

PATIENT PRESENTING CLINICAL SIGNS

Buddy BHS Lack of Appetite Urinating defecating outside litter box Weight loss Ascites Lethargy <5% dehydrated. Has lost weight: 0.4kg in 1 month! abd feels soft and bloated, tense on deep palpation. empty on rectal exam. HR 200 Temp 39.3C. Meds: Pantoprazole, Cerenia, Ampicillin, Buprenorphine

SPECIES Abnormal PE/Chem/CBC/UA Results: LA: 06/23/2022 at 3:03p: left jugular and cysto - Geri + UA LT: 06/24/2022 at 12:08p: mild hyperkalemia (suspect from 3+ hemolysis); mild increase Phos (3+ hemolysis), T4 36 Improved renal values from prev BW in April. UA- 1.040, 1+ protein, RBC from cysto. NAF on chest images Free fluid on abdominal rads noted Assessment: improved renal values from April, no underlying metabolic for diarrhea. Suspect secondary to doxy/metacam use. INI then run fecal after wash out period of metronidazole

BREED DMH

ULTRASONOGRAPHIC EXAMINATION OF THE HEART & ABDOMEN

SEX

Neutered Male

AGE

7 Years

WEIGHT

4.5 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Headon Forest AH

REFERRING VET

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DATE

7/26/22

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		222	0.53	1.54	0.53	56	89
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	1.1	1.3	1.2	1.1	1.13	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. 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. 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.



PATIENT *Urinary System*

Buddy BHS 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.

SPECIES

Feline

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.

BREED

DMH

Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 4.14 cm. The left kidney presented cortical infarct and collapse, measuring 3.94 cm.

Adrenal Glands

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Neutered Male

The regions of the **adrenal glands** were unremarkable.

Spleen

AGE

7 Years

The **spleen** was mildly enlarged with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner.

WEIGHT

4.5 kg

Liver

Some heterogeneous **hepatic** changes noted, may represent metastatic disease. Hepatic veins were not dilated, no evidence of congestion. The gallbladder was unremarkable.

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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

Heterogeneous changes noted in the **pancreas** with hypoechoic, ill-defined nodules and coalescing omentum.

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Free Abdomen

Moderate amount of ascites noted in the abdomen.

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PRIMARY FINDINGS

- Carcinomatosis/lymphomatosis type presentation.
- Secondary renal infarct

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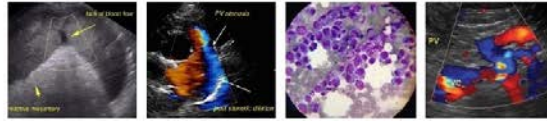
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Abdominocentesis and cytopsin of the free fluid recommended for definitive diagnosis.

