


**PATIENT**

Gypsy Holleuffer

**SPECIES**

Feline

**BREED**

Maine Coon

**SEX**

FS

**AGE**

6yr

**WEIGHT**

7lb

**PRESENTING CLINICAL SIGNS**

Dr. Holleuffer's cat. 6yo FS Maine Coon. Tachypnea/dyspnea on Friday. CXR-suspicious for CHF-started and responded to Lasix. Also decreased appetite and weigh loss. Enlarged mandibular lymph node (unilateral)

Abnormal PE/Chem/CBC/UA Results: abnormal bnp

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN AND HEART**

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	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		NM	0.57	1.7	0.57	37	71
FELINE CARDIAC PARAMETERS	LA/AO (Boon)	LA/AO HEART BASE (Sisson)	LA 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	1.55	1.4	1.5	NM	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							

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Petrone

**HOSPITAL NAME**

Long Branch Animal  
Hospital

**REFERRING VET**

Dr. Petrone

**INVOICE**

12644ag

**DATE**

1/09/2023

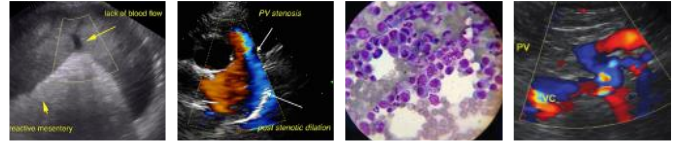
**Cardiac Presentation**

The left ventricular wall exhibited areas of mild myocardial asymmetry with diffuse mildly hyperechoic endocardium which may suggest possible fibrosis and ventricular remodeling. Concurrent prominent to hyperechoic mildly irregular papillary muscles were visualized. The right ventricle was subjectively normal in size and morphology. Normal left atrial dimension without evidence of spontaneous contrast. Normal right atrial dimension without evidence of spontaneous contrast. Subjective mildly thickened mitral valve without overt systolic anterior motion. The tricuspid valve appeared to be normal in morphology. Color Doppler assessment of the valves and LVOT/RVOT was not utilized. Mild volume pericardial effusion was present. Pericardial pulmonary comet tail artifact was present without overt evidence of pleural effusion although cannot be definitively excluded. No overt cardiac tumors.

**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 uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 4.1 cm in length. The right kidney measured 4.1 cm in length.



<b>PATIENT</b>	The area of the aortic trifurcation was free of pathology.
Gypsy Holleuffer	<b>Adrenal Glands</b>
	The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.
<b>SPECIES</b>	
Feline	<b>Spleen</b>
	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. The spleen measured 0.75 cm in width at the level of the hilus.
<b>BREED</b>	
Maine Coon	
<b>SEX</b>	<b>Liver/Gallbladder</b>
FS	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. 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.
<b>AGE</b>	
6yr	Transdiaphragmatic view revealed comet tail lung pattern, which is echogenic sound wave interface with microconsolidations within the caudal lung field. The lung field should not be visualized by sonogram unless pathology is present. Chest radiographs are recommended to rule out alveolar/lung disease such as neoplasia, thromboembolic disease, chronic inflammatory disease with microconsolidation.
<b>WEIGHT</b>	
7lb	<b>Gastrointestinal</b>
<b>INTERPRETED BY</b>	The visualized gastric walls presented intact wall layering with a normal wall layer ratio. The stomach appeared to be moderately distended with gas which may indicate aerophagia.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	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 jejunum wall measured 0.20 cm width. The ileocolic wall measured 0.27 cm width.
<b>IMAGING PERFORMED BY</b>	Normal visible colon wall layers were present with apparent formed feces in lumen.
Dr. Petrone	<b>Pancreas</b>
<b>HOSPITAL NAME</b>	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.
Long Branch Animal Hospital	<b>Free Abdomen</b>
<b>REFERRING VET</b>	No omental masses or peritoneal effusion was present.
Dr. Petrone	Focal, mildly prominent to non-homogenous mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of a lymph node measured 1.0 cm.
<b>INVOICE</b>	
12644ag	<b>ULTRASONOGRAPHIC FINDINGS</b>
<b>DATE</b>	<ul style="list-style-type: none"> <li>• Normal LA/RA</li> <li>• LV hyperechoic endocardium with mild LV myocardial remodeling</li> </ul>
1/09/2023	



