



PATIENT

Miss Kitty Colcuc

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

3 yrs

WEIGHT

4.45 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Yates VH

REFERRING VET

Merkel

INVOICE

10382

DATE

11/20/25

PRESENTING CLINICAL SIGNS

Previously diagnosed with Feline Leukemia July 2024 Presented Nov 3rd with a 1 week history of hiding, and inappetence (would eat treats) PE was unremarkable, BW performed that day unremarkable. Pet given 250ug B12 and sent with 20mg Gabapentin BID Client reports that gabapentin administration caused extreme lethargy, and pet was voiding on bedding. Started eating a/d when offered. Recheck Nov 6th unremarkable. UA performed noting high USG, M1 protein and blood present Was given an injection of Convenia as a precaution. Nov 10th - client updates to say she is now eating a/d and kibble, but weak in hind end. Rads performed Nov 12 show intestinal bunching along R side of abdomen, and an abnormal shape/opacity near heart base. Started on Onsiior Eating well now, but still hiding

Current Medications Onsiior 6mg SID

Abnormal PE/Chem/CBC/UA Results: FeLv SNAP positive July 2024 Primary Question to Be Answered in This Exam Potential cause for hiding behaviour Explanation for mass effect in abdomen despite no obvious mass Potential ID of opacity noted on thoracic rad.

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		191	0.43	1.2	0.45	48	81
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	1.1	1.2			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							

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate LA measurements. The cranial and caudal **mitral** valve leaflets presented normal linear structure and kinetics. The **left ventricle** presented normal thicknesses with linear contour and was not dilated nor restricted. The **myocardium** presented normal echogenicity without subjective evidence of significant fibrotic or ischemic disease. **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



PATIENT	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. 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). 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 overt masses in the visible window with possible mild pericardial fat.
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DSH	Urinary System
SEX	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with minor dependent lumen hyperechoic sand and nondependent particulate sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.
FS	
AGE	
3 yrs	No evidence of pathology in the area of the aortic trifurcation.
WEIGHT	
4.45 kg	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 3.1 cm in length. The right kidney measured 3.4 cm in length.
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The left adrenal gland was overtly normal in size, position, and shape, measuring 0.37 cm width. The area of the right adrenal gland was free of pathology.
IMAGING PERFORMED BY	Spleen
Amanda Stewart	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.
HOSPITAL NAME	Liver/ Gallbladder
Yates VH	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.
REFERRING VET	Gastrointestinal
Merkel	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained ingesta, fluid, or foreign material.
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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.

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 were evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Normal echocardiogram
- Sonographically unremarkable abdomen with mild urinary bladder sediment / sand

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of cardiac or visible pathology as a definitive cause of the patient's history and clinical signs. There is no evidence of abdominal neoplastic criteria, gastrointestinal plication, or obstructive pattern. A definitive pericardial or mediastinal mass was not obvious. Continued gastrointestinal supportive care is recommended. A GI panel to include PLI/TLI/Cobalamin/Folate to assess for occult pancreatic or nonstructural intestinal disease, if recurrent gastrointestinal signs, may be considered. Screening urine C/S on a sterile urine sample, if clinical signs consistent with urinary infection, is recommended.





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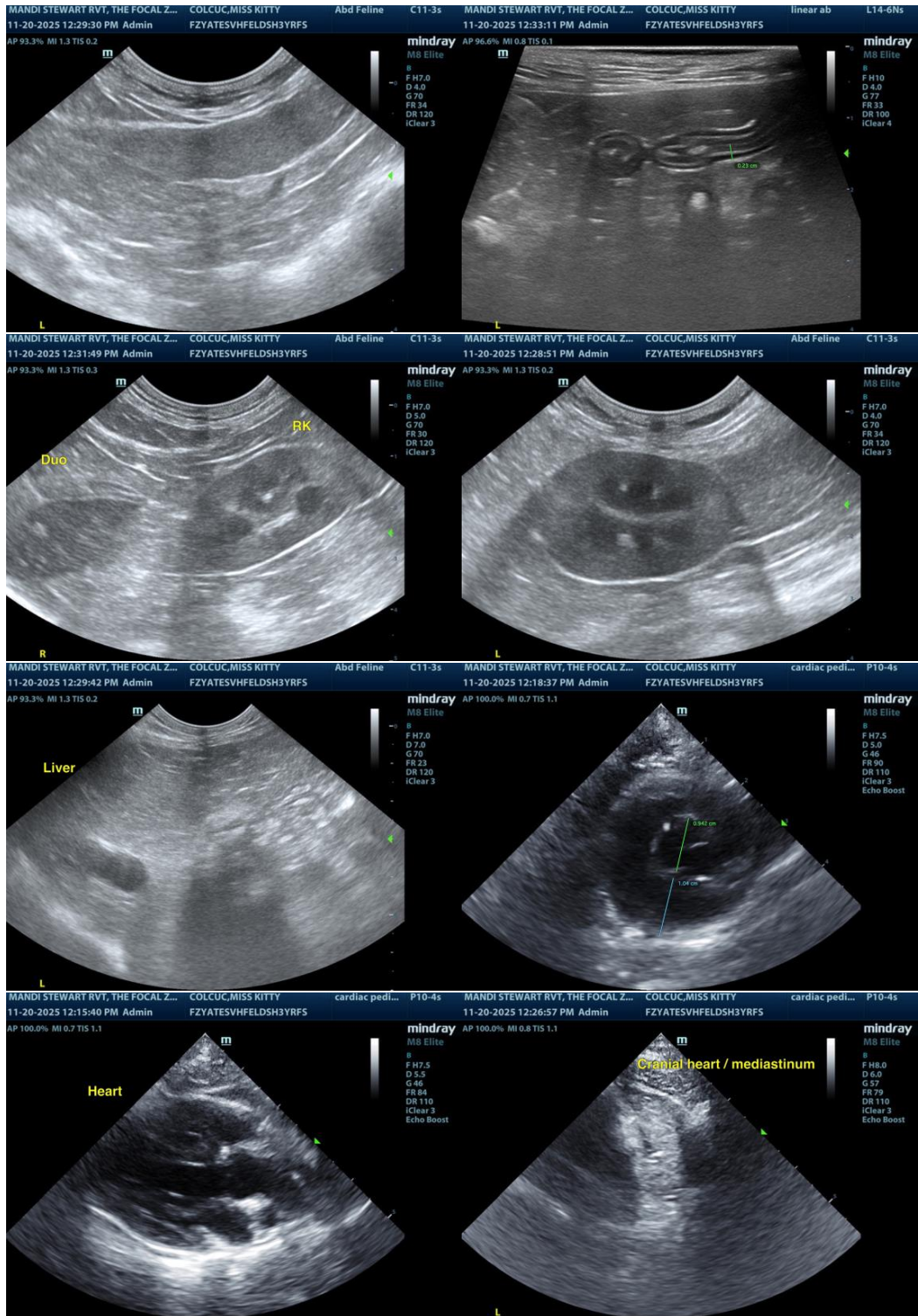
Merkel

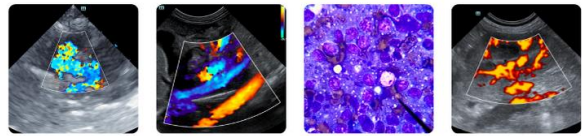
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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