
**PATIENT**

Chevy Paul

**PRESENTING CLINICAL SIGNS**
**SPECIES**

Feline

BW done a few months ago and all WNL- Seemed to be bloated and ADR so owner brought in 2 days ago- Abdominocentesis 300ml transudate, cytology inconclusive- Not in distress- Comfortable but Owner not seeing BMs- appetite decreased-

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN AND HEART**
**BREED**

DSH

**SEX**

MN

**AGE**

13yr

**WEIGHT**

6.5kg

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	0.43	1.69	0.39	56	90
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		1.24	1.2				
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)

**Cardiac Presentation**

The echocardiogram in this patient demonstrated enlarged left atrial size based on 2 separate LA measurements. The cranial and caudal mitral valve leaflets presented normal linear structure and kinetics. No overt MR. The left ventricular septum and free wall revealed normal thicknesses with areas of myocardial asymmetry and minor echogenic remodeling of the septum and free wall. This is most consistent with some level of myocardial fibrosis. The left ventricular outflow tract demonstrated normal laminar flow and subjective normal structural integrity. The right atrium and auricle revealed increased size and normal content. No evidence of masses was noted or chamber overload. Tricuspid valvular assessment demonstrated adequate linear morphology and kinetics. The right ventricle exhibited mild prominent size compared to the LV with concurrent mild asymmetric free wall myocardial remodeling with normal free wall 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.

**IMAGING BY**

 Loetitia Saint-Jacques,  
 DVM

**HOSPITAL NAME**

Sierra Veterinary Hospital

**REFERRING VET**

Dr. Kidder

**INVOICE**

11969ag

**DATE**

10/20/2022



Portable Animal Wellness Sonography, Inc.

## PATIENT

Chevy Paul **Urinary System**

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The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

## BREED

DSH

No overt pathology in the area of the left or right kidneys.

### **Adrenal Glands**

No overt pathology in the area of the left or right adrenal glands.

## SEX

MN

### **Spleen**

The spleen exhibited overtly normal size with generalized mild parenchyma heterogeneity and maintained symmetrical capsule contour. A solitary mildly expansive uniform hyperechoic nodule in the mid lateral spleen was present measuring 2.0 cm in diameter.

## AGE

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### **Liver**

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was not definitively visualized.

## WEIGHT

6.5kg

### **Gastrointestinal**

## INTERPRETED BY

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained possible retained non-shadowing ingesta/chyme was empty with no signs of ileus, obstruction or foreign material.

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Loetitia Saint-Jacques,  
DVM

The intestinal walls demonstrated intact wall layers with diffusely thickened walls and altered 1:3 muscularis / mucosa ratio primarily consisting of muscularis hypertrophy. Focal moderately thickened intestine with intact wall layering with mild to moderate retained chyme proximal. The small intestine wall measured 0.32 cm in width. Thickened small intestine measured up to 0.56 cm in width.

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

### **Pancreas**

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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.

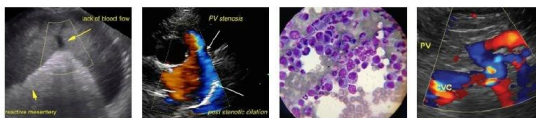
### **Free Abdomen**

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**PATIENT**

Chevy Paul Moderate volume peritoneal free fluid exhibiting echogenic changes suggestive of fluid cellularity was present. Generalized mild non-uniform to nodular mesentery was present along with intermittent isoechoic to mildly hypoechoic mesenteric lymph nodes, an example measuring 1.1 cm in diameter.

**SPECIES**

Feline

**ULTRASONOGRAPHIC FINDINGS**

- Overtly normal structure and function for age with LV and RV myocardial remodeling, mildly prominent RV
- Diffuse infiltrative enteropathy pattern with focally thickened small intestine to emerging small mural mass, mild segmental retained intestinal chyme proximal
- Moderate volume peritoneal free fluid exhibiting mild echogenic changes
- Generalized non-uniform nodular mesentery and intermittent mesenteric lymphadenopathy

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Although the small intestinal presentation may indicate chronic inflammatory enteropathy such as IBD or eosinophilic enteritis, primary concern for neoplastic infiltrative enteropathy with round cells is warranted. Suspect emerging possibly stricturing focal to segmental intestinal mural mass with secondary retained intestinal chyme proximal which may indicate partial obstructive pattern. Given the mildly echogenic peritoneal free fluid, intestinal neoplastic criteria with secondary lymphomatosis or similar is of primary concern. A guarded to unfavorable prognosis is indicated.

