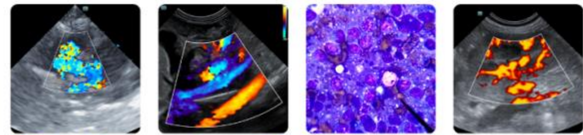

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PATIENT

Tillman James Boyd

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

14 Years

WEIGHT

8.5 pounds

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Ginny Dodd DVM, DABVP (CPF)

HOSPITAL NAME

CityVet Marvin

REFERRING VET

Dr. Sandra Welsh

INVOICE

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DATE

11/04/25

PRESENTING CLINICAL SIGNS

H/O weight loss, hyporexia, raspy purring, and increased respiratory effort. Rads showed a cranial mediastinal mass. Gave Depo Medrol 11/1 in case there would be improvement if LSA but no improvement

Abnormal PE/Chem/CBC/UA Results: CBC- neutrophilic leukocytosis (17.5; 17.8)/ lymphopenia).1 CHEM- amylase ^ (3150 N< 1100); T bil 1.2 (N < 0.6), K < 3.6 (N > 3.7) thoracic rads- see report : 4.4 x 2.2 cm cranial mediastinal mass), peritoneal effusion, hepatomegaly- I forgot to save the R lat thorax before filling out this form

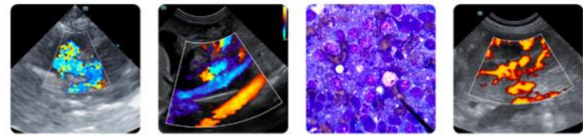
ULTRASONOGRAPHIC EXAMINATION OF THE HEART & ABDOMEN

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	0.34	1.55	0.33	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	1.2	1.36	1.3		--	1.1	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 structure. Chamber volume and blood echogenicity were normal, no LA spontaneous contrast. 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 free wall and septal thicknesses with linear contour. 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 evidence of pericardial effusion or cardiac tumors with probable fat adjacent to the right atrium. A septated to cystic lesion was present in the cranial thorax/mediastinum containing anechoic fluid measuring approximately 5.0 cm in diameter. Scant regional pleural effusion was visualized.



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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 sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.3 cm in length. The right kidney measured 4.2 cm in length.

Adrenal Glands

The adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.41 cm width. The right adrenal gland measured 0.40 cm width.

Spleen

The spleen presented borderline enlarged, exhibiting 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. The spleen measured 0.95 cm width.

Liver

The liver presented mildly enlarged in size with symmetrical yet swollen contour. The parenchyma exhibited conserved uniform parenchyma with normal echogenicity isoechoic to the spleen and falciform fat. Subjective mild prominent hepatic vasculature in the area of the hepatic vein caudal vena cava junction, without evidence of thrombosis. Mildly prominent cranial abdomen caudal vena cava measuring approximately 0.54 cm in 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 with no signs of ileus, obstruction or foreign material.

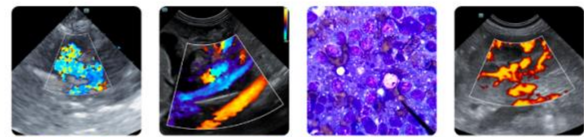
The small intestine presented generalized intact wall layering exhibiting segmental thickened intestinal wall. Generalized empty intestinal lumen without obstructive pattern to the level of the colon. The duodenum wall measured 0.30 cm width. The jejunum wall measured 0.34 cm width.

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

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen



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Generalized mild omental hyperechogenicity. An unspecified irregular nonhomogenous mid abdomen mesenteric lymphadenopathy or small mass was visualized measuring approximately 2.0 cm in diameter. Mild volume of peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

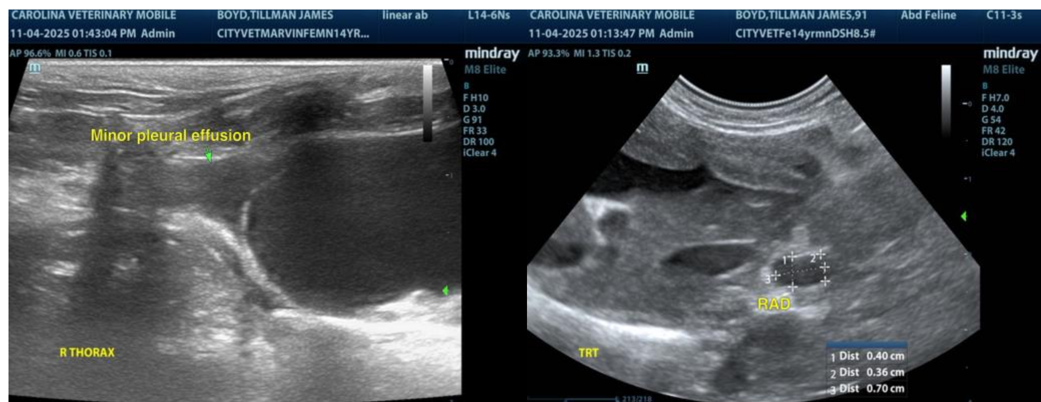
- Normal cardiac structure/function.
- Septated cystic cranial thoracic/mediastinal lesion.
- Subjective mild congested liver.
- Borderline splenomegaly.
- Intact mildly thickened small intestine.
- Mid abdomen nonhomogenous lymphadenopathy versus small unspecified mass.
- Noncardiogenic bi-cavitary effusion and omental hyperechogenicity.

