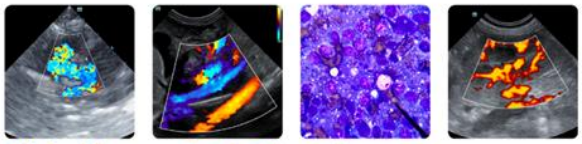


PATIENT

Small Paul Di Domenico

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

11.5

WEIGHT

6.4

INTERPRETED BY

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

IMAGING PERFORMED BY

Michele Pfannenstiel

HOSPITAL NAME

Mill Brook Animal Clinic

REFERRING VET

Michele Pfannenstiel

INVOICE
23705

DATE
01/28/2026

PRESENTING CLINICAL SIGNS

- ADR; hypothermia; but eating and drinking and snuggling.

Abnormal PE/Chem/CBC/UA Results: temp 97 rectal; R femoral pulse stronger than left (subjective); MAP 110; HM IV/VI; thrombocytopenia (61); Hematuria, NSF other

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN AND HEART

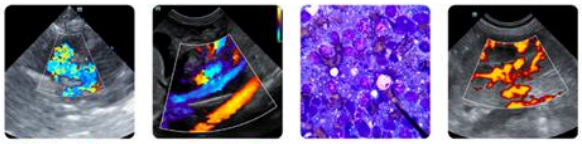
FELINE CARDIAC PARAMETERS	**BODY WEIGHT**	**HR** (BPM)	**IVSd** (cm)	**LVIDd** (cm)	**LVWd** (cm)	**FS** (%)	**EF** (%)
NORMAL PARAMETER	------	150-240	0.3-0.6	1.0-2.1	0.25-0.6	35-67	80-100
PATIENT	6.4	NM	0.57	1.1	0.62	40	74
FELINE CARDIAC PARAMETERS	**LA/AO** M-Mode	**LA/AO HEART BASE** (Sisson)	**LAD** 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	--	--	1.7		--	--	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 increased left atrial size with mild bulbous presentation and with evidence of mild “smoke” /spontaneous contrast. The cranial and caudal mitral valve leaflets appeared mildly thickened with some insufficiency noted on Doppler. The left ventricle presented borderline to mild increased excessive free wall and septal thicknesses. The myocardium presented essentially increased echogenicity with remodeling. Contractility of the ventricular walls was considered excessive for this patient evidenced by the elevated fractional shortening measurement. Subjective assessment of the right atrium and auricle revealed mild increased size with normal structure and content. No evidence of masses was noted. Tricuspid valvular assessment demonstrated linear morphology. The right ventricle was of normal size with normal chordae structure, myocardial echogenicity and thickness. No visible pericardial or free pleura fluid was noted. No echographically detectable evidence of infiltrative disease was visible. The mediastinum was free of masses in the visible window. No evidence of arrythmia.

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm 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.



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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 mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Bilateral medullary mineral to non-obstructive renoliths present. The left kidney measured 3.9 cm in length. The right kidney measured 3.4 cm in length.

No overt medial iliac or sublumbar lymphadenopathy or masses. Color Doppler assessment at the level of the aortic trifurcation was not utilized.

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

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild non-shadowing ingesta sonographically suggestive of food echogenicity with no signs of obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained similar appearing non-shadowing ingesta/chyme with no signs of obstruction or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

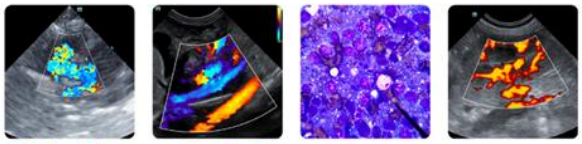
The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

No overt visualized lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary



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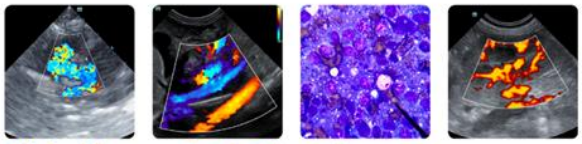
- Borderline thickened LV with evidence of fibrosis, adequate LV systolic function
- Biatrial enlargement with evidence of mild LA spontaneous contrast
- Mild MR
- Chronic renal changes with medullary mineral /renoliths
- Normal volume liver
- Normal gastrointestinal tract with mild gastric and segmental intestinal non-shadowing ingesta- most consistent with food echogenicity

