



PATIENT

Vincent Van Gogh
Leskova

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

3y

WEIGHT

5.56 kg

PRESENTING CLINICAL SIGNS

Started declining around end of Nov 2022, lethargy. Dec. 5th - rDVM diagnostics performed (U/A), Dx with UTI. Rx Gabapentin and Enrofloxacin for 10 days. Also started new diet Urgent Care. Dec. 12th - recheck rDVM increased lethargy. Rx meloxicam. Dec. 19th - rDVM started on Vitamin Amino B plex (1ml BID) Dec. 20th - Started to do a frog leg position and could not walk. Lasted 20 minutes. Eating/drinking on/off, Normal BM/urine. Brought to rDVM was now walking ok, started on new diet hydra-care with urgent care and started on mirtazapine. Was only eating with assistance. Next day Dec 21st - Frog leg happened again, rDVM was contacted by owners and didn't know what else to tell owners. Dec 25th - start of not having BM, lasted 3 days. Owner gave patient a little pumpkin. Next day had a soft BM. Owner noted every time he would go into the litter box he would stagger/stumble/act drunk, could not keep his head straight. Owner has been syringe feed water the last 2-3 days. Yesterday - in am was walking. Laid around all day. By night time stopped walking completely. Could not hold his head up. Owner was syringe feeding water. Owner noted she also noticed a few drops of blood in left ear and left eye tear duct. This am - Still not walking, laying down, owner syringe feeding. Owner offered/hand fed food. Ate well, but would not get up to eat. Presented to HREVC. No coughing/sneezing/nasal discharge/difficulty breathing/recent trauma/vomiting. Indoor/outdoor cat. Exam - laterally recumbent, hunched abdomen, markedly painful. Bradycardic. Hind paws slightly cooler than front paws, deep pain and femoral pulses present. Abdominal pain. Normal cranial nerves. Current Medications methadone, B12

ULTRASONOGRAPHIC EXAMINATION OF THE HEART & ABDOMEN

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Hamilton Region
Veterinary Emergency
Clinic

REFERRING VET

Dr. Vercaigne

INVOICE

15738

DATE

12/29/22

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		104	0.46	1.87	0.43	39	73
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	1.2	1.3	1.3	1.1	0.92	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							



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Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate LA measurements. The cranial and caudal **mitral** valve leaflets presented normal linear structure and kinetics. No overt MR was present on Doppler. The **left ventricle** presented normal thicknesses with linear contour and was not dilated nor restricted. The **myocardium** presented normal echogenicity without subjective evidence of significant fibrotic or ischemic disease. **Contractility** of the ventricular walls was adequate and in normal range for this patient evidenced by the fractional shortening measurement and subjective evaluation of the different regions and angles of the myocardium. The **left ventricular outflow** tract demonstrated normal laminar flow and subjective structural integrity. Normal measured LVOT velocity was present. The **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted or chamber overload. **Tricuspid** valvular assessment demonstrated adequate linear morphology and kinetics. No significant TR was present on Doppler. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. **Pulmonic** tract assessment revealed normal valve structure, laminar flow, and diameter (approx. 1:1 pa/ao ratio). Normal measured RVOT velocity was present. No visible **pericardial** or free pleura fluid was noted or extra cardiac pathology in the visible planes. The cranial **mediastinum and pericardial regions** were free of masses in the visible window. No overt arrhythmia was noted.

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 changes was noted.

No evidence of medial Iliac or sublumbar lymphadenopathy/masses.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 4.1 cm in length. The right kidney measured 4.3 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 0.33 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.34 cm width.

Spleen

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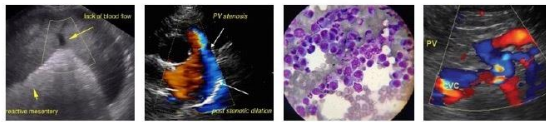
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The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. The spleen measured 0.95 cm width at the level of the hilus.

Liver/ Gallbladder

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 subnormal in size likely owing to the presence of gastric ingesta. No evidence of inflammatory criteria was noted. The cystic and common bile ducts were normal.

Gastrointestinal

The visualized gastric walls were sonographically normal. The lumen of the stomach contained moderate, variably echogenic, and non-shadowing ingesta without signs of obstruction or foreign material. No obvious evidence of mechanical pyloric outflow obstruction was noted.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio.. Minor segmental intestinal ingesta / chyme was present without evidence of intestinal mechanical obstructive pattern or foreign material. No intestinal masses were noted.

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 were evident.

