



PATIENT PRESENTING CLINICAL SIGNS

Piggie Clark

History: Examined 9/12/22 for acute onset anorexia x 1 week. Scant pleural effusion noted on thoracic/abdominal rads. Re - evaluated 9/16/22 for labored breathing - recheck thoracic rads showed R middle lung lobe consolidation. Baytril prescribed as well as mirataz - appetite improved but patient has continued to gain weight.

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: Slightly increased RR/RE, progressive weight loss w/ moderate MCS atrophy dorsum. No heart murmur. Abdomen soft, non - painful. BW done 9/17/22: BC: HCT (27%), non-regenerative anemia. Mild increase in neutrophils and monocytes. Chem: BUN (92), Crea (3.7), Phos (5.7) T4: (1.1) U/A: USG (1.027), 3+ protein (UPC 1.1), 2-3 Ca Ox crystals.

BREED

Domestic Shorthair

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Urinary System

Spayed female

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 1.0 cm beyond the cystourethral junction and appeared normal. 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.

AGE

14 years

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. 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 4.34 cm.

WEIGHT

12.6 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 0.4 cm. The right adrenal gland measured 0.45 cm.

IMAGING PERFORMED BY

Dr. Bailes

HOSPITAL NAME

All Creatures Great
and Small

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 was 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

DATE

9/22/22



PATIENT

lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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SPECIES

Gastrointestinal

Feline

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.

BREED

Domestic Shorthair

Pancreas

SEX

Spayed female

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.

AGE

14 years

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

WEIGHT

12.6 lbs

The echocardiogram in this patient demonstrated **left atrial and right atrial** enlargement. Trivial **mitral** insufficiency was noted at 2.48 m/sec. The contractility was within normal limits. **Left ventricular** dilated was noted with normal septa and free wall thicknesses. **Tricuspid** insufficiency was noted at 2.31 m/sec. 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). Pleural effusion was noted through the diaphragm. The hepatic veins and vena cava were dilated. No obstructive outflow patterns were noted.

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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		NM	0.62	1.68	0.59	47	82
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	2.09	2.26				0.81	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 FINDINGS

Left and right sided heart failure.

Mitral and tricuspid insufficiency noted with biatrial enlargement.

Slight pericardial effusion

Unclassified cardiomyopathy.

Geriatric abdominal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Triple therapy is warranted in this patient with Plavix. Pimobendan is recommended off label at 0.3 mg/kg b.i.d. I also recommend ace inhibitor at 0.5 mg/kg s.i.d. and Lasix therapy at 6.25-12.5 mg b.i.d. Plavix therapy is also indicated. A recheck echocardiogram is recommended in 2 weeks. Target basal sleeping respiratory rate should be less than 25/minute.

