



PATIENT

Joey Cicalese

SPECIES

Feline

BREED

Domestic Longhair

SEX

Spayed Female

AGE

10 years

WEIGHT

7.7 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Parsippany Troy Hills

REFERRING VET

Dr. Dulude

INVOICE

30840

DATE

6/6/22

PRESENTING CLINICAL SIGNS

History: Resp. distress, not eating, R thoracic mammary mass. Rads: SI. pleural effusion. Hx- Mastectomy 2014 R/O metastasis. No current meds.
Abnormal PE/Chem/CBC/UA Results: Elevated WBC with left shift

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. Slight mineralization was noted. The right kidney measured 3.43 cm.

Adrenal Glands

The **adrenal glands** were uniform, yet bilaterally swollen and hypoechoic. This is most consistent with stress-induced hyperplasia. The left adrenal gland measured 0.71 cm. The right adrenal gland measured 0.73 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 was noted. The spleen measured 0.76 cm.

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



PATIENT

Gastrointestinal

Joey Cicalese

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.

SPECIES

Feline

BREED

Domestic Longhair

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. 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.

SEX

Spayed Female

AGE

10 years

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). Multiple comet tail lung pattern is noted with areas of echogenic pleural effusion.

WEIGHT

7.7 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Parsippany Troy Hills

REFERRING VET

Dr. Dulude

INVOICE

30840

DATE

6/6/22



PATIENT
Joey Cicalese

SPECIES
Feline

BREED
Domestic Longhair

SEX
Spayed Female

AGE
10 years

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	7.7 lbs	171	0.43	1.06	0.49	54	88
FELINE CARDIAC PARAMETERS	LA/AO (Boon)	LA/AO (Sisson)	LA HEART BASE (Sisson) (cm)	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	1.3	1.26	1.1 max		1.07	0.61	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

WEIGHT
7.7 lbs

ULTRASONOGRAPHIC FINDINGS

Normal echocardiogram with B lines and alveolar disease with minor pleural effusion, non-cardiogenic. Bilateral adrenal enlargement, consistent with stress. Cushing's is a rare potential/PDH.

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend chest CT in this patient for further definition. If accessible I recommend pleurocentesis and cytospin is recommended to assess for pleuritis versus underlying neoplasia. Bronchodilators, aggressive antibiotic therapy such as Enrofloxacin and Clindamycin is recommended given the mammary mass spread. However, abdominal pathology does not appear to be an issue.

