



PATIENT

Grigio Caruso

PRESENTING CLINICAL SIGNS

odor coming from mouth , anorexia, painful hiding

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

11

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	0.58	1.2	0.6	44	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	--	1.1	1.6		--	0.75	NM

Sisson D et al. JVIM 1991; 5: 232, Jacobs et al. Am J Vet Res 1985; 46:1705

WEIGHT

12.7

Cardiac Presentation

The echocardiogram in this patient demonstrated normal 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 present on Doppler. The left ventricle presented borderline increased thickness with maintained linear contour and was not dilated or restricted. The myocardium presented normal echogenicity without subjective evidence of significant fibrotic or ischemic disease. The 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. No overt TR present on Doppler. 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). Normal measured RVOT velocity was present. 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

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 moderate non-dependent particulate sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal
Hospital

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Adequate size and primarily symmetrical margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was present. Mildly hypoechoic cortex with mildly enhanced to indistinct corticomedullary border demarcation. No evidence of pelvic dilation. Bilateral areas of pinpoint medullary mineral were present. The left kidney measured 3.7 cm in length. The right kidney measured 3.6 cm in length.

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The area of the aortic trifurcation was free of pathology.

Adrenal Glands

BREED

The left and right adrenal glands were not definitively visualized.

DSH

Spleen

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MN

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.

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Liver/Gallbladder

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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

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The stomach presented intact wall layering with a normal wall layer ratio. The stomach contained mild retained anechoic fluid and mild lumen gas, no evidence of obstruction to pyloric outflow.

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 mechanical/metabolic ileus, obstruction or foreign material. The small intestinal wall measured 0.20 cm in width.

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

Pancreas

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The visualized pancreas was normal in size and contour with minor homogenous hypoechoic parenchyma compared to adjacent omentum.

Free Abdomen

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No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Normal echocardiogram with borderline increased LV wall dimension.

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- Urinary bladder sediment
- Non-specific chronic renal changes
- Minor hypoechoic pancreas
- Structurally normal gastrointestinal tract with mild hypomotile stomach.

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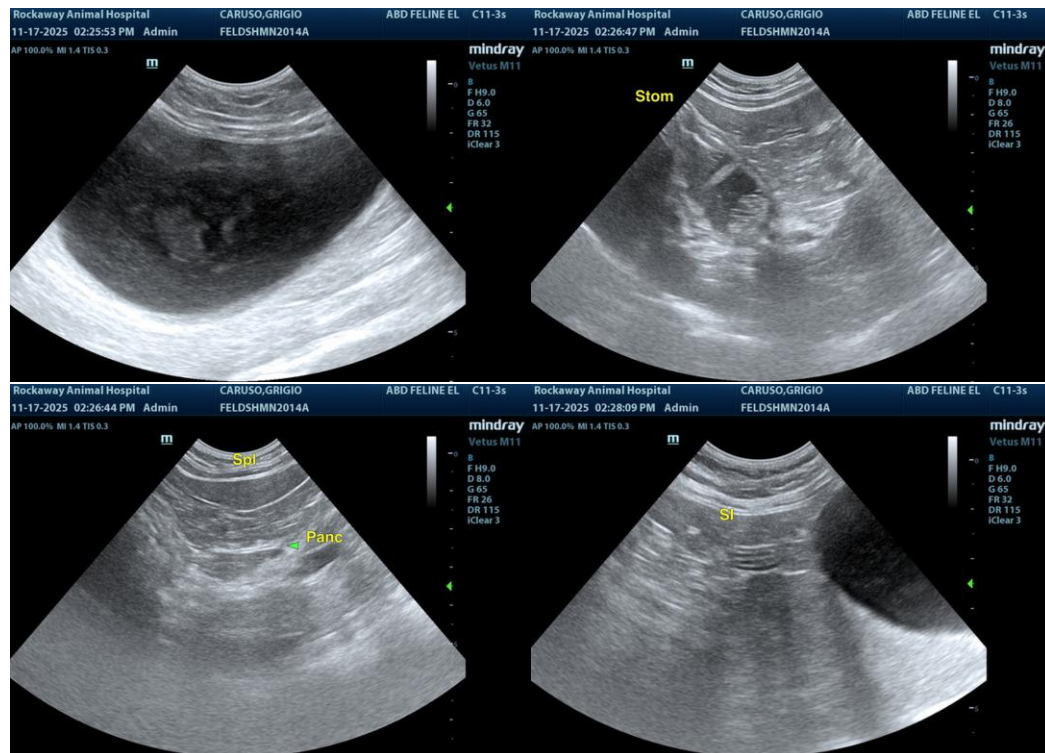
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The borderline increased LV dimension is non-specific with emerging HCM considered a rule out diagnosis if the patient is deemed euthyroid and normotensive. Assessment of T4 and systemic BP is recommended. Regardless of classification, the lack of LA enlargement indicates the current and future risk of complication is low with no indication for cardiac medication. Sonographic monitoring required for further assessment and prognosis with a recheck echo recommended in 6 months, sooner if clinically indicated.

