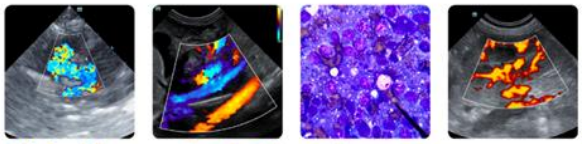


PATIENT

Indica Gossan

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

12

WEIGHT

12.2

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Dr Sharkaway

HOSPITAL NAME

Kew Gardens Animal Hospital

REFERRING VET

Dr Sharkaway

INVOICE
23646

DATE
01/21/2026

PRESENTING CLINICAL SIGNS

- Aorexia
- hematuria
- constipation
- weight loss
- hypertension
- onisocoria - resolved after use of amolodipin

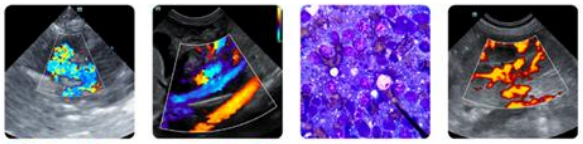
Abnormal PE/Chem/CBC/UA Results: FPLI- positive, 11.3 BW- wnl Heart murmur grade 2/6
Urine spgr-1.009 low

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN AND HEART

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	12.2	NM	0.55	1.25	0.56	45	77
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	--	1.1	1.2		--	1.2	NM
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 and structure. Chamber volume and blood echogenicity were normal. The cranial and caudal mitral valve leaflets presented minor irregular age-related changes that are not clinically significant at this time with adequate extension in systole and union in diastole. No LA spontaneous contrast. No overt MR on Doppler. The left ventricle presented normal to borderline increased free wall and septal thicknesses with mild alinear contour. The myocardium presented some echogenic to hyperechoic remodeling consistent with expected age-related change and fibrosis. Contractility of the ventricular walls was adequate and in normal range for this breed and patient size. The left ventricular outflow tract demonstrated subjectively unremarkable structure. Subjective assessment of the right atrium and auricle revealed normal size, structure and content. No evidence of masses was noted. Tricuspid valvular assessment demonstrated expected findings for this age patient. The right ventricle was of normal size (1/3 diameter of LV), echogenicity and thickness. Pulmonic tract assessment revealed normal valve structure and diameter (approx.1:1 pa/ao ratio). No dilation due to heartworm disease, cor pulmonale, stenosis, or pulmonic hypertension was noted. No visible pericardial or free pleural fluid was noted. The mediastinum was free of masses in the visible window.



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Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Mild increased left and right retroperitoneal echogenicity with scant right perinephric to retroperitoneal effusion. The left kidney measured 3.7 cm in length. The right kidney measured 3.9 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

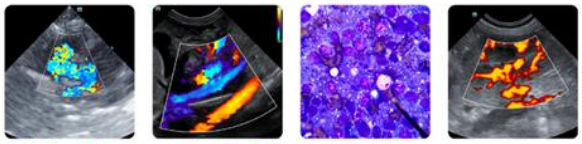
Gastrointestinal

Regional moderate to severe gastric wall thickening and loss of gastric wall layer detail was present extending into the area of the pylorus. No overt obstruction to pyloric outflow. The thickened gastric walls exhibited decreased echogenicity and an asymmetrical luminal surface. Mild retained anechoic fluid was present in the gastric lumen without evidence of foreign material. Thickened gastric wall width measured ~ 2.8 cm x 1.2 cm. The pylorus wall measured 1.4 cm in width.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material. The small intestinal wall measured 0.20 cm in width.

The visualized colon was non-distended in size exhibiting segmental empty lumen and mild segmental semi formed to soft fecal matter.

Pancreas



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The left pancreas was normal in size with capsule asymmetry and mild non-homogenous hypoechoic parenchyma compared to adjacent omentum.

Free Abdomen

Mild perigastric hyperechoic omentum and solitary visualized mildly enlarged to swollen hypoechoic cranial mesenteric lymph node measuring 1.5 cm x 0.75 cm.

ULTRASONOGRAPHIC FINDINGS

Primary

- Normal cardiac structure /function with LV myocardial remodeling
- Stomach mass
- Overtly normal small intestine
- Non-specific chronic renal changes exhibiting bilateral mild increased retroperitoneal echogenicity and scant right perinephric / retroperitoneal effusion
- Possible mild chronic / chronic active left limb pancreatitis
- Non-distended visualized colon

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further clarification, the stomach mass is consistent with neoplastic criteria, i.e. lymphoma or other. Assuming normal clotting status a stomach mass FNA for screening cytology could be considered for further clarification and potential for oncology consult. Gastrointestinal support and empirical therapy for possible mild chronic to chronic active pancreatitis recommended.

