



PATIENT

Daisy Dridkis

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

12 years

WEIGHT

8.5 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi CVT

HOSPITAL NAME

Chester AH

REFERRING VET

Dr. Migliaccio

PRESENTING CLINICAL SIGNS

History: Grade II/VI murmur. Coughing for 2 days ending with a gag. Coughing 5-6 times/hr., some are more violent, non productive. New kitten in house since ~ 7/9/21 Current meds: Started Enroquin yesterday.

WBC normal at 13.8, Monos 828, Eos 1242

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate LA measurements. Trivial **mitral** valve insufficiency was noted on spectral Doppler. Concentric **left ventricular** hypertrophy was noted with minor **myocardial** remodeling. **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). A lung mass was noted in this patient and measured 2.1 x 1.9 cm. The thoracic mass occupied the majority of the left thorax.

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		234	0.61	1.21	0.71		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	1.24	1.25	1.24	1.1	0.6	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							

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ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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 was 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 3.23 cm. The left kidney measured 3.2 cm.

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 right adrenal gland measured 0.34 cm. The left adrenal gland measured 0.39 cm.

Spleen

The **spleen** was mildly enlarged with uniform, but subtly micronodular parenchyma, and undulating capsular contour. Subtle micronodular changes were noted. 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.

Liver

The **liver** revealed a 2.0 cm hyperechoic, right cranial nodule. This is consistent with cystadenoma. The liver also presented other heterogenous parenchymal changes. Other microcystic parenchymal changes were noted. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic duct was tortuous.

Gastrointestinal

The **stomach** was filled with hair type material. The intestines were 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

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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.

ULTRASONOGRAPHIC FINDINGS

Minor left ventricular hypertrophy. Hypertension. HCM is possible, yet not a clinical issue.

Lung mass.

Multi-focal, cystadenoma liver.

Age related renal and pancreatic changes.

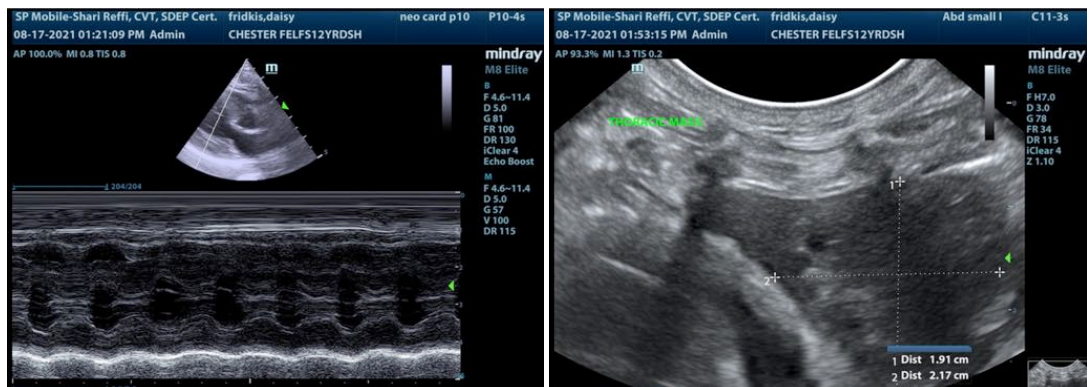
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided FNA of the lung mass was performed without complication. CT of the chest would be ideal for potential surgical planning in this patient. The coughing is likely owing to primary lung disease. Lung carcinoma versus sarcoma with a minor potential for necrosis.

