



PATIENT

Sweetie Cadman

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

21 years 3 mon

WEIGHT

8.9 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Whippany Vet

REFERRING VET

Dr. Enoch

INVOICE

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DATE

11/20/25

PRESENTING CLINICAL SIGNS

Dark tarry stool recently, new HM Meds- telmisartan tresaderm and panacur

Abnormal PE/Chem/CBC/UA Results: glob-5.4 alt-116 bun-56 creat-2.1 UA wbc-4-10 sg-1.016

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		184	0.49	1.56	0.48	51	85
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		1.0	1.1			1.4	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 and dimension with mild LV myocardial remodeling. 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. The **left ventricle** presented normal thicknesses with mildly prominent remodeled papillary muscle. The **myocardium** presented some echogenic remodeling consistent with expected age-related change. **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). 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 to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine



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or lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

No evidence of pathology in the area of the aortic trifurcation.

Normal renal size with asymmetrical margination was present in both kidneys. 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. Moderate to marked, indistinct corticomedullary distinction was also present. Mild left and right retroperitoneal effusion was noted. The renal medullary volume was subjectively reduced. Both kidneys exhibited cortical cysts. The left kidney measured 3.7 cm in length. The right kidney measured 3.4 cm in length.

Adrenal Glands

The left and right adrenal glands were indistinctly visualized without overt pathology. The right adrenal gland subjectively measured 0.37 cm width. The left adrenal gland subjectively measured 0.39 cm width.

Spleen

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.

Liver/ Gallbladder

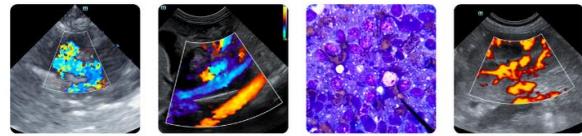
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. Focal to intermittent, small, nondisruptive, hyperechoic intraparenchymal nodules were present with an example measuring 0.61 cm diameter. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

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. The gastric body wall width measured 0.25 cm in width.

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 small Intestinal wall width measured 0.22 cm. The ileocolic wall width measured 0.40 cm.

The colon exhibited nondistended size with normal intact visible wall. The colon contained semi-formed to soft fecal matter.



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Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. Mildly prominent pancreatic duct was noted.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Normal echocardiogram with mild LV remodeling
- Sonographically normal gastrointestinal tract / colon with semi-formed to soft fecal matter
- Possible chronic pancreatitis
- Unspecific yet probable benign focal to intermittent hepatic nodules - most suggestive of hyperplasia or lipogranulomas
- Chronic degenerative renal changes with mild left and right retroperitoneal effusion

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 DVM, DABVP
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A benign flow murmur is probable, although a small non-visualized flow abnormality is not definitively excluded. Regardless, the hemodynamic effects of the heart murmur are low. There is no indication for cardiac medications. Conservative monitoring of the murmur going forward is advised. Recheck echocardiogram is suggested in 6-12 months, sooner if an increase in murmur intensity or if clinical signs arise.

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There is no evidence of intrabdominal, specifically gastroenterocolic or renal neoplastic criteria. Further renal staging to include urine C/S and protein: creatinine ratio on a sterile urine sample may be considered. A spec fPI or a full GI panel to include PLI/TLI/Cobalamin/Folate, to correlate with possible chronic pancreatitis and assess for nonstructural intestinal disease, may be considered. Supportive care for CKD or possible chronic nonspecific nephritis, including gastroprotectants and clinical monitoring, would be reasonable. Sonographic reassessment is indicated if progressive azotemia, gastrointestinal signs, or hepatopathy.

