



PATIENT

Bacardi Roberts

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

10 years

WEIGHT

9.7 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Parsippany AH

REFERRING VET

Dr. Linda Dulude

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DATE

12/2/22

PRESENTING CLINICAL SIGNS

Patient with history of progressive weight loss, recent hyperthyroid diagnosis, and anorexia presents for abdominal and cardiac ultrasound.

Current meds: methimazole, Onsior (from another vet). Patient weighed 12 lbs Oct. 4, 2022, now cat weighs 9.7 lbs.

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		119	0.49	1.58	0.49	55	88
FELINE CARDIAC PARAMETERS	LA/AO (Boon)	LA/AO HEART BASE (Sisson)	LA 2D 4-chamber long axis AS to FW (Sisson) (cm)	LVOT VEL. (m/s)	RVOT VEL. (m/s)	IVRT (m/)	
NORMAL PARAMETER	<1.5	0.88-1.79	0.7-1.7	<1.6	<1.3	40-60	
PATIENT	1.44	1.44	1.3	1.4	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 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. 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 visible **pericardial** or free pleural fluid was noted. The **mediastinum** was free of masses in the visible window.



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Urinary System

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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 changes was noted.

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The area of the aortic trifurcation was free of pathology.

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Normal size and margination were 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 3.6 cm in length. The right kidney measured 3.4 cm in length.

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Adrenal Glands

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The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.41 cm width. The right adrenal gland was no definitively visualized.

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Spleen

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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 0.74 cm width at the level of the hilus.

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Liver/ Gallbladder

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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 to benign parenchymal remodeling. 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.

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Gastrointestinal

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The stomach presented overtly normal and intact wall layering extending into the area of the pylorus. The stomach was empty with mild luminal gas and without evidence of gastric distention with retained ingesta, fluid, or foreign material. No overt evidence of obstructive mural pyloric or gastroduodenal junction pathology. The pylorus wall width measured 0.30 cm.

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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 duodenum wall measured 0.30 cm width. The jejunum wall measured 0.23 cm width. The ileocolic wall measured 0.30 cm width.

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



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Pancreas

The pancreas was normal in size with mild capsule asymmetry exhibiting heterogeneous, subtly hypoechoic parenchyma with minor pancreatic duct dilation. No signs of active inflammation or neoplasia. No evidence of peripancreatic reactive or hyperechoic mesentery.

Free Abdomen

An ill-defined, primarily spherical, nonhomogeneous, hypoechoic mass lesion was present in the right cranial abdomen, cranial to the right kidney and subjectively dorsal to the level of the pyloric outflow, measuring approximately 3.2 cm in diameter. The mass lesion did not appear to arise from the right kidney or overtly from the caudate liver lobe and did not appear to involve the pylorus or upper duodenum. Ill-defined hyperechoic areas within the mass, not overtly consistent with mineralization, potentially indicative of gas were present. No evidence of regional inflammation or peritoneal effusion was noted. No overt lymphadenopathy was present.

ULTRASONOGRAPHIC FINDINGS

- Normal echocardiogram with minor LV myocardial remodeling
- Ill-defined spherical nonhomogeneous hypoechoic to focally hyperechoic mass right cranial abdomen - suspect distal esophageal or gastroesophageal mass
- Mild age-related kidneys
- Minor hepatic parenchymal remodeling
- Heterogeneous mildly hypoechoic pancreas - patient / age-related variant, potential for low-grade concurrent chronic to chronic active pancreatitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although not definitive, the right cranial mass was noted in the area where the gastroesophageal junction may be visualized on ultrasound. Potential for non-esophageal or gastroesophageal origin of the mass cannot be definitively excluded. Correlation with full CBC/Chemistry Panel/Urinalysis, as well as a GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

Given this presentation, thoracoabdominal CT is likely ideal for further assessment, if possible.

ABOUT SONOPATH CT SERVICES:

SonoPath CT Services are offered at the SonoPath Imaging and Veterinary Education Center, 141 Main St (rt 206), Andover, New Jersey, a 20-minute drive west on route 80/206 North from the route 80/287 interchange/Parsippany, New Jersey. More information can be found at