ABOUT SONOPATH CT SERVICES:

SonoPath CT Services are offered at the [Blairstown Animal Hospital](https://www.blairstownanimalhospital.com/). Blairstown, New Jersey. More information can be found at

<https://sonopath.com/resources/sonopaths-teleconsultation-services-and-sdep-certification/sonopath-ct-services>





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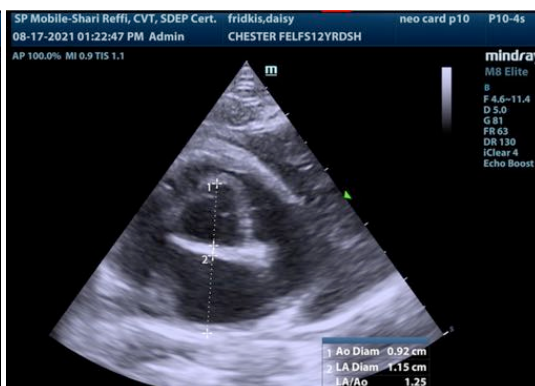
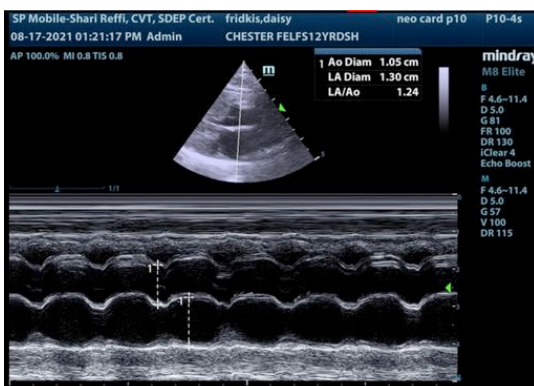
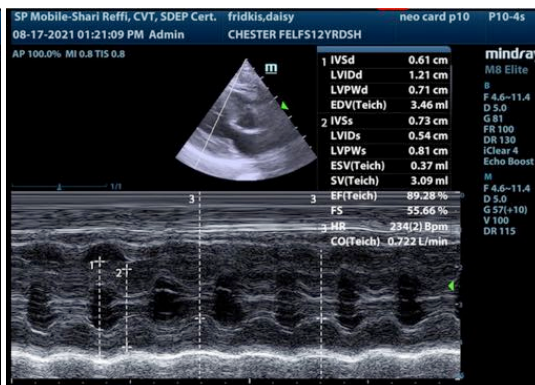
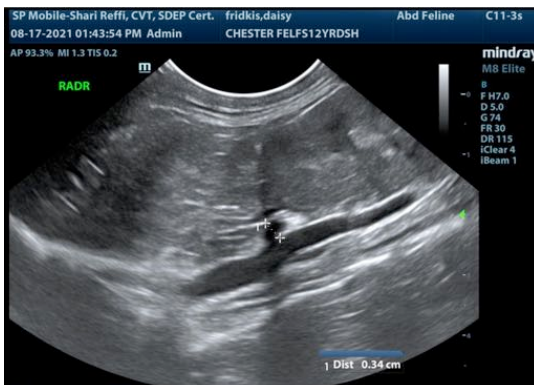
Dr. Migliaccio

