



## PATIENT

Bellie Karri

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

15

## WEIGHT

11.5

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP

## PRESENTING CLINICAL SIGNS

Not eating diarrhea new anemia pancreatitis PU/PD Current meds Vetmedin Clopidogrel Lasix Insulin Enalapril Had a prev u/s 5/28

Abnormal PE/Chem/CBC/UA Results: HCT 16 eosinopenia BG 54 BUN 37 Creat 1.6 Phos 3.0 K 2.9 Glob 6.5 ALT 153 CPL 12.3 Fructosamine 265

## 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	0.6	1.57	0.6	50	82
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	NM	2.4	2.3		--	1.0	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 increased **left atrial** dimension and sphericity with evidence of mild LA spontaneous contrast or “smoke”. The cranial and caudal **mitral valve** leaflets appeared mildly thickened. Mild eccentric insufficiency noted on doppler. The **left ventricle** presented borderline excessive free wall and septal thicknesses compared to normal for this species. The **myocardium** presented increased echogenicity with evidence of myocardial remodeling and probable mild fibrosis. **Contractility** of the ventricular walls was considered excessive for this patient evidenced by the elevated fractional shortening measurement. The **left ventricular outflow** tract demonstrated turbulent laminar flow. Subjective assessment of the **right atrium** and auricle mild increased size, normal structure and content. No evidence of masses or spontaneous contrast was noted. **Tricuspid** valvular assessment demonstrated linear morphology. The **right ventricle** was of normal size with normal chordae structure, myocardial echogenicity and thickness. **Pulmonic** tract assessment revealed normal valve structure, laminar flow, and diameter. No visible **pericardial** or free pleura fluid was noted. No echographically detectable evidence of infiltrative disease was visible. The **mediastinum** was free of masses in the visible window. No evidence of arrhythmia.

## 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 uroliths or

## IMAGING PERFORMED BY

Jenn

## HOSPITAL NAME

Rockaway Animal Hospital

## REFERRING VET

Dr. Dubos

## INVOICE

12464

## DATE

11/25/25



<b>PATIENT</b>	sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.
Bellie Karri	
<b>SPECIES</b>	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 loss of corticomedullary border demarcation was also present. The renal medullary volume was subjectively reduced. The left kidney measured 3.5 cm in length. The right kidney measured 3.9 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 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.
<b>AGE</b>	
15	
<b>WEIGHT</b>	<b>Liver</b>
11.5	The liver was subjective borderline enlarged in size. 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>INTERPRETED BY</b>	
R. McKenzie Daniel, DVM, DABVP	The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.
<b>IMAGING PERFORMED BY</b>	<b>Gastrointestinal</b>
Jenn	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, moderate nonshadowing ingesta without signs of obstruction or foreign material. 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.
<b>HOSPITAL NAME</b>	
Rockaway Animal Hospital	Normal visible colon wall layers were present with semi formed fecal matter in lumen.
<b>REFERRING VET</b>	<b>Pancreas</b>
Dr. Dubos	The visualized pancreas exhibited prominent size and nonhomogenous mildly hypoechoic parenchyma.
<b>INVOICE</b>	<b>Free Abdomen</b>
12464	No visualized significant omental lymphadenopathy or peritoneal effusion was present.
<b>DATE</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
11/25/25	<b>Primary Findings</b>
	<ul style="list-style-type: none"> <li>• Borderline thickened LV with mild myocardial remodeling, adequate LV systolic function.</li> <li>• Normal gastrointestinal tract with gastric ingesta.</li> <li>• Chronic/chronic active pancreatitis with mild remodeling.</li> </ul>



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- Benign hepatopathy pattern, sonographically normal gallbladder.
- Bilateral chronic renal changes.

