



PATIENT

Kelli Difilippo

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

15 Years 7 Months

WEIGHT

14.4 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Ramapo Valley Animal
 Hospital

REFERRING VET

Dr. Katara

INVOICE

12144

DATE

11/07/25

PRESENTING CLINICAL SIGNS

Bilateral - echo + AUS. Murmur, possible surgery and met check. Suspected mammary cancer and 4/6 murmur. Metastatic lesion check and seeing if heart is ok for anesthesia.

Meds: Pimobendan 7.5 mg BID

Abnormal PE/Chem/CBC/UA Results: 7/24/25 BUN 41, T4 0.5

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	--	220	0.54	1.7	0.55	48	83
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	1.4	1.4	--	1.3	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. Mitral valve insufficiency 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. 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). normal measured RVOT velocity. No visible **pericardial** or free pleural fluid was noted. 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



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

No evidence of medial iliac or sublumbar lymphadenopathy or masses.

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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. A cranial lateral cortical infarct was noted in the right kidney. The left kidney measured 3.5 cm in length. The right kidney measured 4.1 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.38 cm width.

No obvious pathology in the area of the right adrenal gland.

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

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.

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 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 was evident.

Free Abdomen

No mesenteric lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS



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- Overall, normal cardiac structure/function with mild LV remodeling.
- Mitral valve insufficiency.
- Mild chronic renal changes with right kidney cortical infarct.

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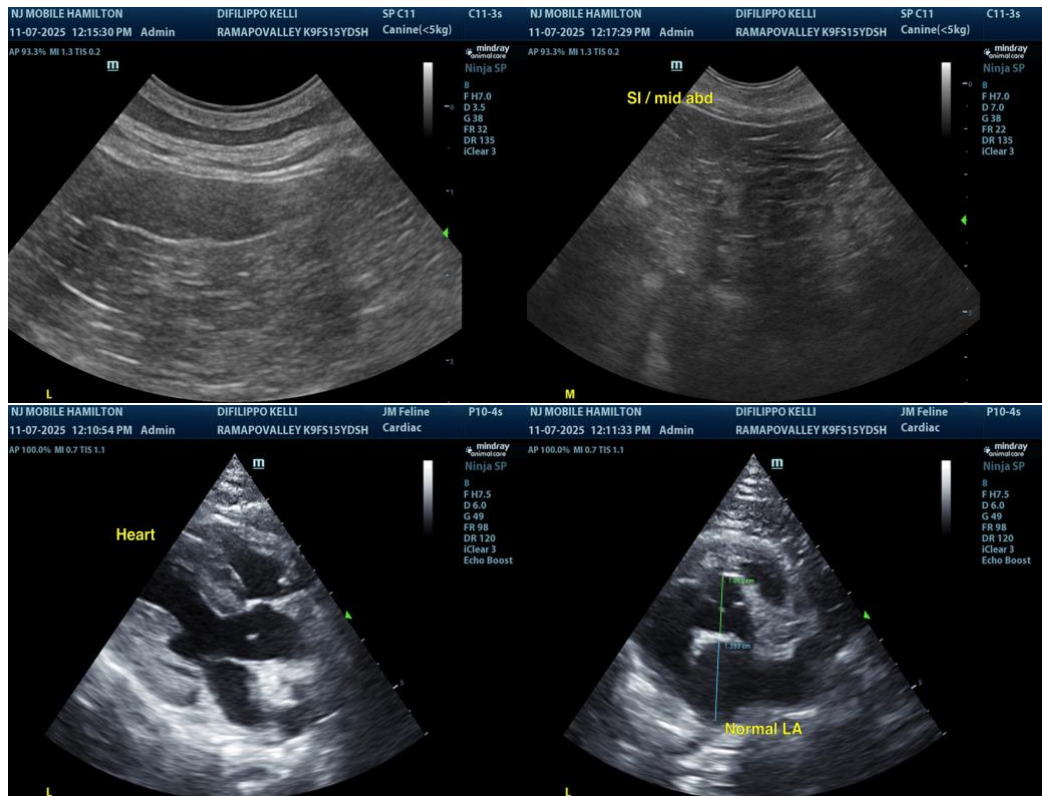
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The lack of LA enlargement indicates the current and future risk if complications, secondary to mitral valve insufficiency or potential unclassified murmur, is low. No clinical issues such as LV systolic dysfunction, HCM criteria or other structural cardiomyopathy. No indication for cardiac medications. Anesthetic risk is considered mild. The following anesthetic protocol is suggested. 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. Sonographic monitoring is required for further prognosis. Recheck echo is suggested in 6 months or sooner if increase in murmur intensity or if clinical signs arise.

