



PATIENT

Boo Boo Schwartz

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

17

WEIGHT

9.1

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal
Hospital

REFERRING VET

Dr. Ascot

INVOICE

12097

DATE

11/05/25

PRESENTING CLINICAL SIGNS

re check had prev u/s 10/17 was seen on Monday ADR anorexia vomiting, brown liquid, returned still not feeling well Hx of severe IBD

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	0.49	1.4	0.44	45	78
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	--	1.3	1.3		--	0.84	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. 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. Minor MR on doppler. 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. Minor TR on doppler. 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. Primarily anechoic urine was present in the lumen. Nondependent particulate mild sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.



PATIENT	The area of the aortic trifurcation was free of pathology.
Boo Boo Schwartz	Normal size and margination was present in the left kidney. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. Mild nonuniform hyperechoic cortex with loss of corticomedullary border demarcation. The left kidney measured 3.6 cm in length.
SPECIES	
Feline	The right kidney presented with subnormal size and asymmetrical margination with cortical infarcts. Hyperechoic cortex with loss of corticomedullary border demarcation. The right kidney measured 3.0 cm in length.
BREED	
DSH	Adrenal Glands
SEX	The left and right adrenal glands were not definitively visualized.
Neutered Male	Spleen
AGE	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. The spleen measured 0.75 cm width level of the mid spleen.
17	
WEIGHT	
9.1	Liver
INTERPRETED BY	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.
R. McKenzie Daniel, DVM, DABVP	The gallbladder was non distended in size with mild nondependent biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.
IMAGING PERFORMED BY	Gastrointestinal
Jenn	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.
HOSPITAL NAME	The intestinal walls demonstrated intact wall layers with diffusely thickened walls and altered 1:3 muscularis / mucosa ratio primarily consisting of muscularis hypertrophy. The small intestine wall measured 0.32 cm wall width.
Rockaway Animal Hospital	
REFERRING VET	Normal visible colon wall layers were present with formed fecal matter in lumen.
Dr. Ascot	Pancreas
INVOICE	The left pancreas presented with normal size, asymmetrical contour and nonhomogenous mildly hypoechoic parenchyma. Minor peripancreatic hyperechoic omentum.
12097	Free Abdomen
DATE	Mild peri-ileocolic to peri-intestinal hyperechoic omentum. No evidence of significant omental lymphadenopathy. No evidence of peritoneal effusion.
11/05/25	

ULTRASONOGRAPHIC FINDINGS



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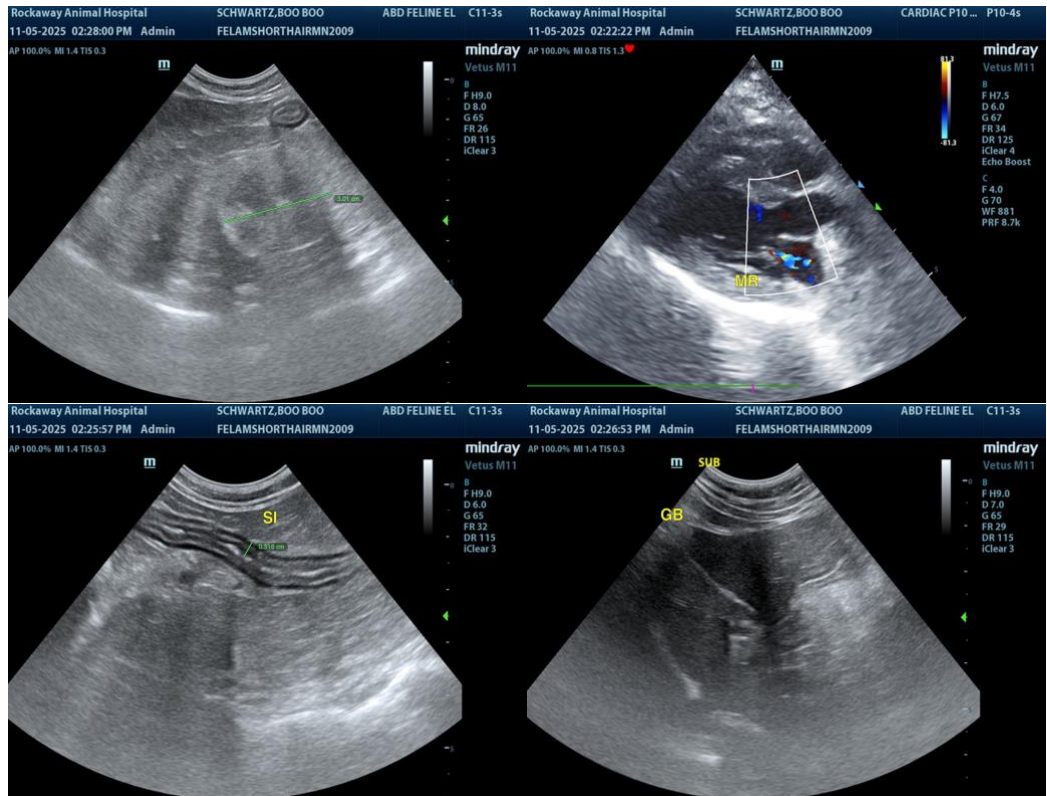
11/05/25