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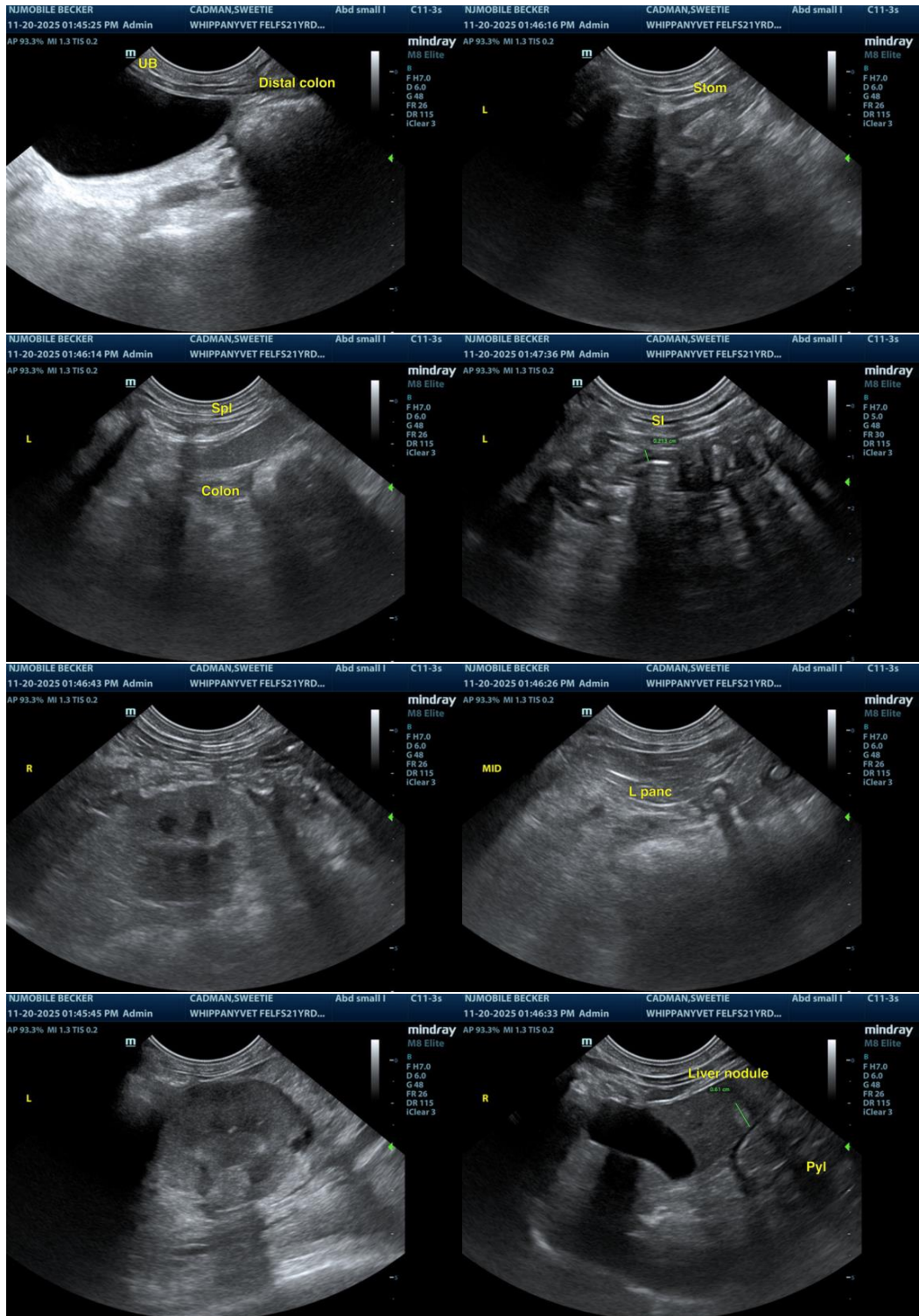
Dr. Enoch

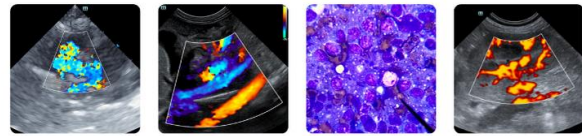
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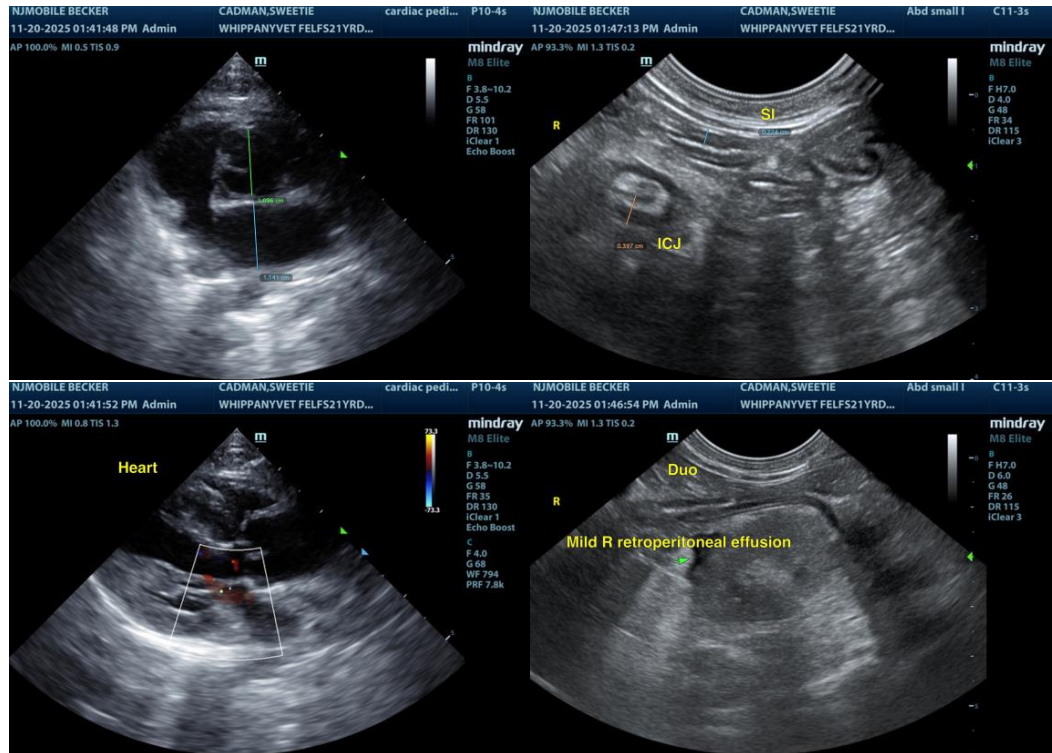
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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info@sonopath.com