



**PATIENT**

Gibby Pepe

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

10

**WEIGHT**

14.5

**PRESENTING CLINICAL SIGNS**

re check u/s 11/6 re checking status of heart P is stable

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART & ABDOMEN**

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	0.72	1.8	0.7	45	76
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	--	1.37	1.4		--	1.2	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

**IMAGING PERFORMED BY**

Jenn

**HOSPITAL NAME**

Rockaway Animal Hospital

**REFERRING VET**

Dr. Maniar

**INVOICE**

12162

**DATE**

11/10/25

**Cardiac Presentation**

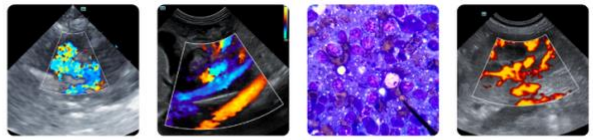
The echocardiogram in this patient demonstrated normal **left atrial** size and structure. No evidence of LA spontaneous contrast. Chamber volume and blood echogenicity were normal. The cranial and caudal **mitral** valve leaflets presented minor irregular age-related changes that are not clinically significant at this time with adequate extension in systole and union in diastole. No definitive visualized MR or SAM. The **left ventricle** presented static moderate increased free wall and septal thickness with mild alinear contour. The **myocardium** presented with mild hyperechoic echogenicity with myocardial remodeling, suggestive of myocardial fibrosis and age-related change. Mildly prominent remodeled hyperechoic papillary muscle. **Contractility** of the ventricular walls was adequate and in normal range for this breed and patient size. The **left ventricular outflow** tract demonstrated normal laminar flow with 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, laminar flow, and diameter (approx.1:1 pa/ao ratio). Normal measured RVOT velocity. No visible **pericardial** or free pleural fluid was noted. The **mediastinum** was free of masses in the visible window.

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Nondependent particulate mild sediment was present without evidence of calculus formation. The ureteral papillae were normal. The



<b>PATIENT</b>	ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.
Gibby Pepe	
<b>SPECIES</b>	Both kidneys exhibited mild static enlargement with overall maintained corticomedullary architecture. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary border demarcation was also present. The renal medullary volume was subjectively reduced. The left kidney measured 5.0 cm in length. The right kidney measured 4.9 cm in length.
Feline	
<b>BREED</b>	<b>Adrenal Glands</b>
DSH	The left and right adrenal glands were not definitively visualized.
<b>SEX</b>	<b>Spleen</b>
Neutered Male	The spleen was not visualized owing to previous splenectomy.
<b>AGE</b>	<b>Liver</b>
10	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.
<b>WEIGHT</b>	The gallbladder was non distended in size with mild biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.
14.5	
<b>INTERPRETED BY</b>	<b>Gastrointestinal</b>
R. McKenzie Daniel, DVM, DABVP	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.
<b>IMAGING PERFORMED BY</b>	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.
Jenn	Normal visible colon wall layers were present with apparent formed feces in lumen.
<b>HOSPITAL NAME</b>	<b>Pancreas</b>
Rockaway Animal Hospital	The pancreas presented normal in size and contour with mild heterogeneous hypoechoic parenchyma with mildly prominent left limb pancreatic duct.
<b>REFERRING VET</b>	<b>Free Abdomen</b>
Dr. Maniar	No overt lymphadenopathy or peritoneal effusion was present.
<b>INVOICE</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
12162	<ul style="list-style-type: none"> <li>• Static hypertrophic cardiomyopathy phenotype with myocardial remodeling and suspected LV fibrosis.</li> <li>• Static chronic renal changes exhibiting mild renomegaly- no overt neoplastic criteria.</li> <li>• Static mild gallbladder debris.</li> <li>• Nonvisualized spleen- previous splenectomy.</li> <li>• Possible mild chronic left limb pancreatitis.</li> <li>• Mild urine sediment.</li> </ul>
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DVM, DABVP