No evidence of abdominal, primary or metastatic neoplastic criteria. Recheck and monitoring of renal parameters as well as urinalysis is recommended. If clinically indicated, renal staging to include screening culture/sensitivity and UPC level may be considered.





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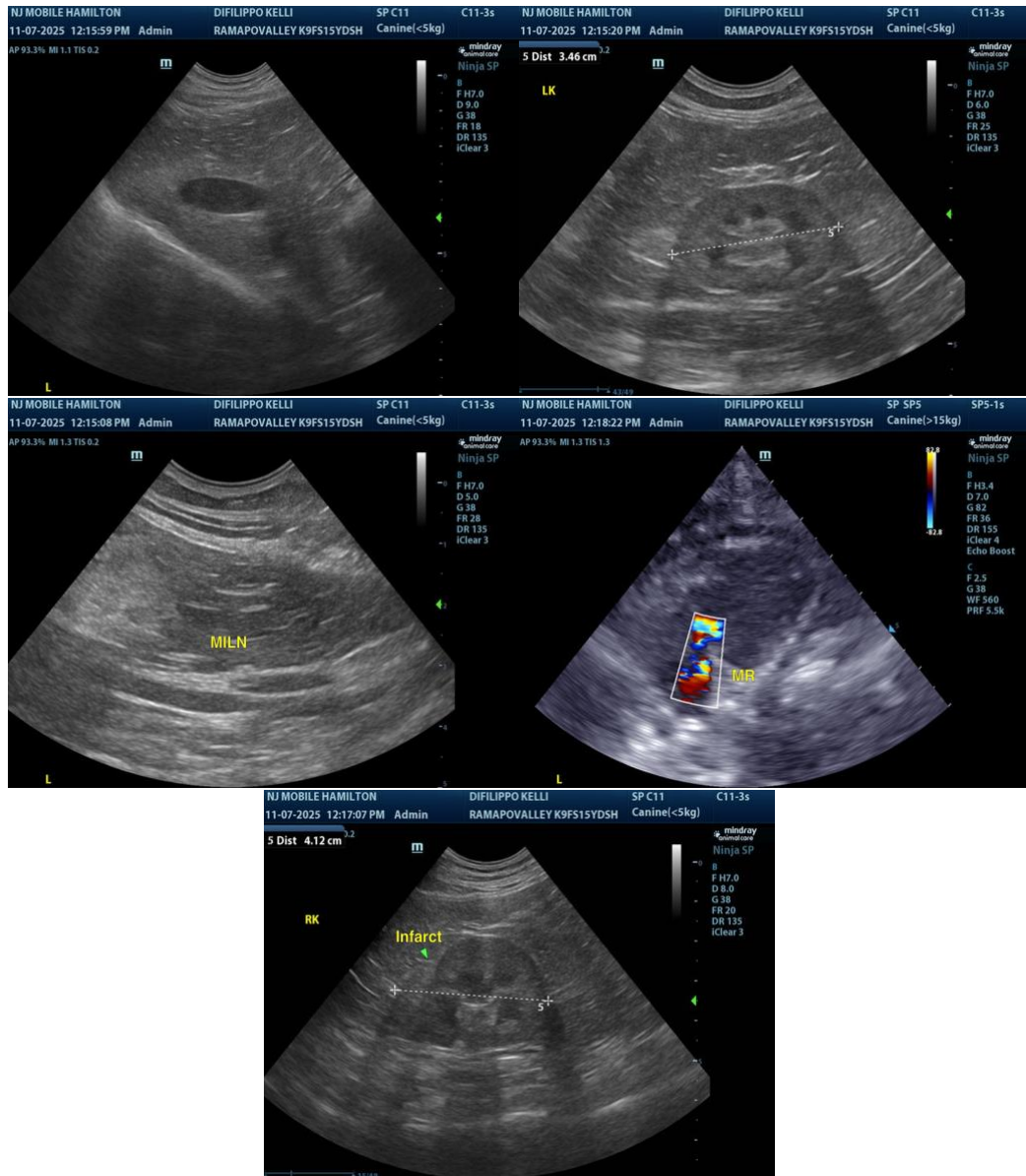
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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