A benign physiological flow murmur is probable, although a small non-visualized flow abnormality is not excluded. Regardless, the hemodynamic effects of the murmur at this stage are low. No indication for cardiac medications. Anesthetic risk is considered mild. Conservative monitoring of the murmur going forward is recommended with recheck echo suggested in 6-12 months, sooner if clinically indicated.

Suggested anesthetic protocol may include opioid or Benzodiazepine pre-med, induction with Propofol or Alfaxalone, and appropriate gas anesthesia with avoidance of alpha 2 agonists.

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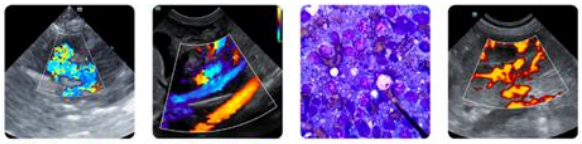

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com | info@sonopath.com | 1.800.838.4268

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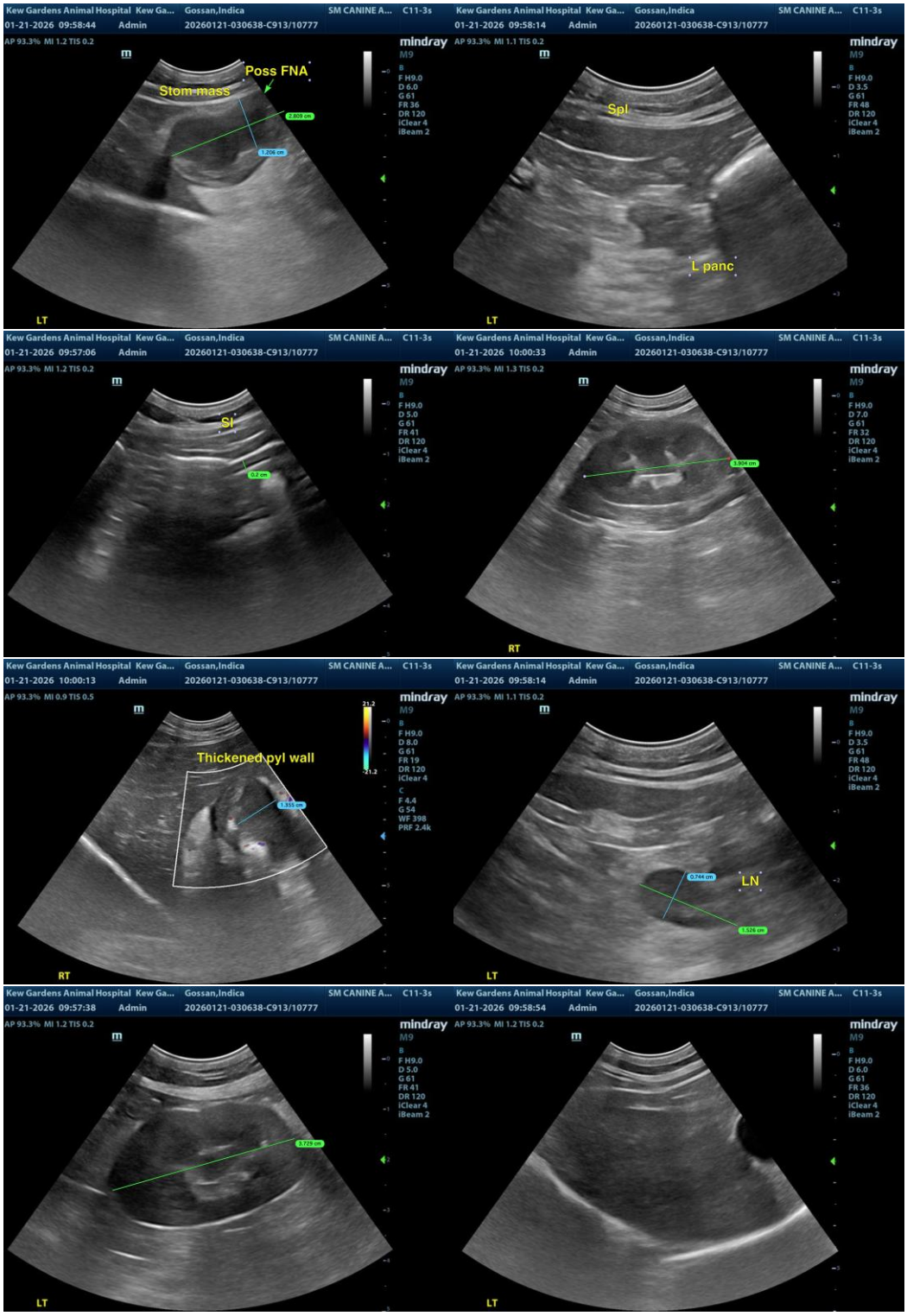