Free Abdomen

No omental masses, lymphadenopathy, or evidence of peritoneal free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

- Normal echocardiogram
- Sonographically unremarkable abdomen
- Normal gastrointestinal tract with moderate gastric and mild segmental small bowel ingesta / chyme

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



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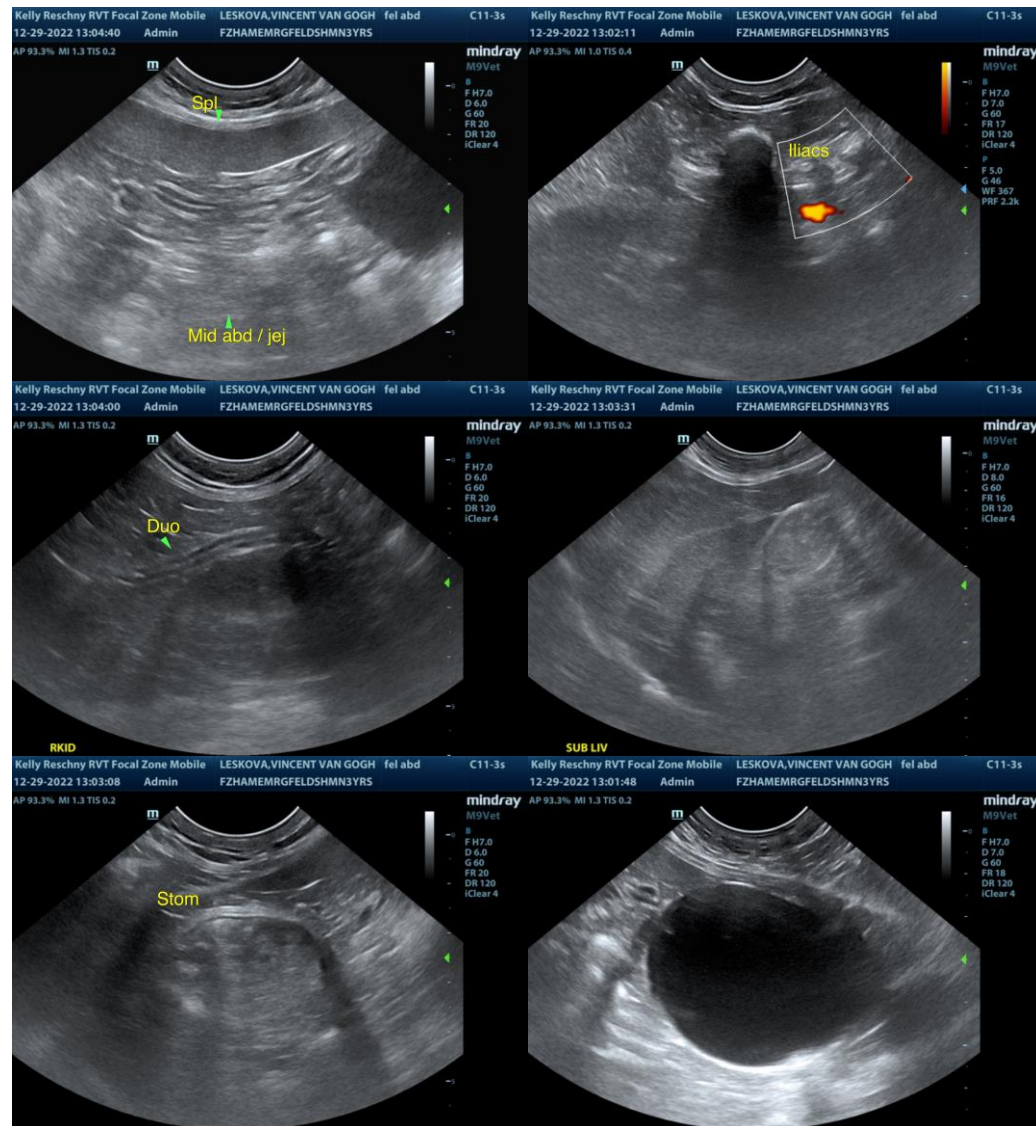
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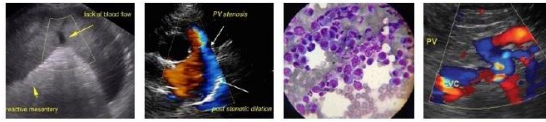
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Overtly normal cardiac structure and function without clinical issues such as LV systolic dysfunction, left or right heart chamber enlargement, which may predispose to thrombus formation, significant valvular insufficiencies, or evidence of cardiac / pericardial neoplastic criteria.