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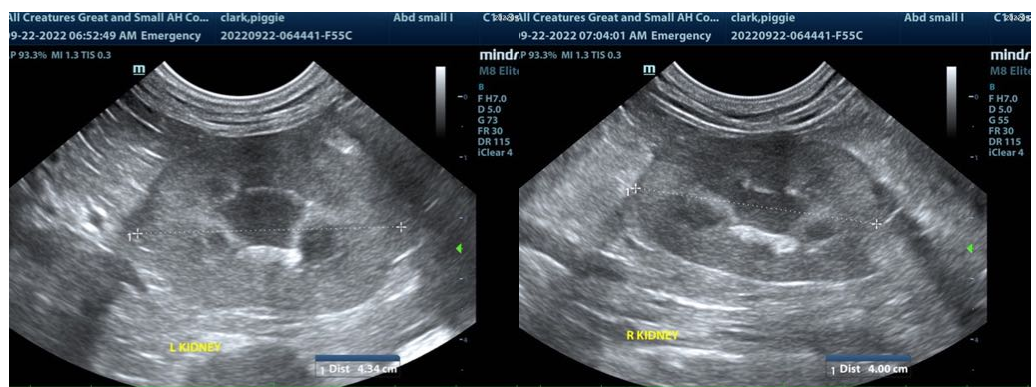
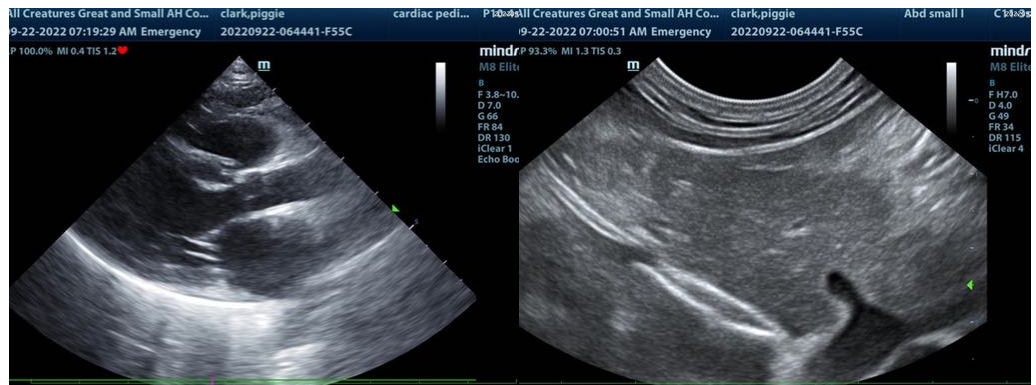
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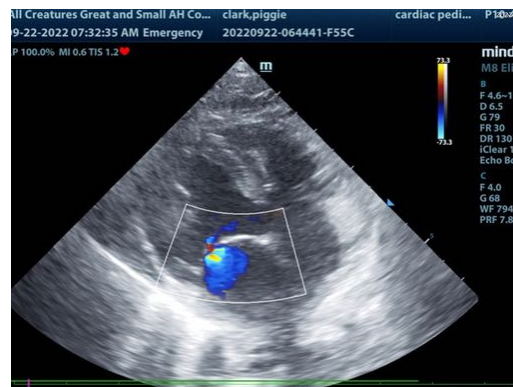
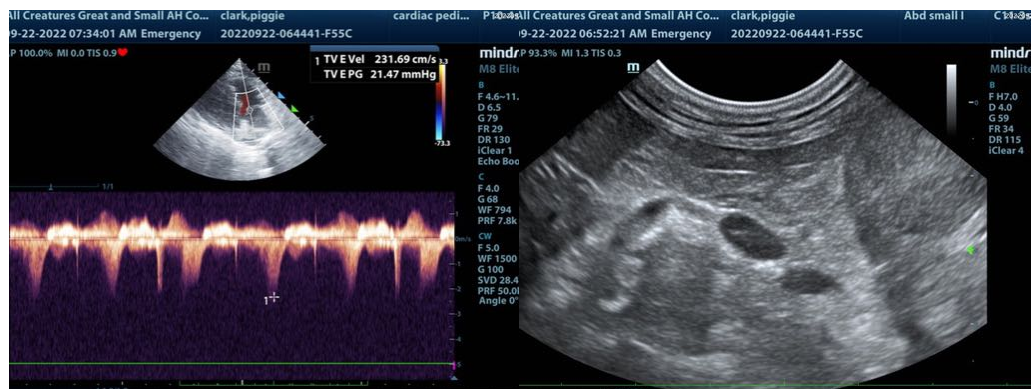
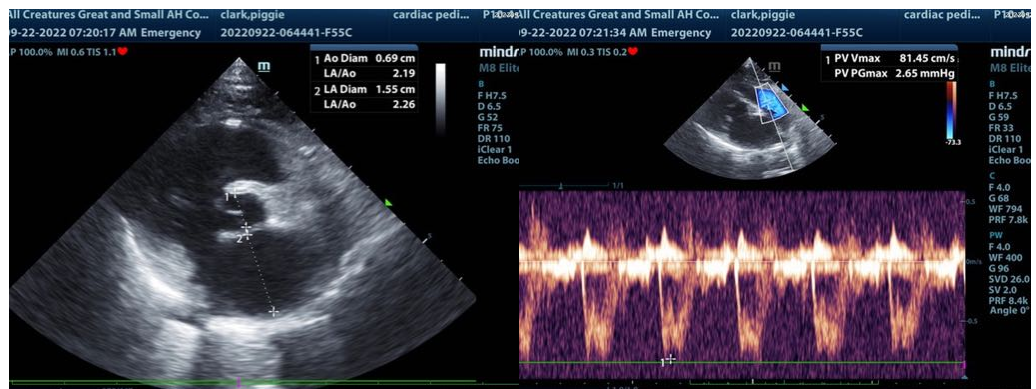
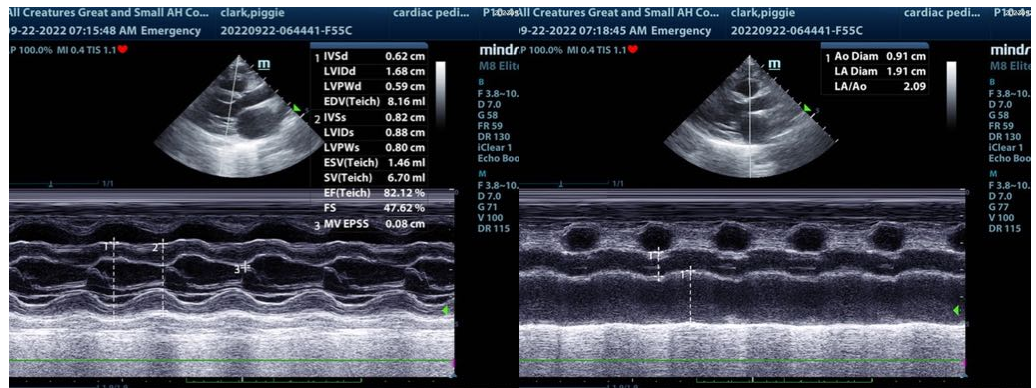
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

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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.

BREED

Domestic Shorthair

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com

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