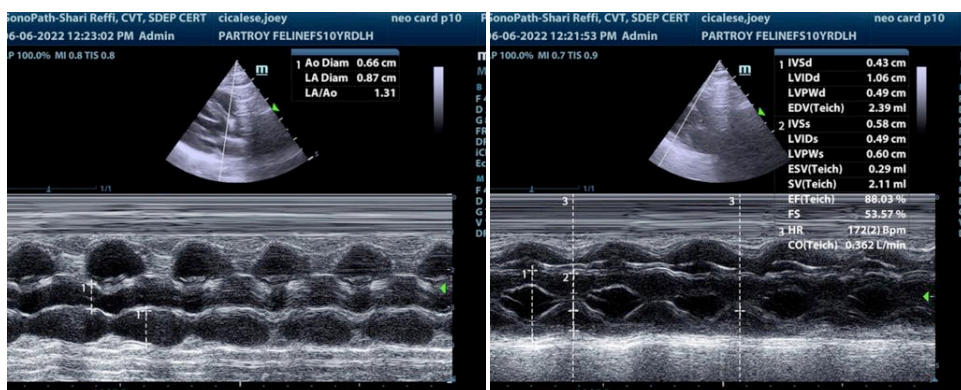
IMAGING PERFORMED BY
Shari Reffi, CVT

HOSPITAL NAME
Parsippany Troy Hills

REFERRING VET
Dr. Dulude

INVOICE
30840

DATE
6/6/22





PATIENT

Joey Cicalese

SPECIES

Feline

BREED

Domestic Longhair

SEX

Spayed Female

AGE

10 years

WEIGHT

7.7 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Parsippany Troy Hills

REFERRING VET

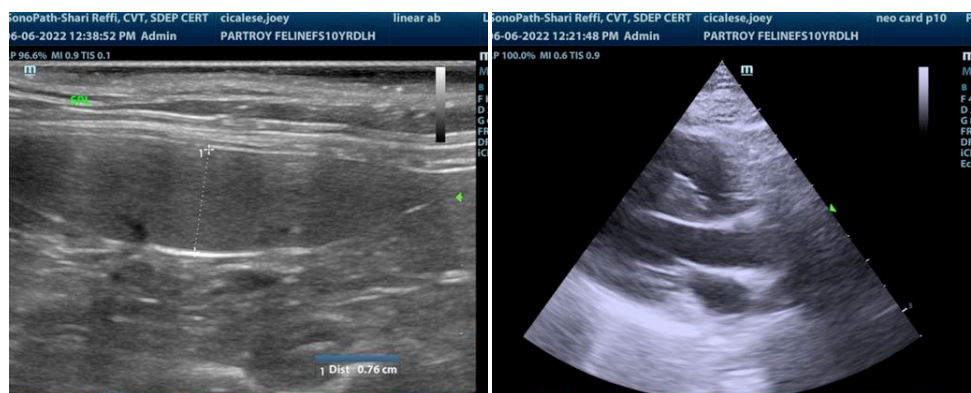
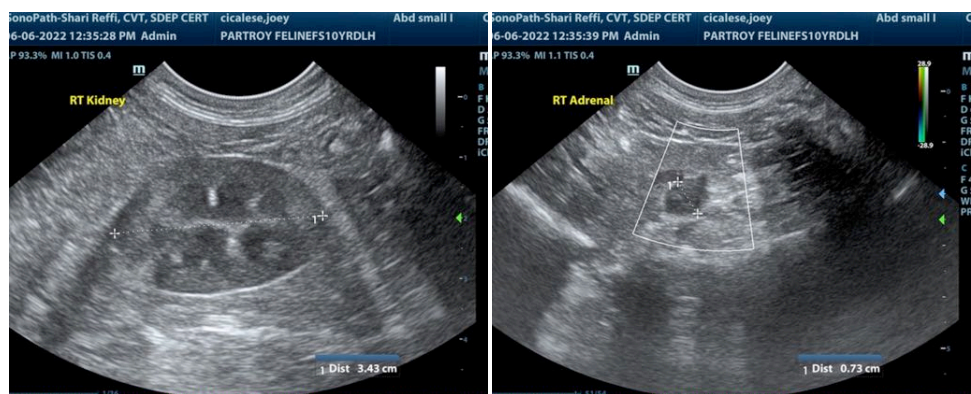
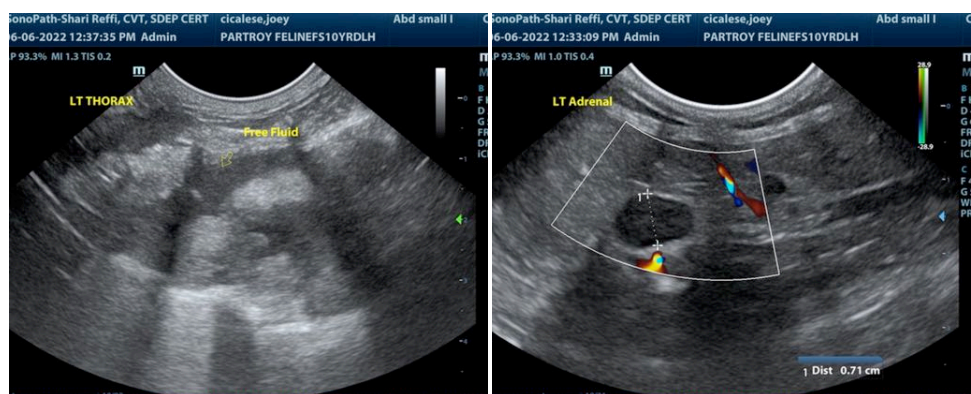
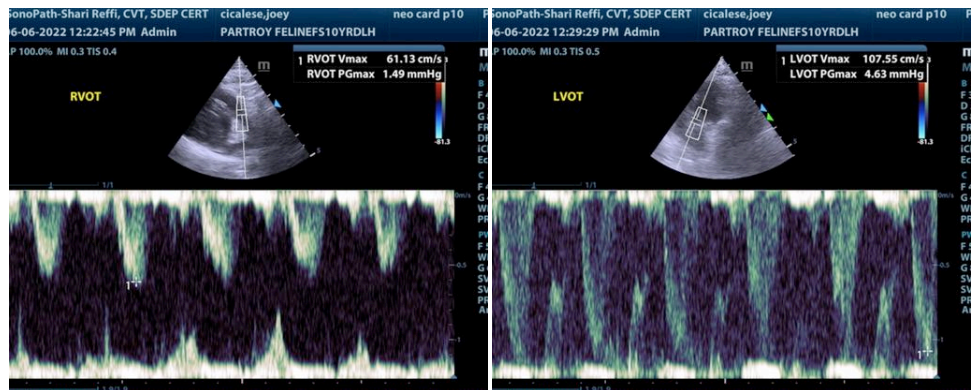
Dr. Dulude