Likewise, no overt evidence of abdominal visceral pathology. The presence of gastric and mild segmental intestinal ingesta may correlate with post prandial presentation or recent meal ingestion. Some degree of possible gastrointestinal hypomotility or nonobstructive stasis may be considered depending upon the most recent meal ingestion.

A definitive cardiac or intraabdominal cause of the patient's clinical signs was not evident. A neurology consult could be considered. Recheck retroviral status is suggested if not done. Empirically, as-needed gastrointestinal support would be reasonable. No indication for cardiac medications.





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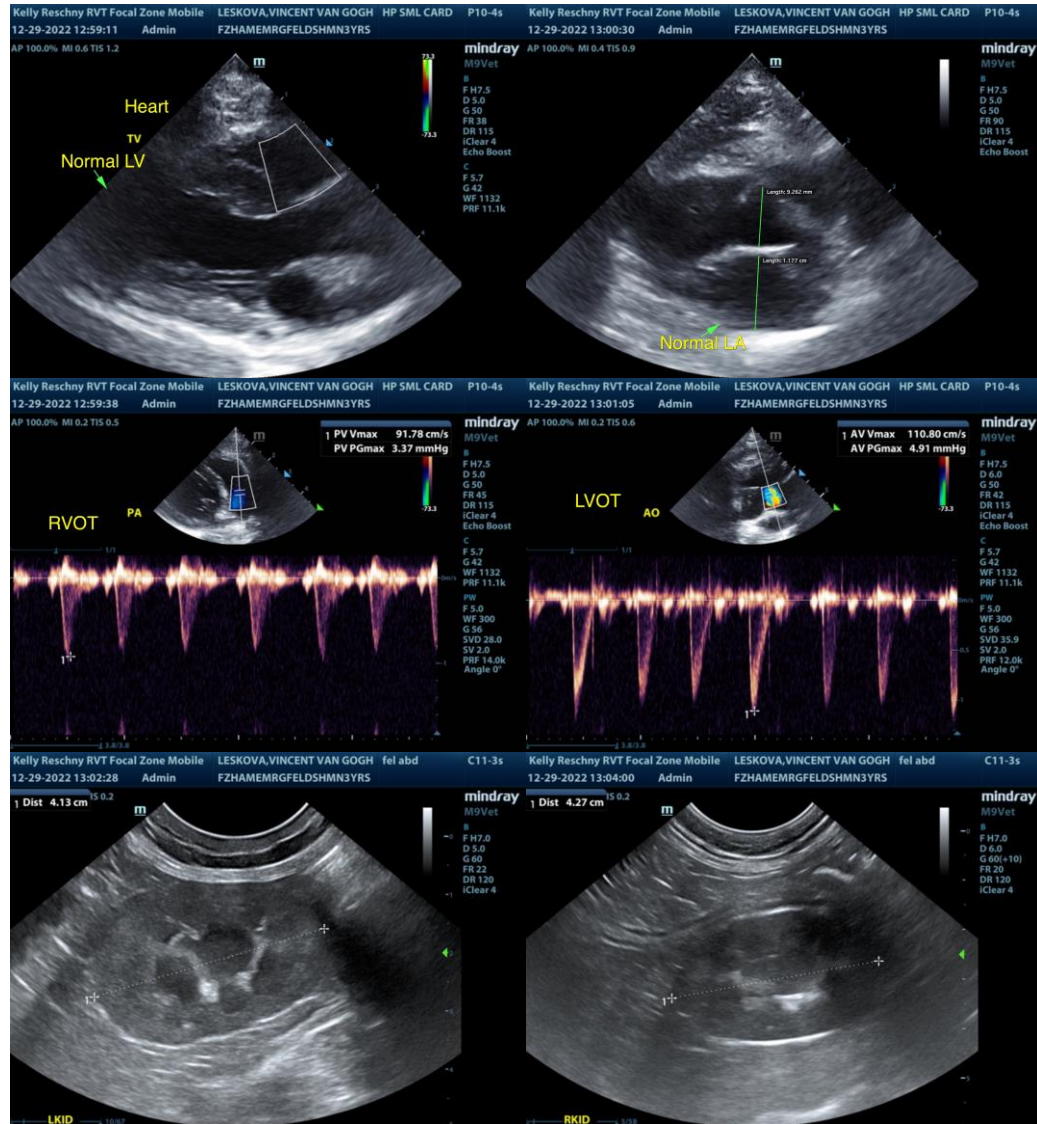
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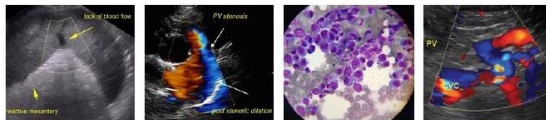
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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