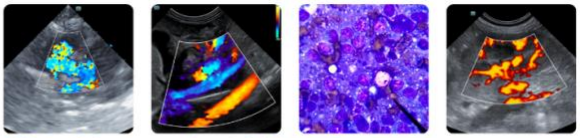

PATIENT

Snuggs Weiss

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

16 Years

WEIGHT

7.3 pounds

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

IMAGING PERFORMED BY

Meghan Morse LVT, CVT

HOSPITAL NAME

All Animals Veterinary Services

REFERRING VET

Dr. Acworth

INVOICE

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01/21/26

PRESENTING CLINICAL SIGNS

- LEZ elevations and anemia
- Current meds: Purina Hydracare
- Hx of heart murmur

Abnormal PE/Chem/CBC/UA Results: Low: PLT, HGB, RBC, MCH High: WBC, Neuts, BUN, TP, ALT, AST, T bili

ULTRASONOGRAPHIC EXAMINATION OF THE HEART & ABDOMEN

FELINE CARDIAC PARAMETERS	**BODY WEIGHT** (lbs)	**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	7.3	NM	0.44	1.36	0.46	45	78
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	--	1.2	1.2		0.80	0.60	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							

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** dimension based on 2 separate LA measurements. The cranial and caudal **mitral** valve leaflets presented normal linear structure and kinetics. Trace MR on doppler. 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. Mild TR on doppler measuring 1.5 meters per second. 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.

Urinary System

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The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

Normal to borderline prominent kidney size. A normal 1:3 cortex / medulla ratio and enhanced corticomedullary border demarcation were present. Hyperechoic cortex echogenicity with small left kidney cortical cysts were visualized. The left kidney measured 4.4 cm in length. The right kidney measured 4.7 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.55 cm width.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.48 cm width.

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 presented with generalized hepatomegaly. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with mild biliary sludge. Normal gallbladder wall without evidence of edema. Mildly dilated cystic and visible common bile duct without evidence of posthepatic obstruction.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Minor nonshadowing ingesta/chyme was present.

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 ileus, obstruction or foreign material. The small intestine wall measured 0.22 cm wall width.

The colon walls presented intact yet prominent wall layering with mild thickened to echogenic submucosa. Generalized soft fecal matter was present in the colon lumen with lumen dilation. The colon wall measured 0.32 cm wall width.

Pancreas

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The pancreas presented prominent in size with symmetrical capsule contour and nonhomogenous to remodeled parenchyma with dilated pancreatic ducts.

Free Abdomen

Mild hyperechoic mesentery with a mild volume of peritoneal effusion was present. No obvious visualized significant omental lymphadenopathy.

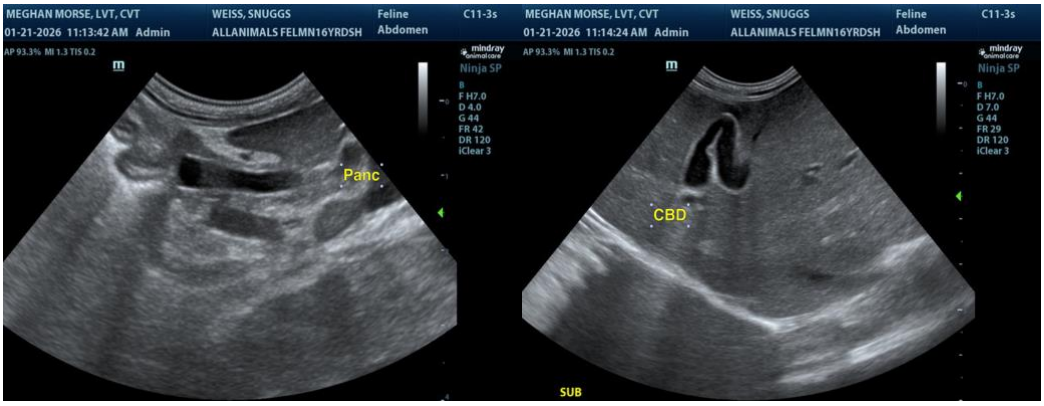
ULTRASONOGRAPHIC FINDINGS

- Normal cardiac structure/function.
- Mild TR/minor MR.
- Hepatopathy.
- Gallbladder debris with mild nonobstructive cystic and common bile duct dilation.
- Normal gastrointestinal tract.
- Colitis pattern with soft fecal matter.
- Probable chronic pancreatitis.
- Hyperechoic kidneys with left kidney cortical cysts.
- Mild peritoneal effusion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hepatobiliary with possible multi-centric inflammation i.e. triaditis or neoplasia are primary differentials. Assuming normal clotting status and using a 25-gauge needle, hepatic FNA cytology is warranted for further clarification in conjunction with ideally effusion analysis. A GI panel to include PLi, TLI, cobalamin and folate may be considered if nonreported gastrointestinal signs and to correlate with pancreas.

The hemodynamic effects of the murmur are low given lack of cardiac chamber enlargement. No indication for cardiac medications. Conservative monitoring of the cardiac murmur if present is recommended.