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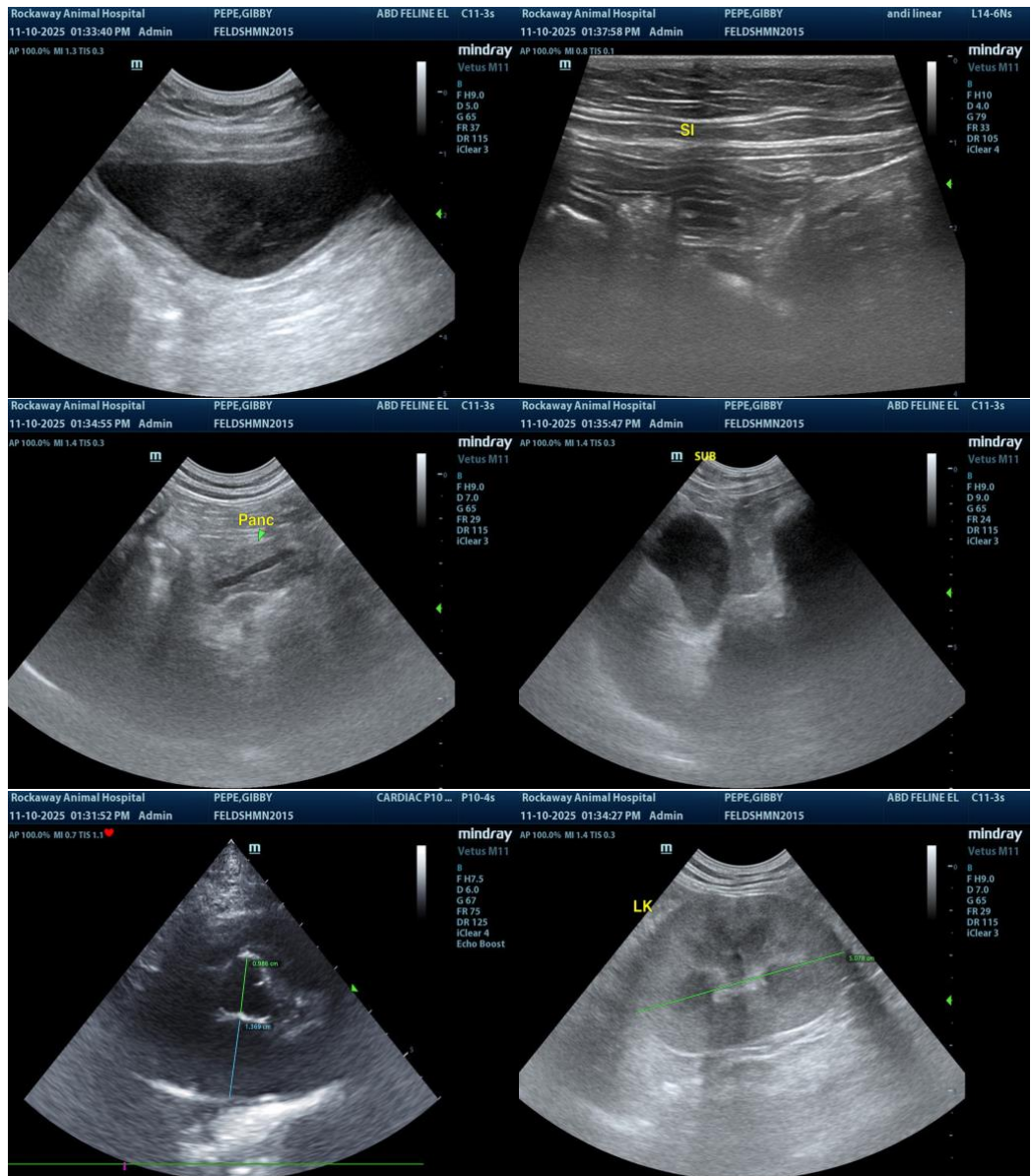
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Regardless of cardiac classification, the lack of LA enlargement indicates the current and future risk of complication is low. Continued monitoring of T4 level and systemic BP to rule out complicating factors is recommended. No indication for cardiac medication yet, prognosis is variable. Sonographic monitoring is advised with recheck echo suggested in 6 months or sooner if clinical signs arise. Cardiac anesthetic risk is considered mild.

Monitoring of renal parameters and urinalysis with urine culture/sensitivity if evidence of inflammatory urine sediment +/- UPC if evidence of non-inflammatory proteinuria for renal staging and monitoring is recommended. A spec fPL could be considered if clinical signs are consistent with chronic pancreatitis.





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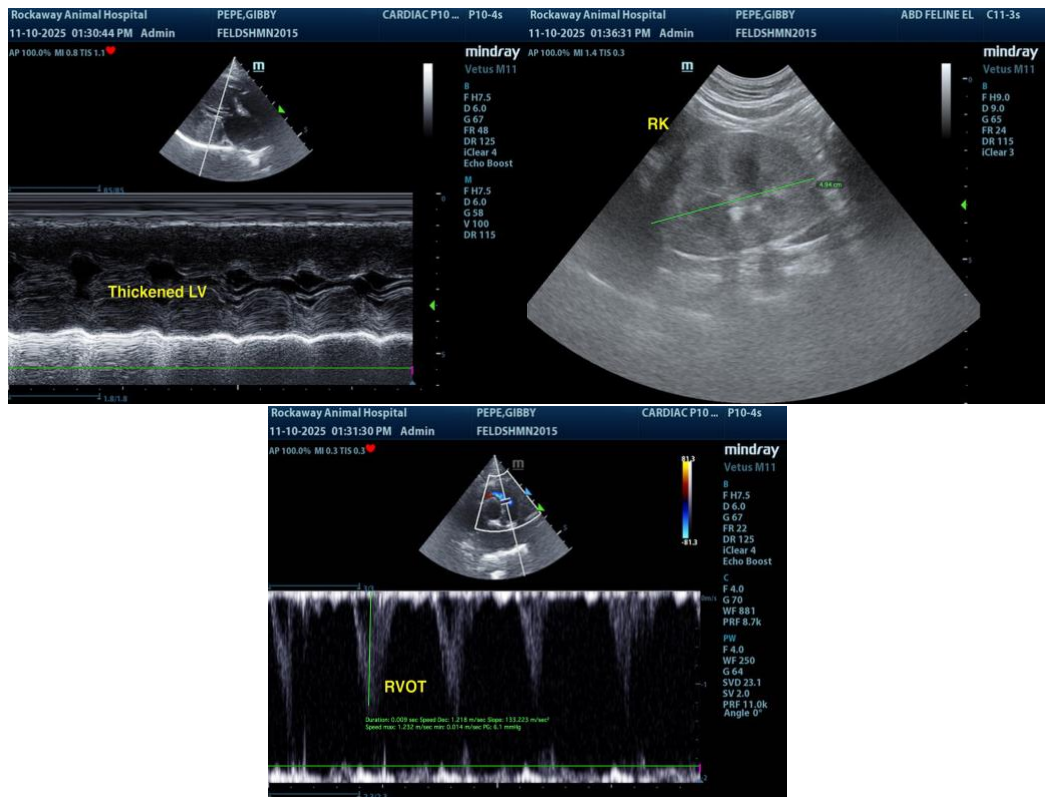
Dr. Maniar

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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](mailto:info@SonoPath.com)