Secondary Findings

- Age-related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Primary concern for abdominal to multicentric neoplasia i.e. carcinomatosis, lymphomatosis or similar is warranted with potential suppression of pathology owing to recent steroid administration is possible. Infectious/inflammatory disease FIP (given the patient's age) is considered less likely. Correlation with pending lymph node versus unspecified small mass FNA cytology in conjunction with effusion analysis cytology +/- culture and sensitivity or FIP titers/PCR (if clinically indicated) is recommended.



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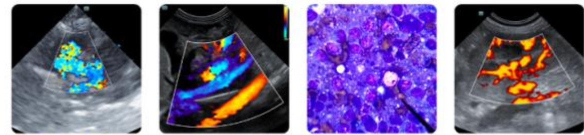

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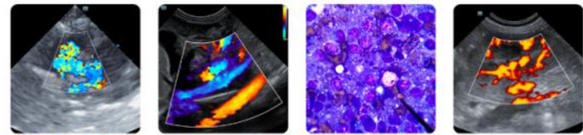

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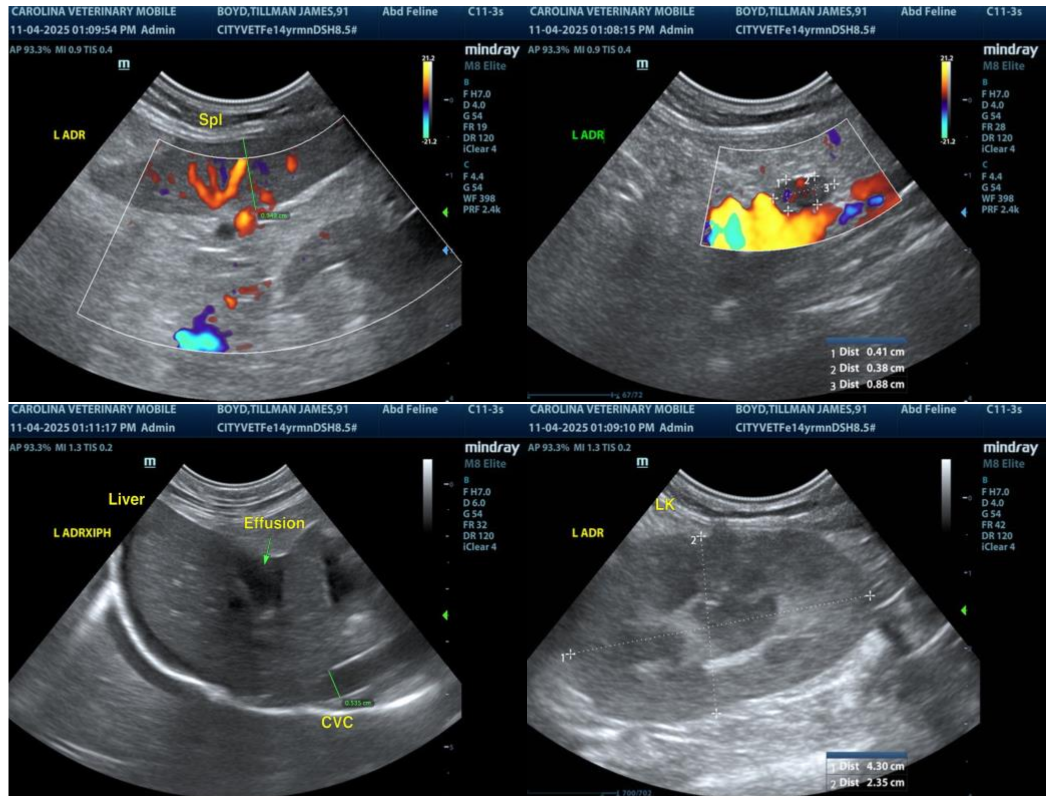

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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