Assessment for evidence of cranial abdominal/subxiphoid discomfort on palpation and spec fPL which may correlate with mild pancreatitis is recommended. No evidence of gastrointestinal mural pathology, obstructive pattern or foreign material. Gastrointestinal support indicated. A full CBC/chemistry panel and UA +/- C/S is recommended if not already done. A recheck sonogram is indicated if continued or progressive clinical signs.





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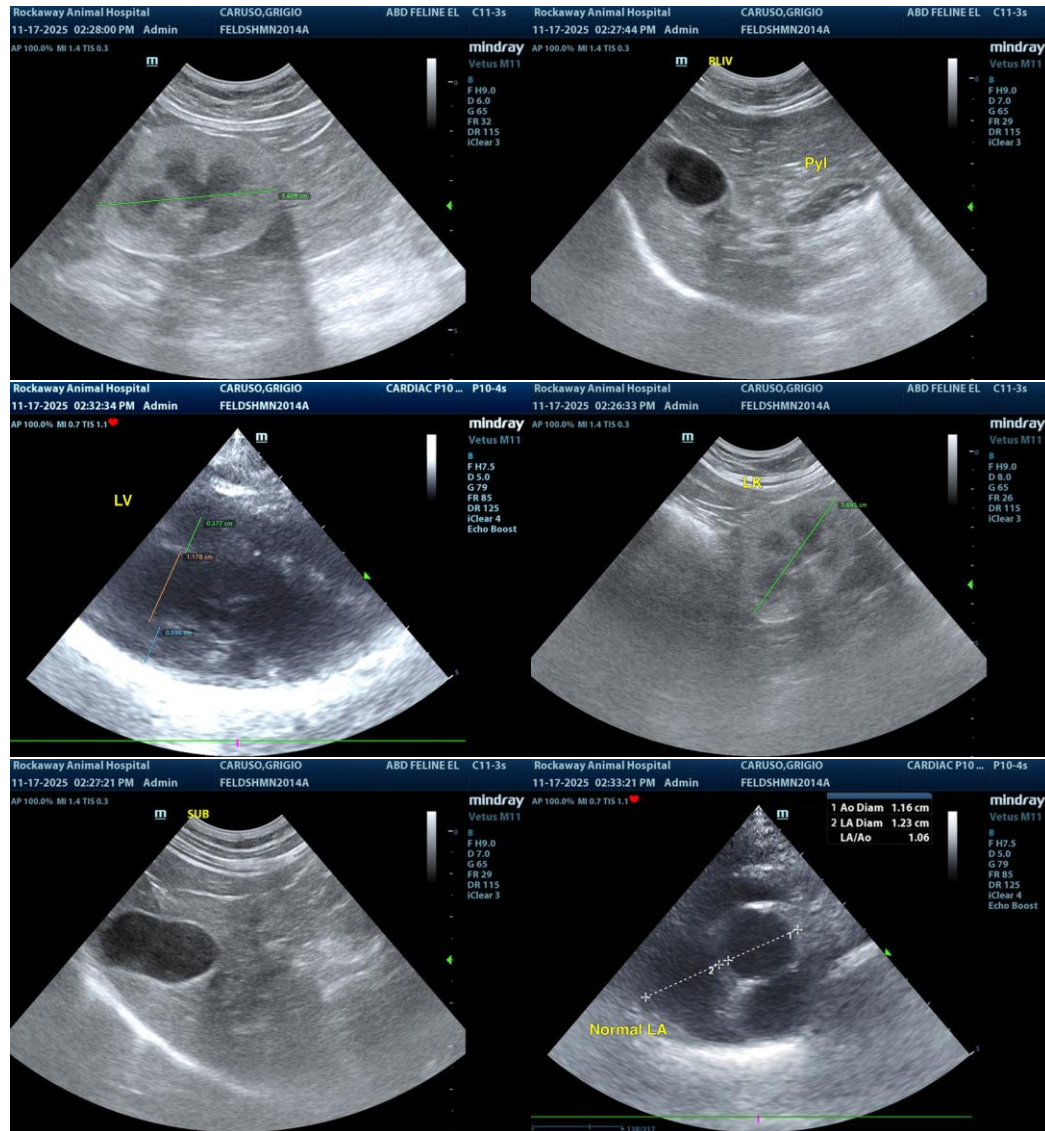
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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