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cardiac presentation suggests HCM phenotype with potential for concurrent unclassified cardiomyopathy given biatrial enlargement. The degree of atrial enlargement was not definitively consistent with congestive criteria, yet it indicates that the current and future risk of complication and thrombotic events is elevated in conjunction with evidence of mild LA spontaneous contrast.

Clopidogrel 75 mg tab ¼ tab PO SID is recommended. Correlation with three view chest radiographs to assess for evidence of congestion is recommended. If present, lowest effective dose Lasix 1-2 mg/kg PO BID is indicated. Pimobendan trial 1.25 mg BID may be considered if persistent hypothermia. Monitoring of systemic BP and T4 level to rule out complicating factors is recommended. Recheck echo suggested in 6 months, sooner if clinically indicated.

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.



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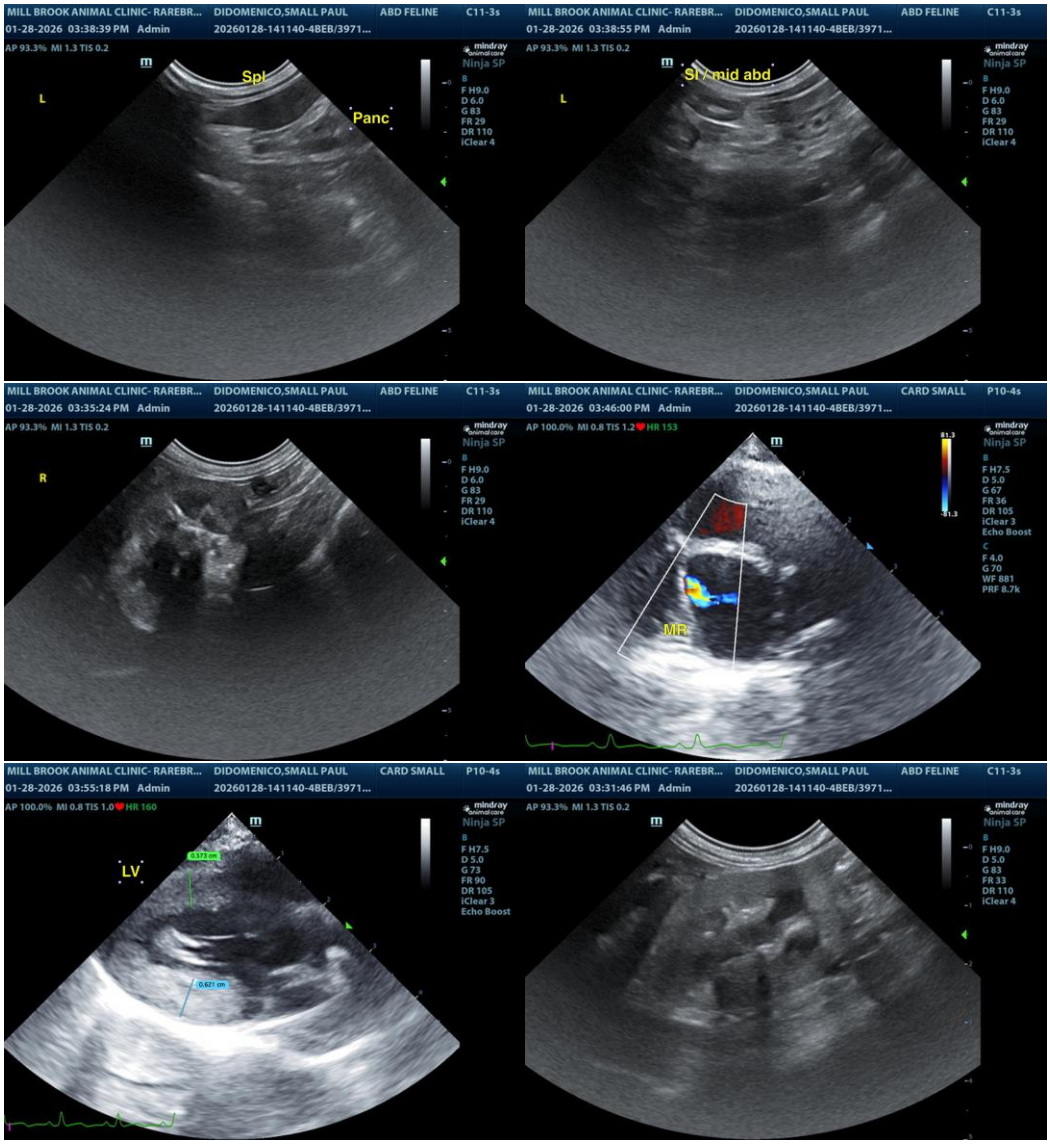