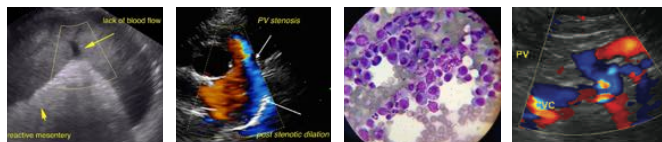
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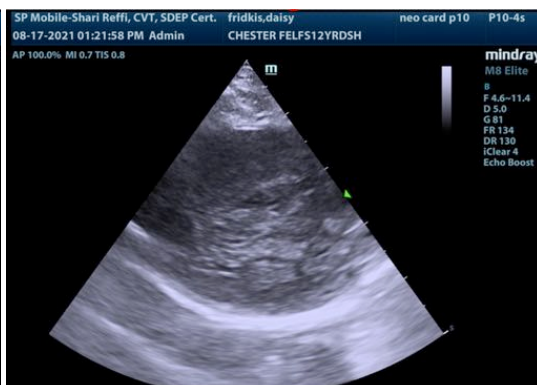
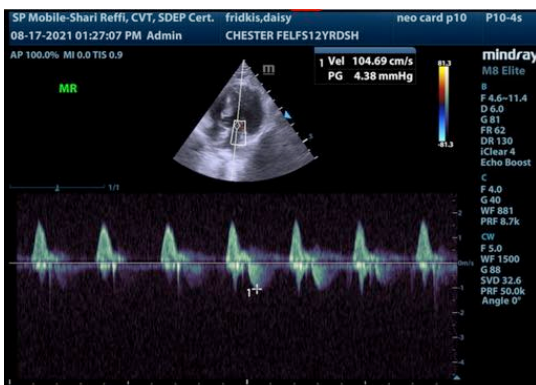
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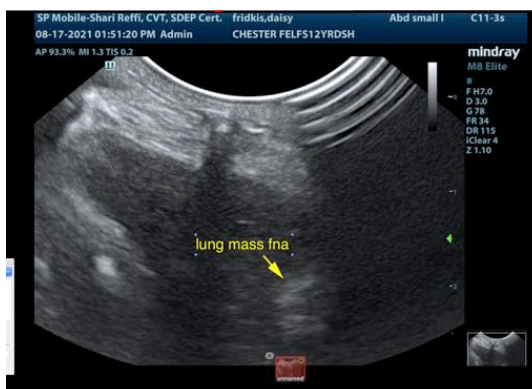
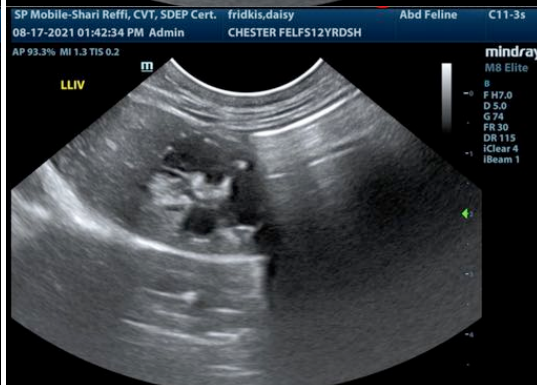
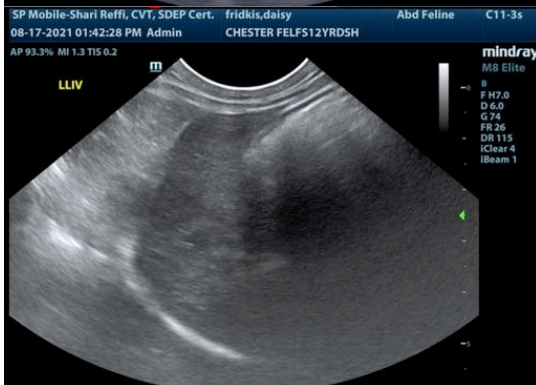
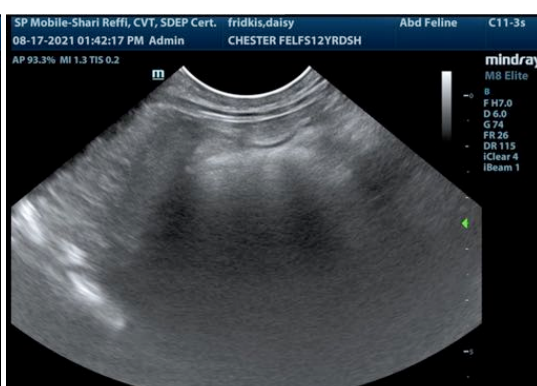
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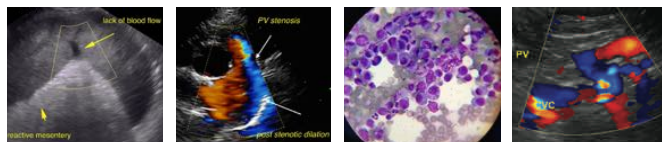
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veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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info@SonoPath.com

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