



## PATIENT

Bandit Trapani

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Neutered male

## AGE

11 years

## WEIGHT

15 lbs

## INTERPRETED BY

Eric Lindquist, DMV,  
DABVP (CFM), Cert.  
IVUSS, CEO of  
SonoPath.com

## IMAGING PERFORMED BY

Chloe Lowe

## HOSPITAL NAME

William Penn VH

## REFERRING VET

Dr. Bouzaout

## INVOICE

74264

## DATE

4/7/26

## PRESENTING CLINICAL SIGNS

- Enlarged heart. Vomiting despite medication

## 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 left kidney measured 4.1 cm. The right kidney measured 3.78 cm.

The iliac trifurcation was unremarkable.

### *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 0.38 cm. The right adrenal gland measured 0.59 cm.

### *Spleen*

The **spleen** was normal with a hyperechoic lipid plaque noted. This is not pathological and measured 0.6 cm.

### *Liver*

The **liver** was diffusely hyperechoic to the falciform fat. The liver revealed minor coarse architecture. This is most consistent with hepatic lipidosis and age related changes. The gallbladder and common bile duct were unremarkable.

### *Gastrointestinal*

The **gastrointestinal tract** revealed a minor amount of chyme was noted in the stomach. Minor variable thickening and echogenic submucosal changes noted in the intestines. This is most consistent



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with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable. Enhanced mesentery was noted associated with the GI tract.

***Pancreas***

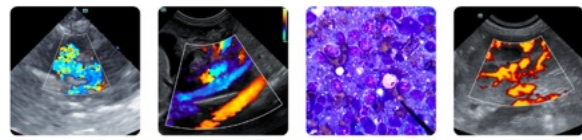
The **pancreas** revealed heterogenous pancreatic changes. There is a potential for low grade pancreatitis.

***Free Abdomen***

Reactive mesentery was noted.

***ULTRASONOGRAPHIC EXAMINATION OF THE HEART***

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. A moderate amount of extracardiac fat was noted in this patient.



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FELINE CARDIAC PARAMETERS	BODY WEIGHT	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	15 lbs	200	0.33	1.0	0.33	51	86
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	1.13	1.3	1.3		NM	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

**ULTRASONOGRAPHIC FINDINGS**

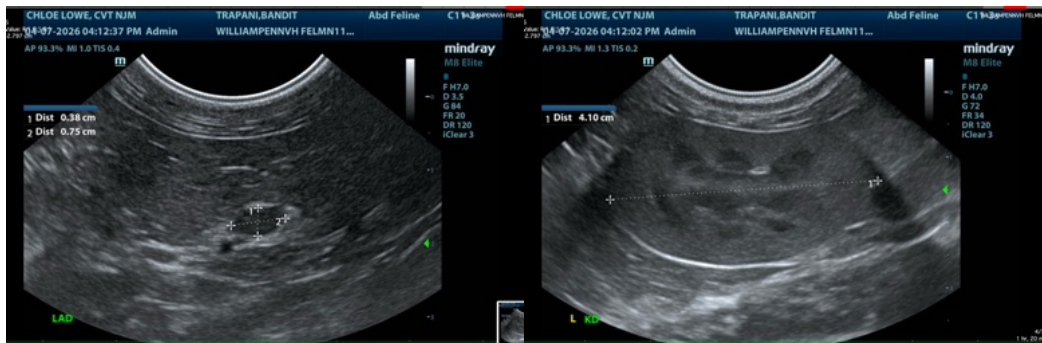
Non-specific intestinal thickening with reactive mesentery. Subacute on chronic inflammatory bowel.

Normal echocardiogram.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Management for subacute on chronic inflammatory bowel and potential pancreatitis is indicated in this patient. There was no evidence of neoplasia or foreign bodies. Parasite assessment is recommended.

Fat overlay upon the heart may be creating the appearance of cardiomegaly; however, chamber sizes and function were normal.