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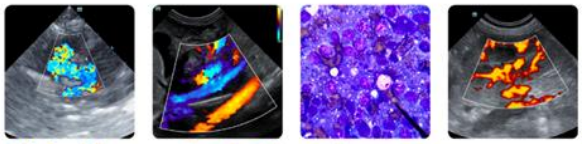

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Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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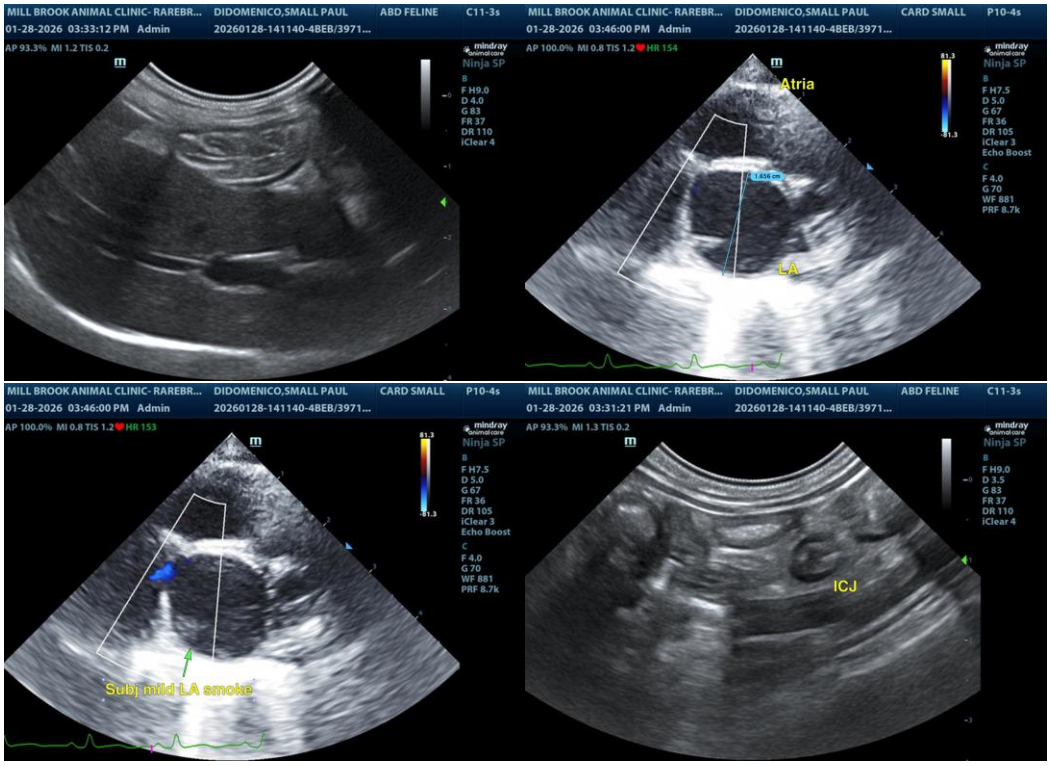

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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