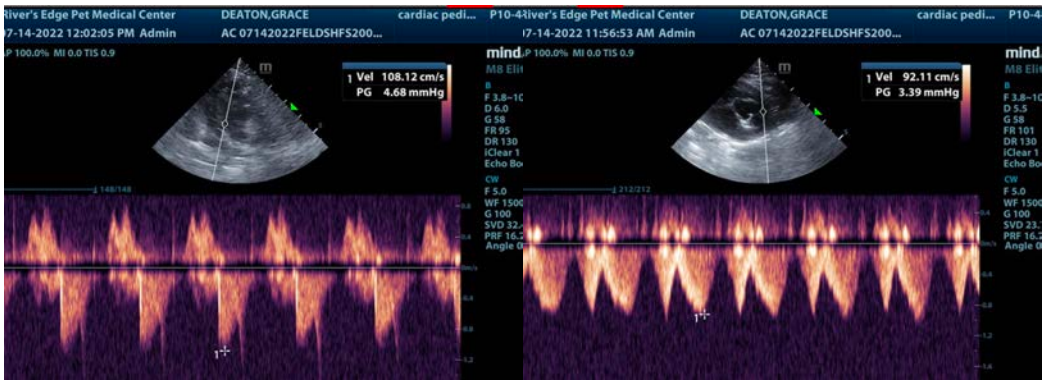

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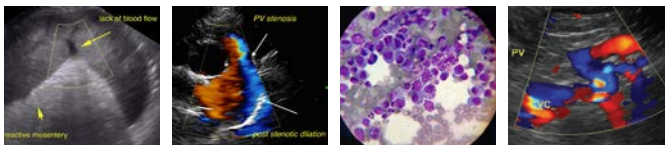

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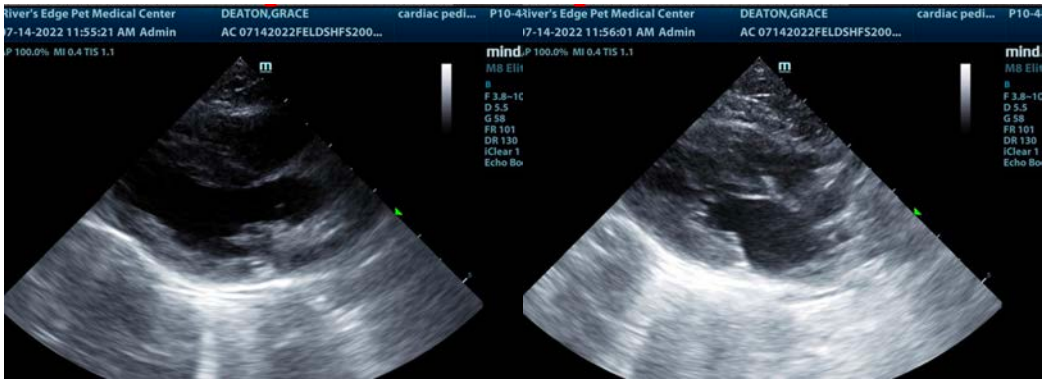

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com