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DVM, DABVP  
(Canine and Feline)

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Loetitia Saint-Jacques,  
DVM

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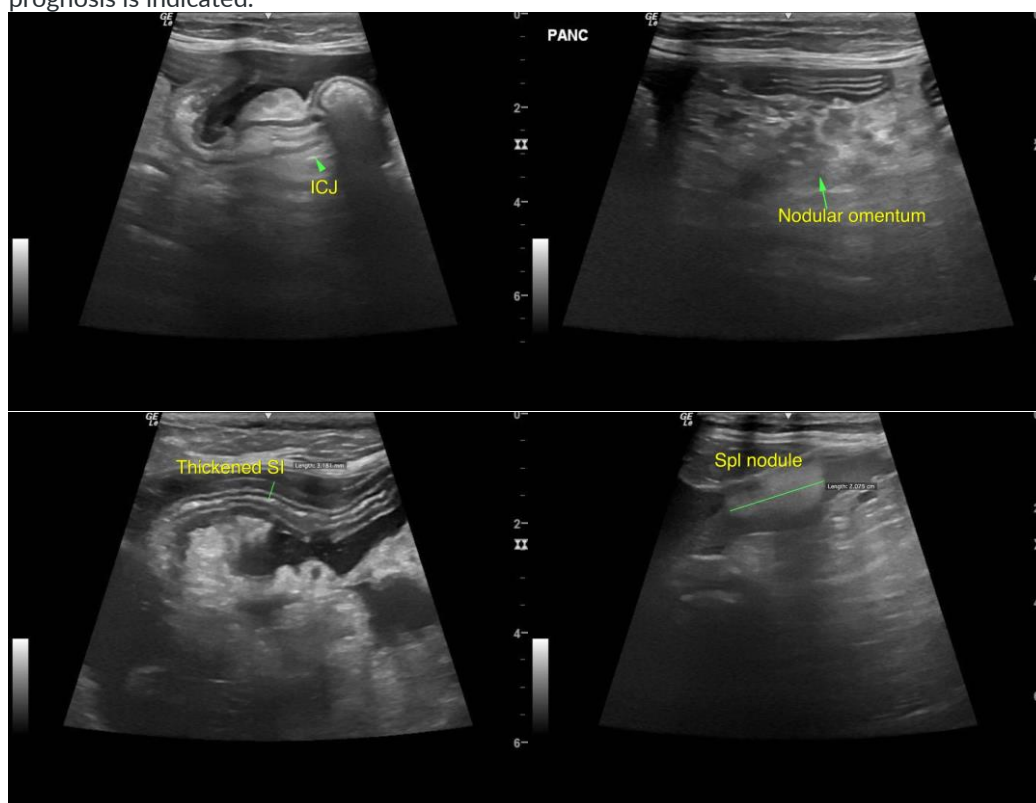
Dr. Kidder

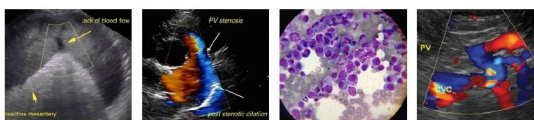
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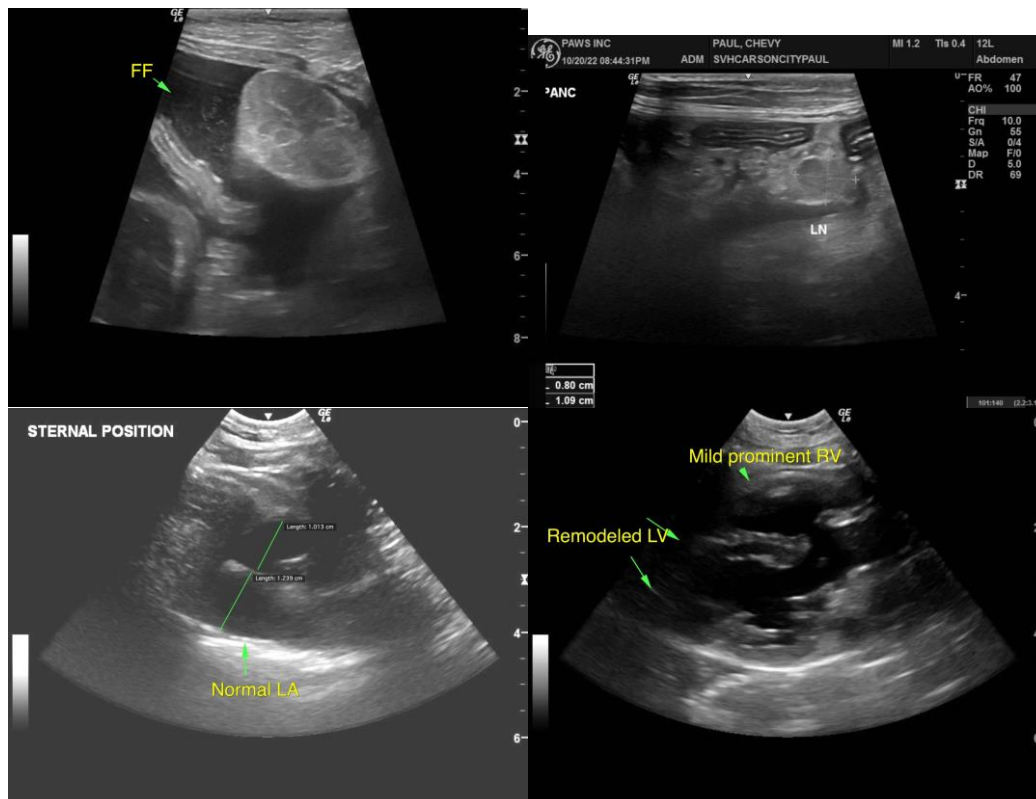
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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DVM, DABVP  
(Canine and Feline)

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.

**IMAGING BY**

Loetitia Saint-Jacques,  
DVM

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

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