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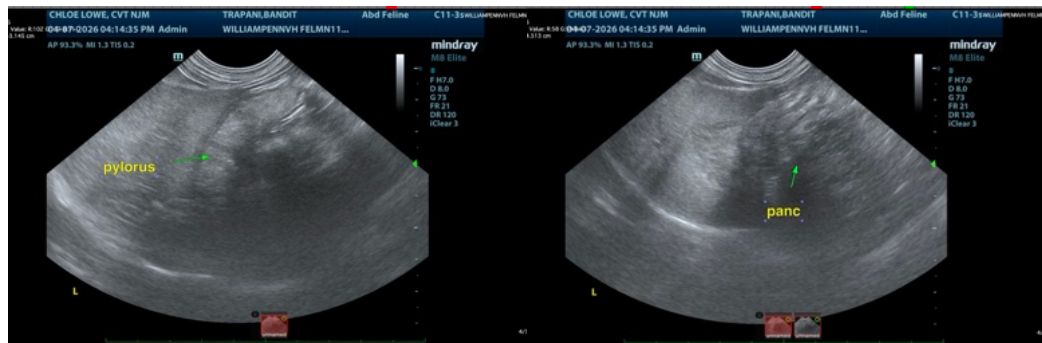
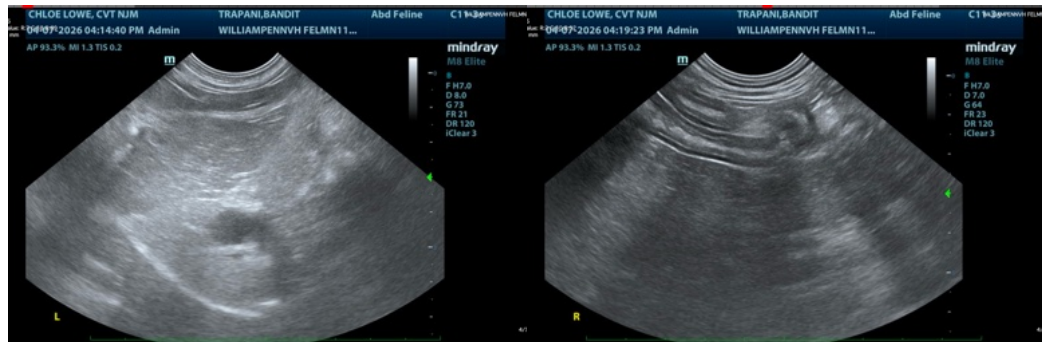
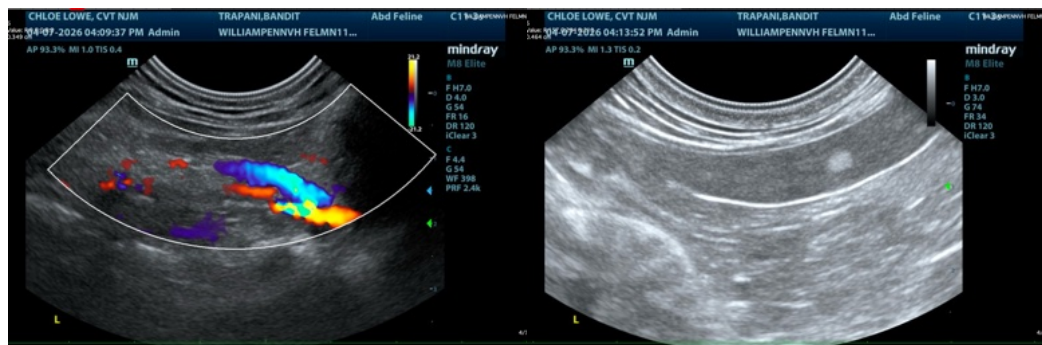
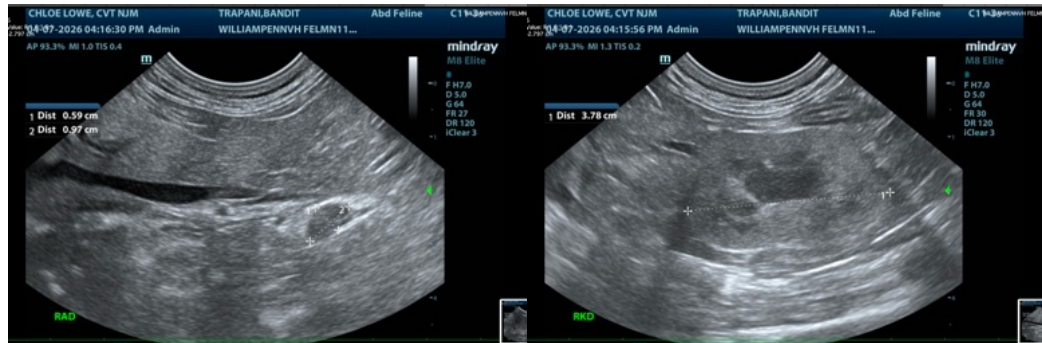
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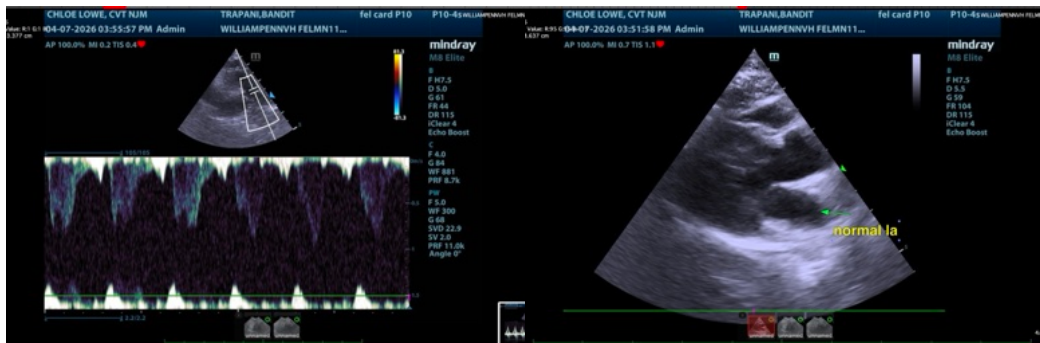