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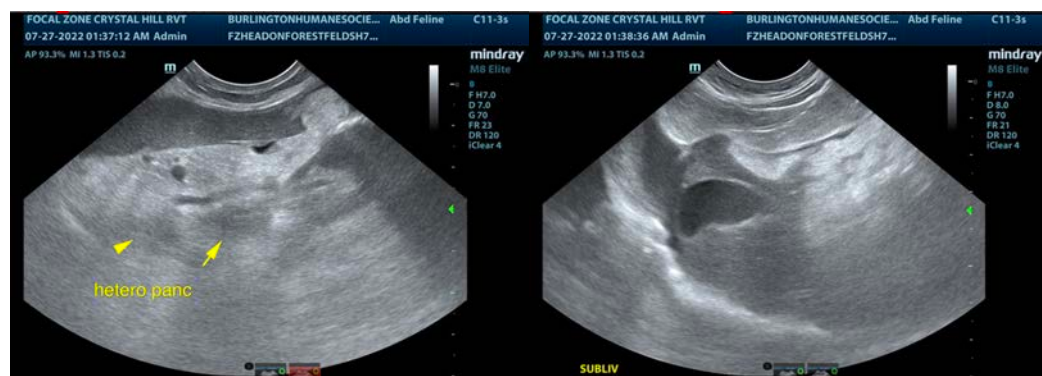
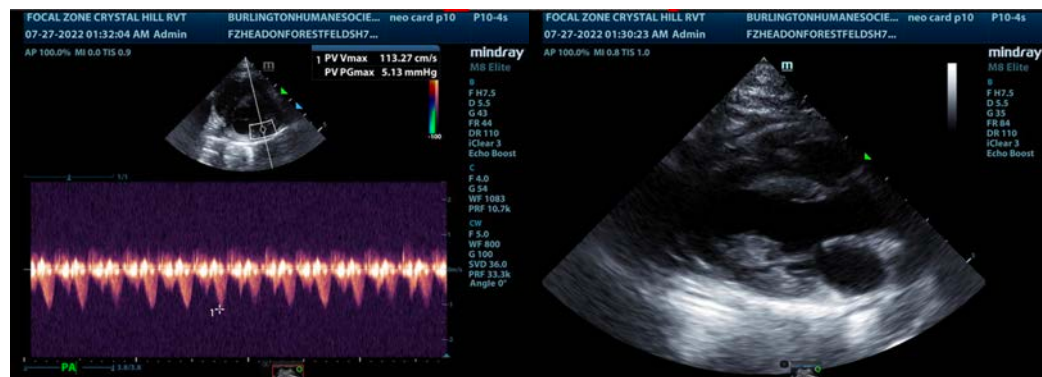
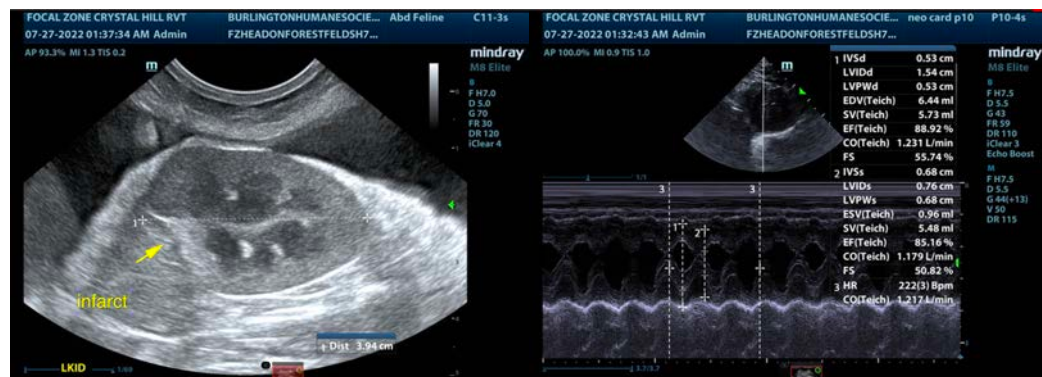
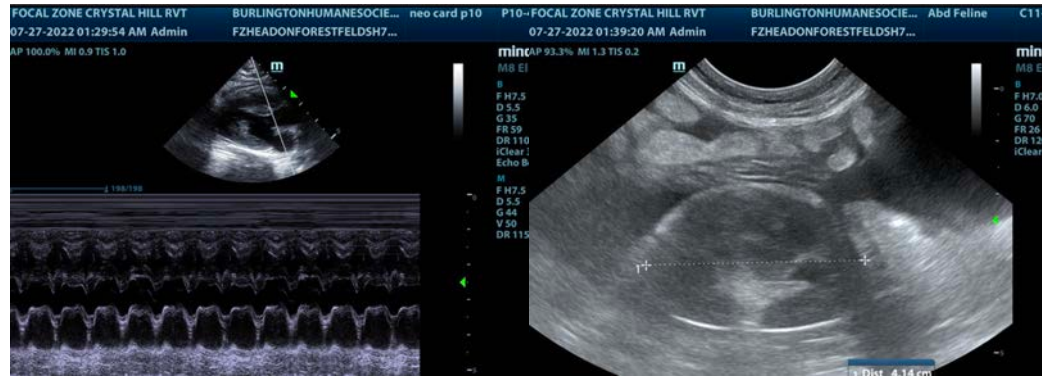
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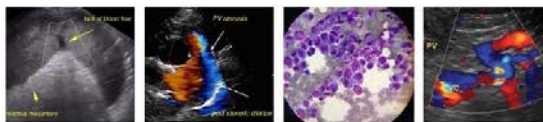
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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