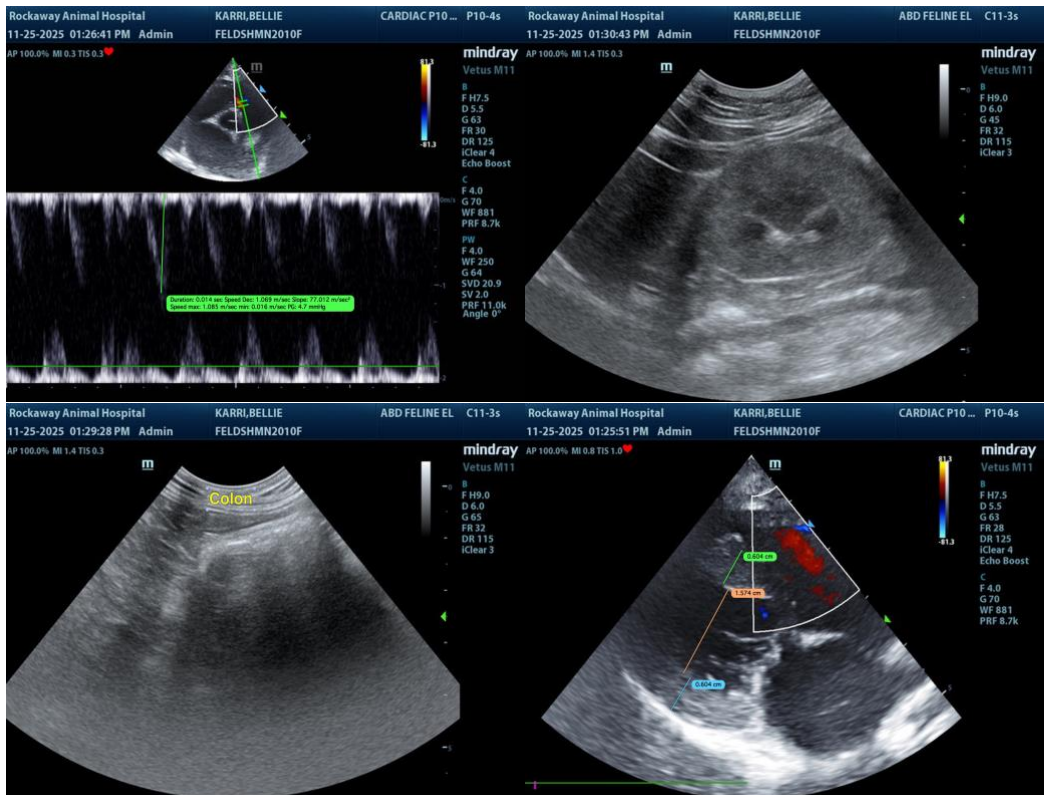
**Secondary Findings**

- Bi-atrial enlargement with mild LA spontaneous contrast.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Cardiac presentation may indicate HCM phenotype with potential for unclassified cardiomyopathy given bi-atrial enlargement. Regardless of classification, the degree of bi-atrial enlargement and evidence of LA spontaneous contrast indicates the risk of progressive CHF, thrombotic event, arrhythmogenic disease going forward is elevated. Continued current medical therapy if patient is nonclinical for cardiac disease is warranted with sonographic recheck recommended in 6 months or sooner if clinically indicated.

If documented NPO, some degree of nonobstructive or metabolic gastrointestinal ileus potentially secondary to chronic to chronic active pancreatitis may be suspected. Correlation of the pancreas with a GI panel as well as assessment of nonstructural intestinal disease or potential triaditis as a contributing factor may be considered. Full urinary work up including urinalysis, culture/sensitivity and baseline UPC level for renal staging is recommended. Gastrointestinal support with monitoring of gastrointestinal motility and empirical therapy for pancreatitis is recommended.





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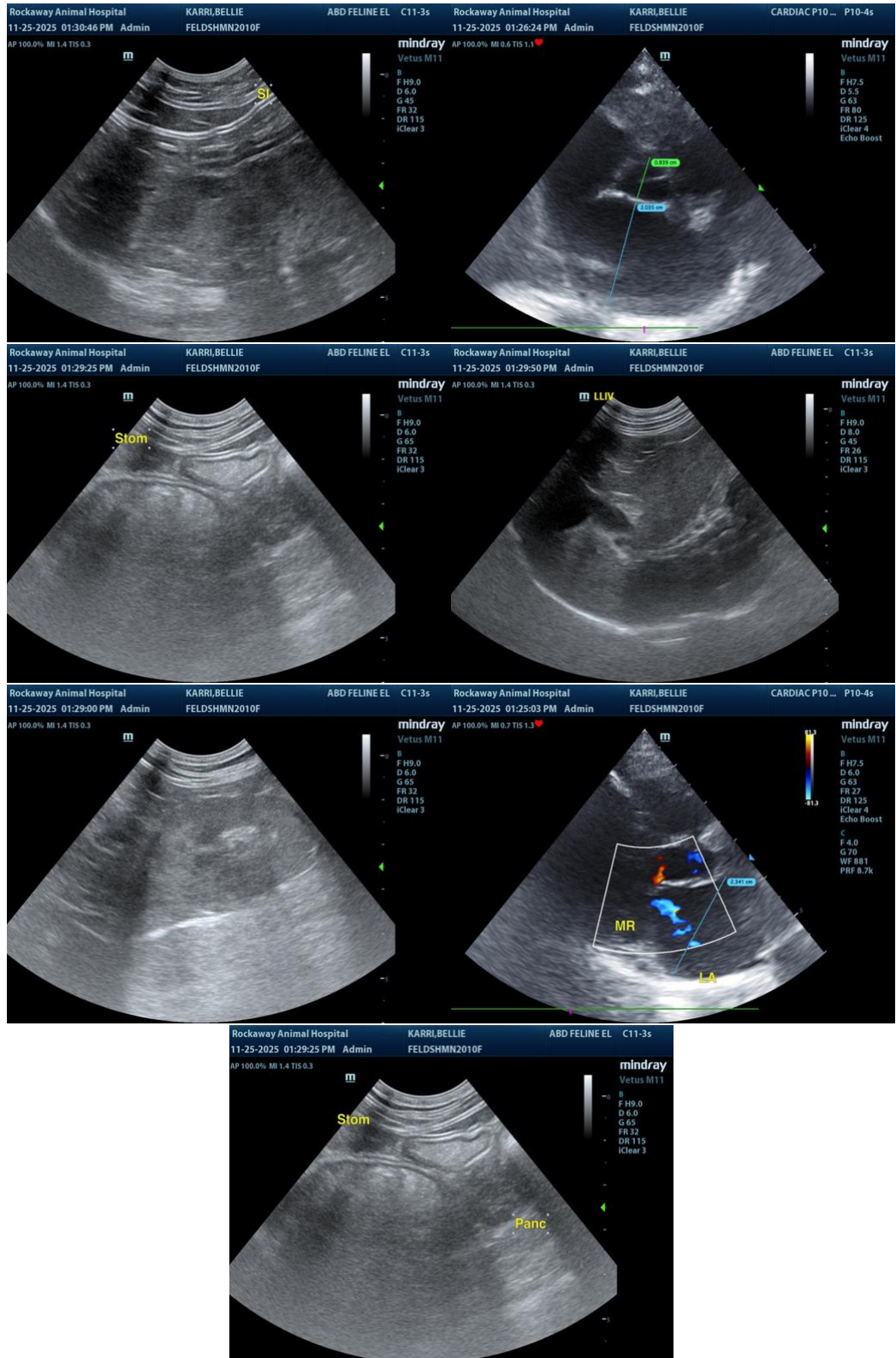
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

[info@SonoPath.com](mailto:info@SonoPath.com)