- Normal cardiac structure/function with mild myocardial remodeling.
- Minor MR/TR- not hemodynamically significant.
- Empty stomach.
- IBD intestinal pattern, potential for emerging to occult intestinal round cell neoplasia i.e. lymphoma.
- Left limb chronic active pancreatitis.
- Mild gallbladder debris.
- Chronic renal changes with right kidney cortical infarcts.
- Urine sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Intestinal biopsies are required for a definitive diagnosis. Continued empirical therapy for IBD/pancreatitis and potential triaditis given short half-life of hepatic enzymes in cats is recommended. A GI panel to include PLI, TLI, cobalamin and folate is recommended.

No cardiac anesthetic contraindications if required. Suggested anesthetic protocol may include opioid or Benzodiazepine pre-med, induction with Propofol or Alfaxalone, and appropriate gas anesthesia with avoidance of alpha 2 agonists.





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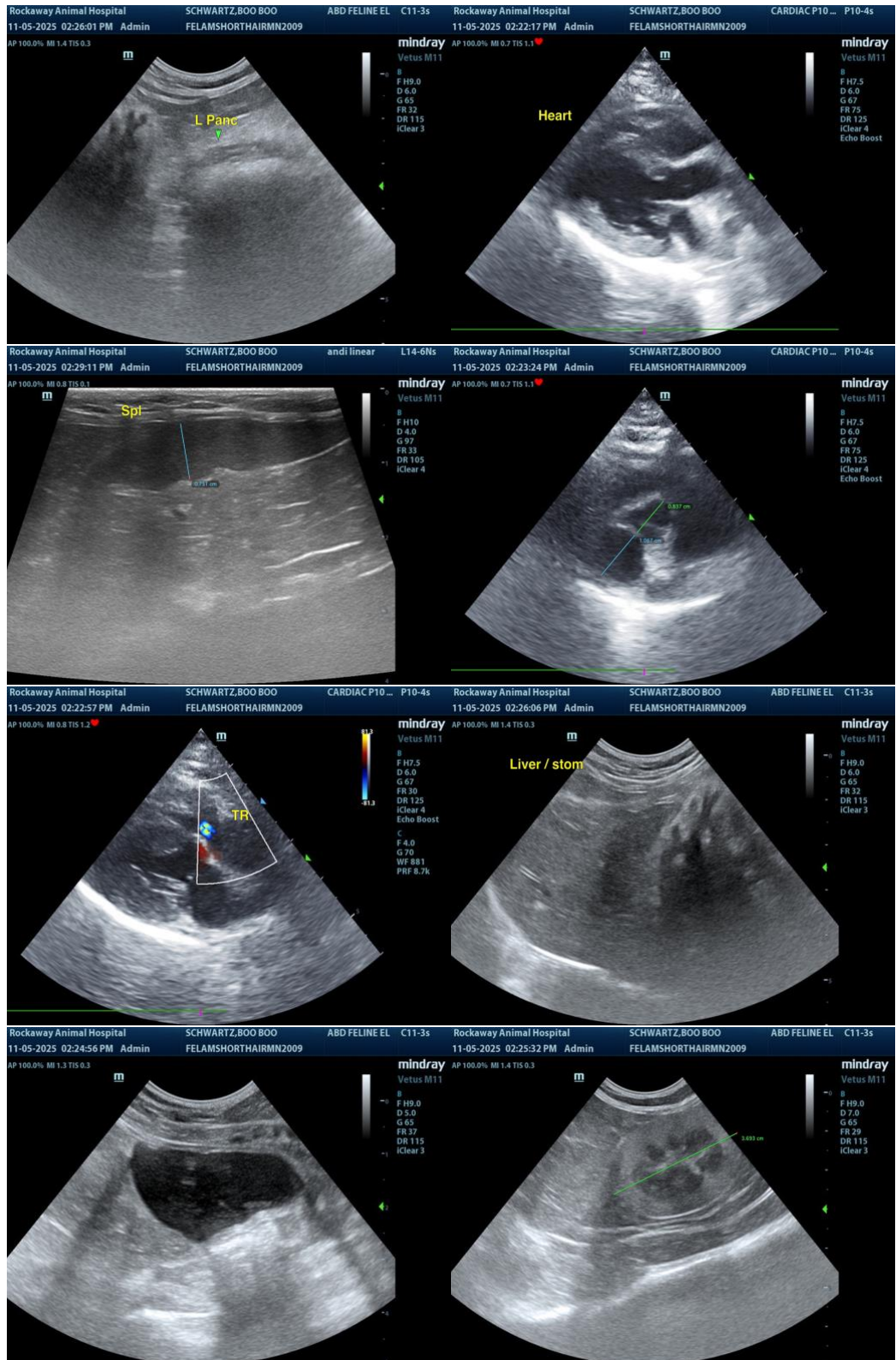
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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