<https://sonopath.com/services/sonopath-ct-services>



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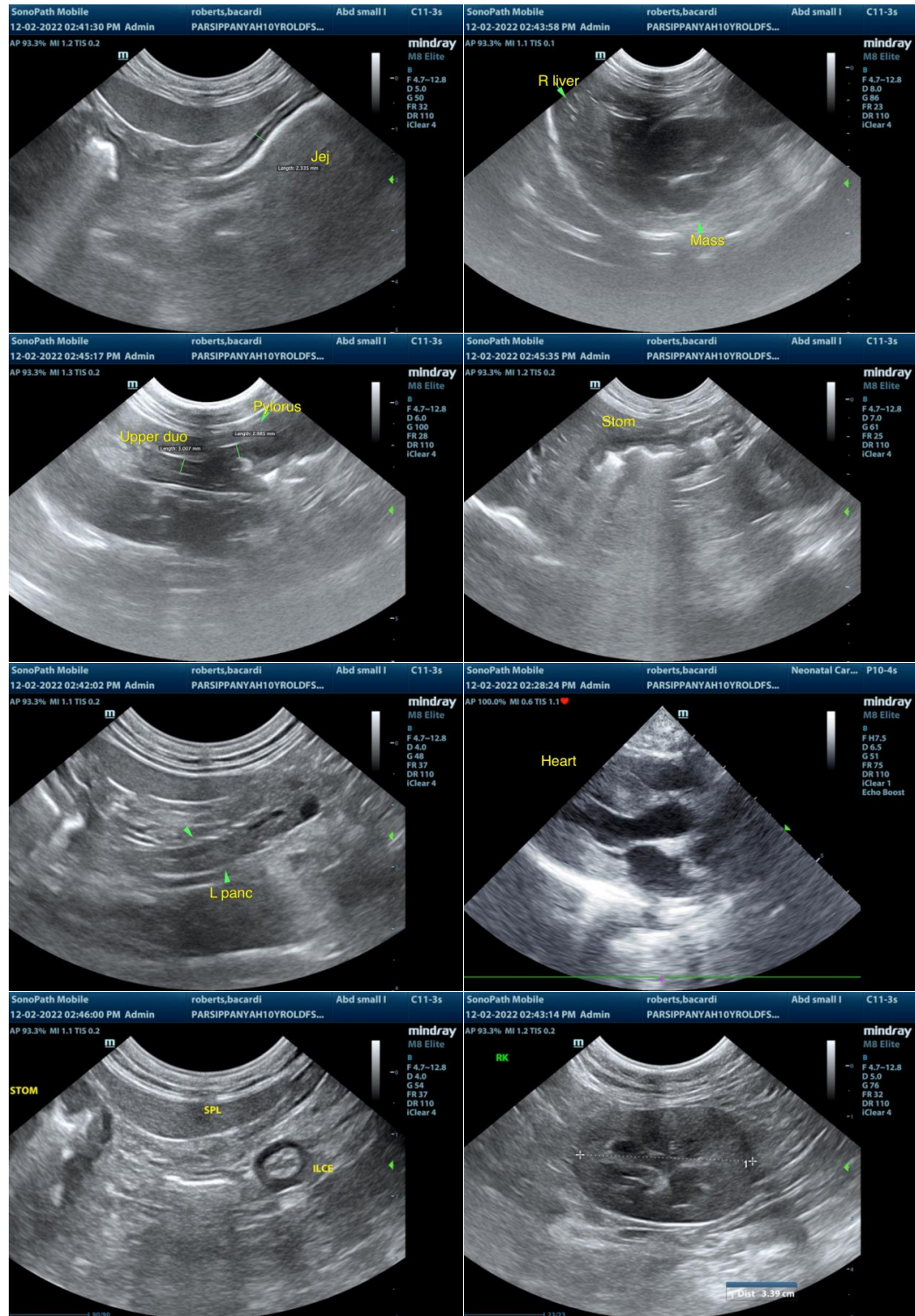
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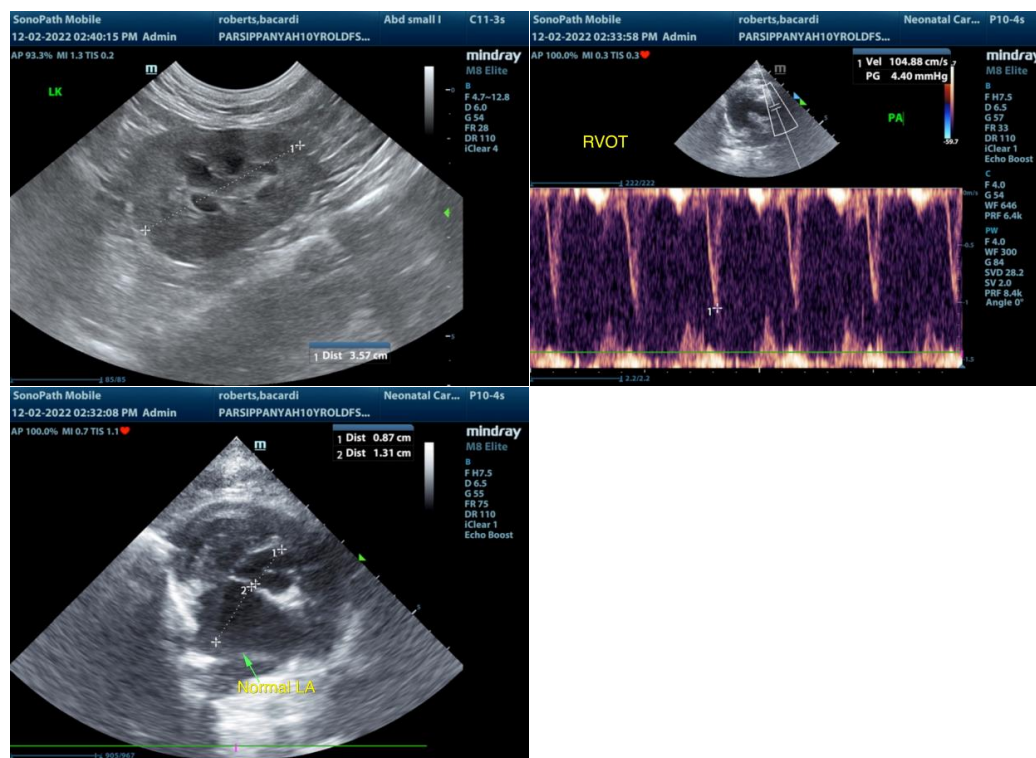
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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