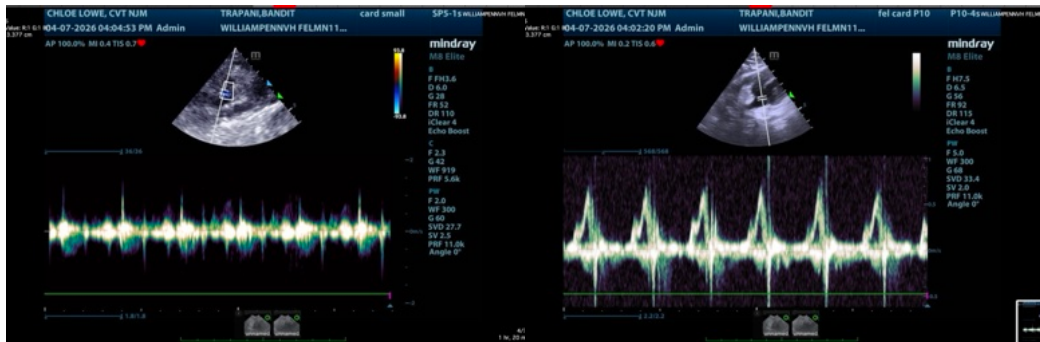
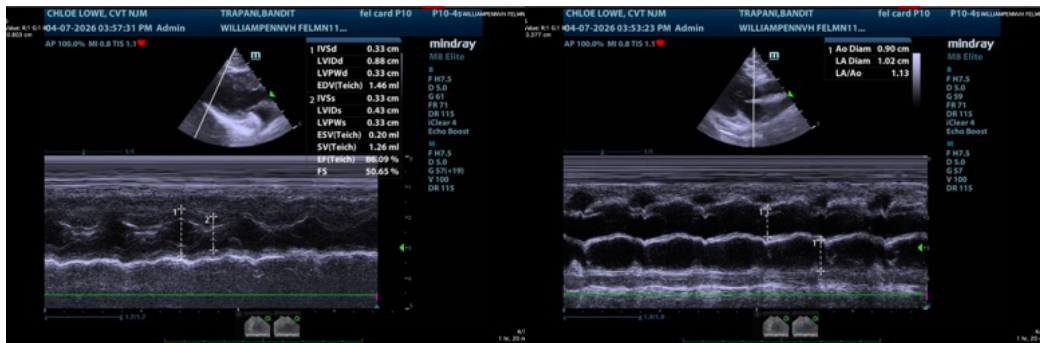
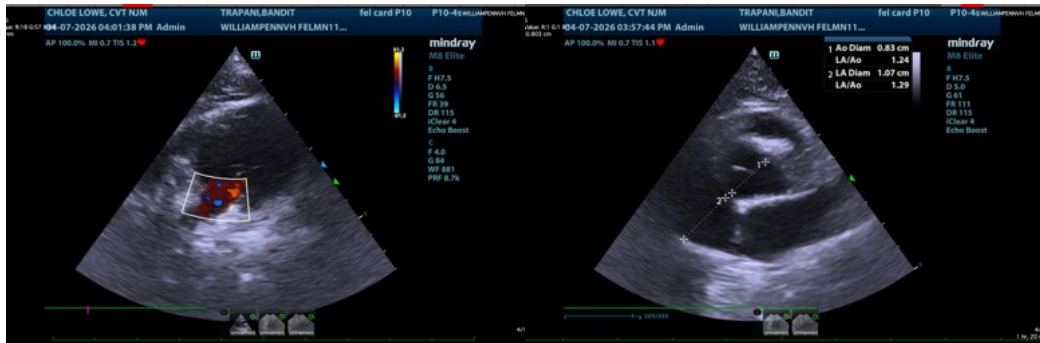
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, CEO of SonoPath.com

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