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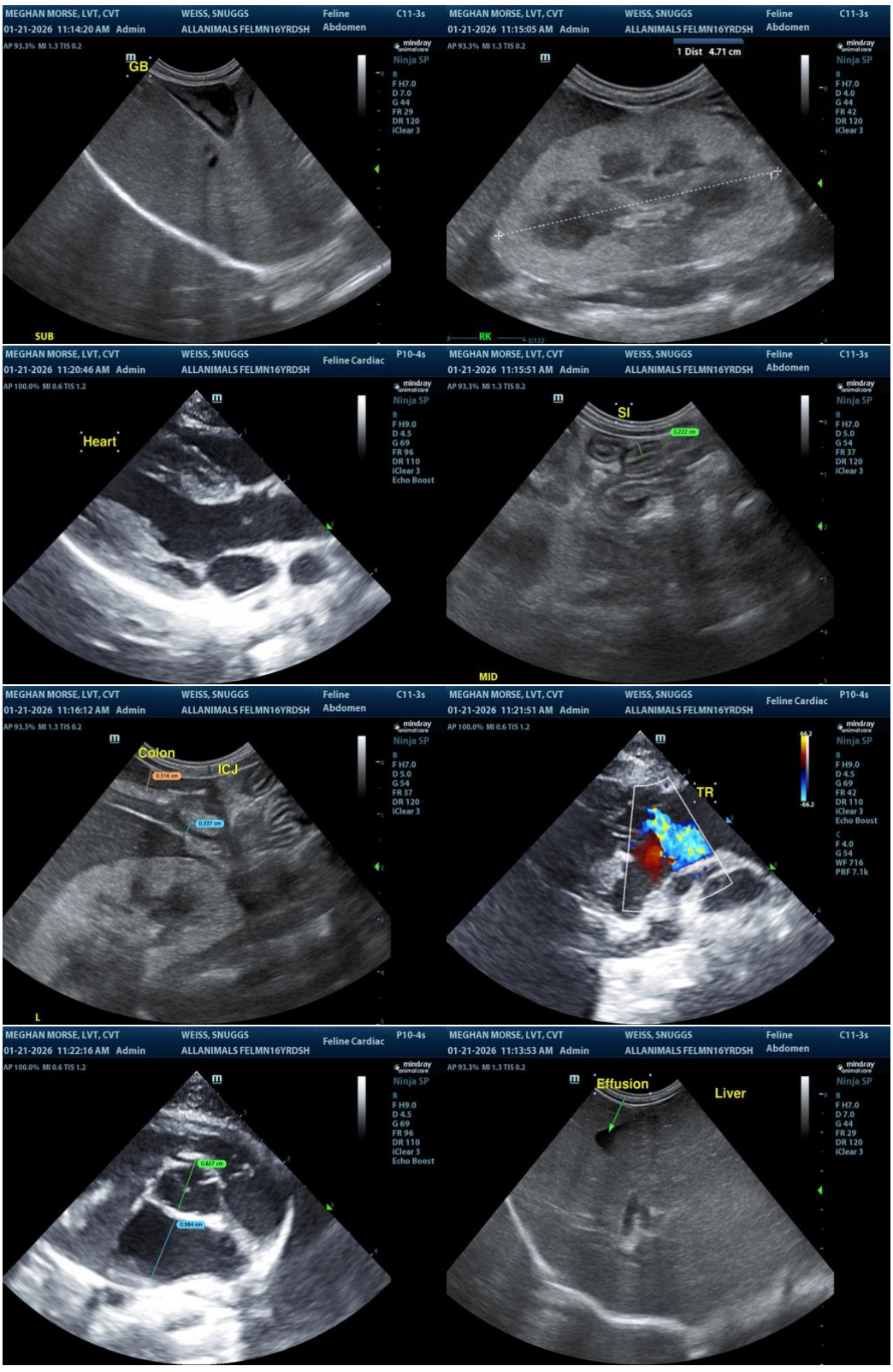

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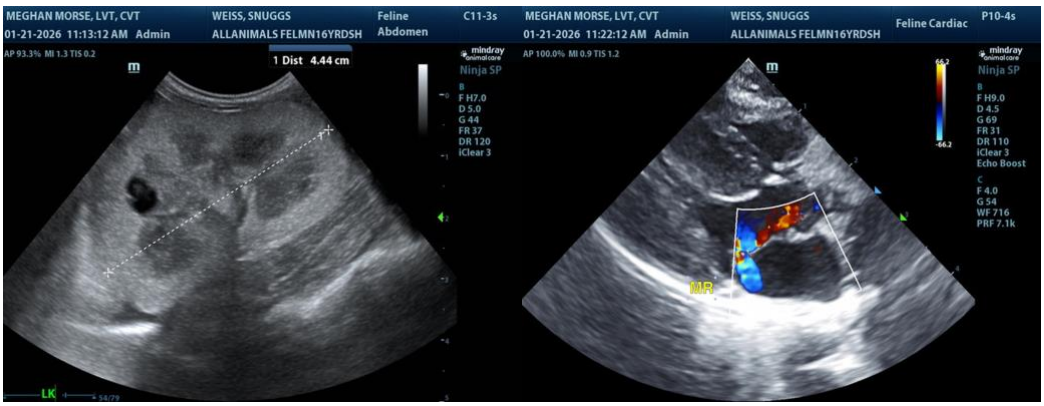

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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