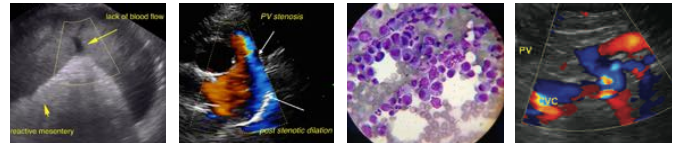
INVOICE

30840

DATE

6/6/22





PATIENT

Joey Cicalese

SPECIES

Feline

BREED

Domestic Longhair

SEX

Spayed Female

AGE

10 years

WEIGHT

7.7 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Parsippany Troy Hills

REFERRING VET

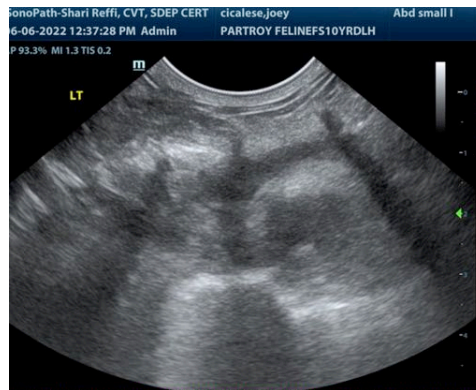
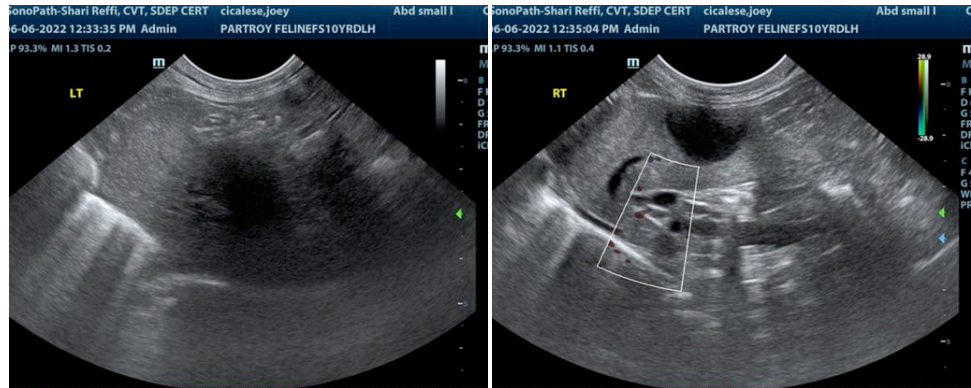
Dr. Dulude

INVOICE

30840

DATE

6/6/22



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