**PATIENT**

Gypsy Holleuffer

- Mildly thickened MV, no overt SAM
- Mild volume pericardial effusion
- Transdiaphragmatic and pericardial comet tail artifact
- Sonographically unremarkable GI tract
- Intermittent non-specific minor mesenteric lymphadenopathy

**SPECIES**

Feline

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**BREED**

Maine Coon

The LV presentation was not overtly consistent with HCM criteria with potential for LV fibrosis although emerging HCM is a potential. The LA dimension being within normal range typically confers a low risk of CHF and was not obviously consistent with cardiogenic pulmonary edema. Potential exception to this would be iatrogenic or stress induced event which can lead to spontaneous decompensation even with normal LA dimensions. Potential for multicentric etiologies given the reported tachypnea/dyspnea should be considered. In light of positive response to diuretic therapy, continued Lasix at lowest effective dose to control clinical signs with continued monitoring and careful reassessment should symptoms return or persist would be reasonable. No additional cardiac therapy is recommended.

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No overt evidence of significant abdominal pathology or overt neoplastic criteria was observed. Recheck echocardiogram recommended in 6-8 weeks, sooner if persistent respiratory abnormalities or progressive strong suspicion for episodes of CHF.

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(Canine and Feline)

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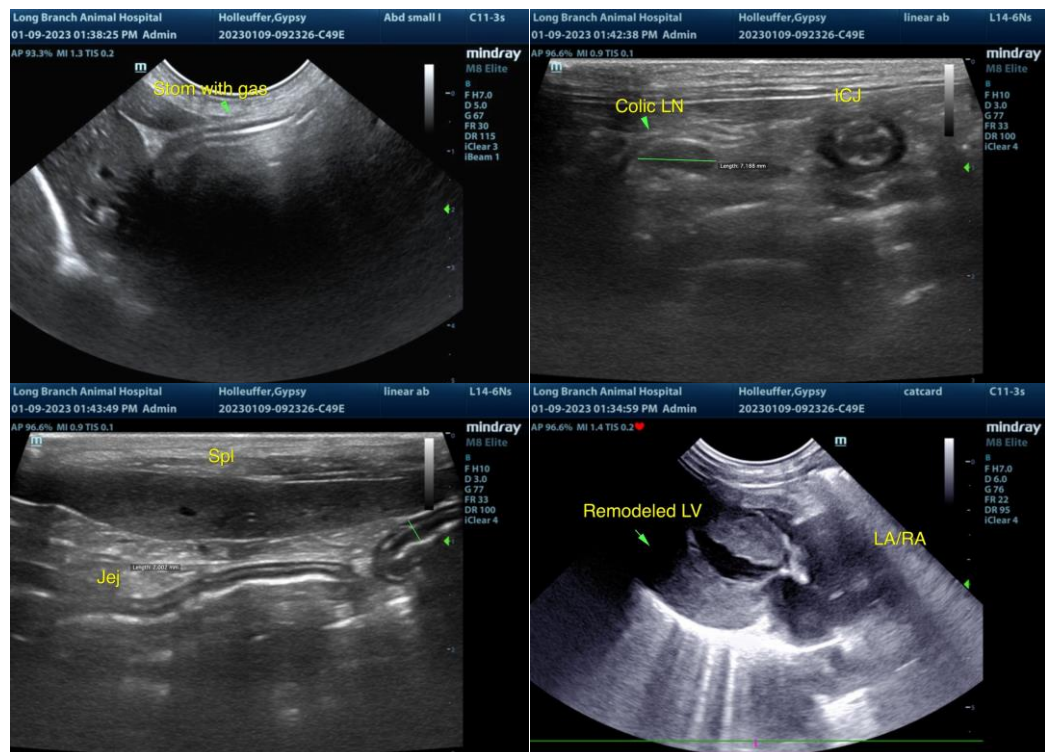
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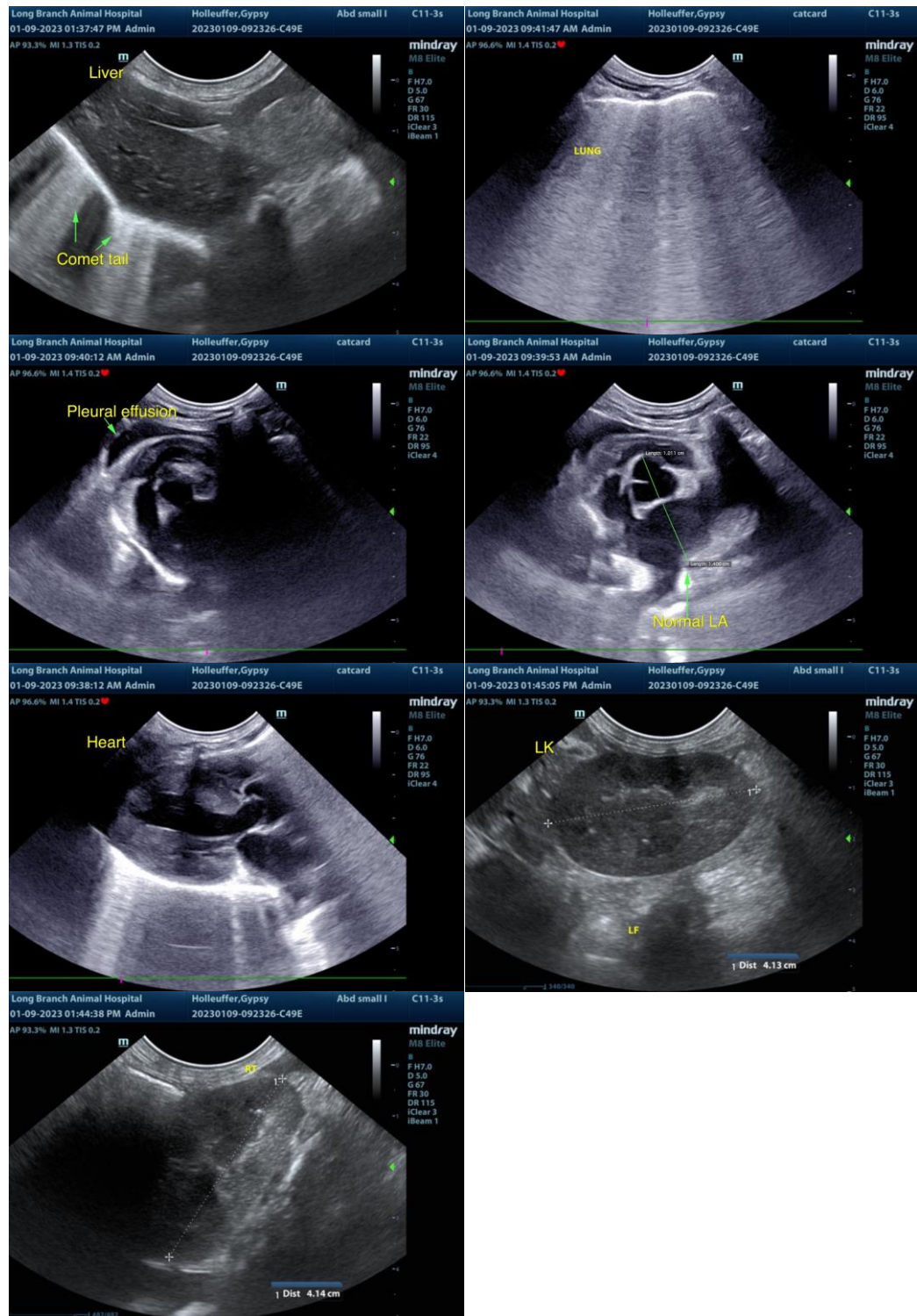
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



**PATIENT**

can be of any further assistance, please contact me.

Gypsy Holleuffer

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