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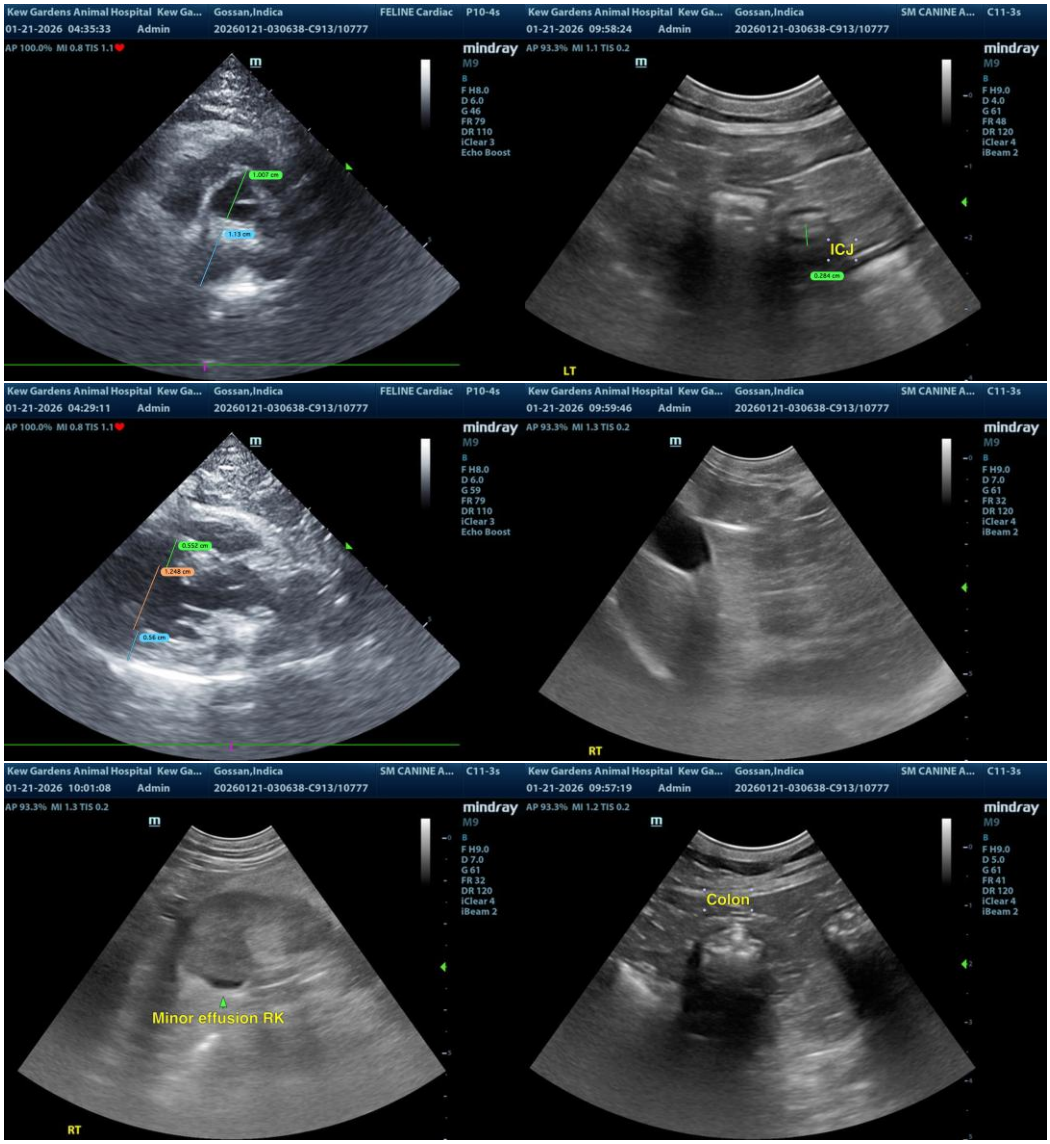

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
info@sonopath.com