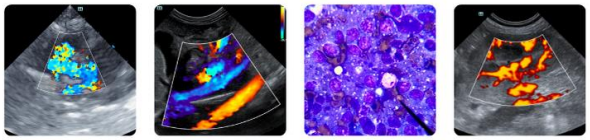

PATIENT

Otis Chila

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

3 years

WEIGHT

11 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jocelyn Hollway

HOSPITAL NAME

Valley Green Veterinary Hospital

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Dr. Hollway

INVOICE

10396

DATE

12/3/25

PRESENTING CLINICAL SIGNS

HX of HM grade 3/6. Crystals in urine AXR to screen for stones No hx of vomiting. No change in engery. E/D/U/D all WNL per O. No C/S/V/D. Food was pulled at 10pm last night. Hx AG infection = resolved PE: BAR. ABD palpates normally; no pain, tenderness or masses on palpation ; small bladder. 2-3/6murmur detected; tachycardia. HM was loudest on the left. Lungs auscultate clear bilaterally; trachea clear. BCS 5.5-6/9.

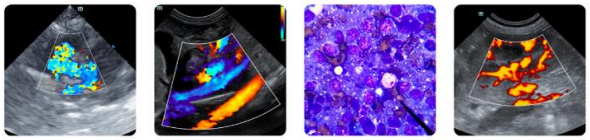
Grade 2 ddz ABD Rad to IDX = CONCLUSIONS: There is no evidence of mineral opaque cystolithiasis though cystitis, urinary tract infection, cystolithiasis that is not radiopaque, or less likely a mass contributing to the clinical signs is not excluded. Undulant margination of the left kidney could suggest remodeling and potential chronic nephropathy. Multiple angular striated structures within the colon and potentially within the stomach are suggestive of dietary indiscretion though should be correlated with the patient history and any gastrointestinal signs. The cardiovascular structures are normal in the reported heart murmur could be a result of a physiologic murmur or cardiac remodeling that has not resulted in radiographic change. There is no evidence of congestive heart or intrathoracic metastatic disease.

Abnormal PE/Chem/CBC/UA Results: Blood pressure - 183.5mmHg -- very worked up/anxious ECG - pending 11/26/25: CBC: Neuts = 2.38 LOW CHEMISTRY: Creat = 2.0 --> possible IRIS STAGE 2 Lytes: NSF T4 = normal Feline Triple SNAP = (-)x3 proBNP = 24 NSF sample collected via: cystocentesis USG = 1.047 --> good concentrating ability making kidney disease less likely ph = 8.0 HIGH 2+ protein 2+ AM Phos crystals in the urine Reflex UPC Ratio = 0.1 NSF

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	0.47	1.5	0.50	48	82
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		1.28	1.3			0.6	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 2 separate LA measurements. The cranial and caudal **mitral** valve leaflets presented normal linear structure and kinetics. 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. 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. 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). 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.

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 minor, nondependent, particulate urine 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 pathology in the area of the aortic trifurcation.

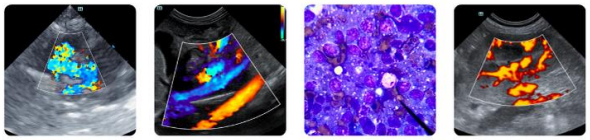
Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 3.4 cm in length. The right kidney measured 3.9 cm in length.

Adrenal Glands

The left and right adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.35 cm width and the right adrenal gland measured 0.35 cm width.

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.



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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 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 without evidence of retained ingesta or foreign material. Minor retained anechoic pyloric fluid was noted and likely incidental, given no reported gastrointestinal signs or vomiting.

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 were evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Normal cardiac structure / function
- Normal urinary bladder and visible proximal urethra, minor particulate urine sediment
- Sonographically unremarkable bilateral kidneys

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of cardiac issues such as left or right heart chamber enlargement, HCM criteria, or other structural cardiomyopathy, LV systolic dysfunction, or significant valvular insufficiencies. A definitive cause of the murmur was not obvious. A flow murmur is considered probable, assuming no volume changes or dehydration. A small non-visualized flow-abnormality is not excluded yet the hemodynamic effects of the murmur are now. There is no indication for cardiac medications. Conservative monitoring of the murmur going forward is advised with a recheck echocardiogram suggested in 6-12 months, sooner if clinical signs arise or if murmur intensity increases.

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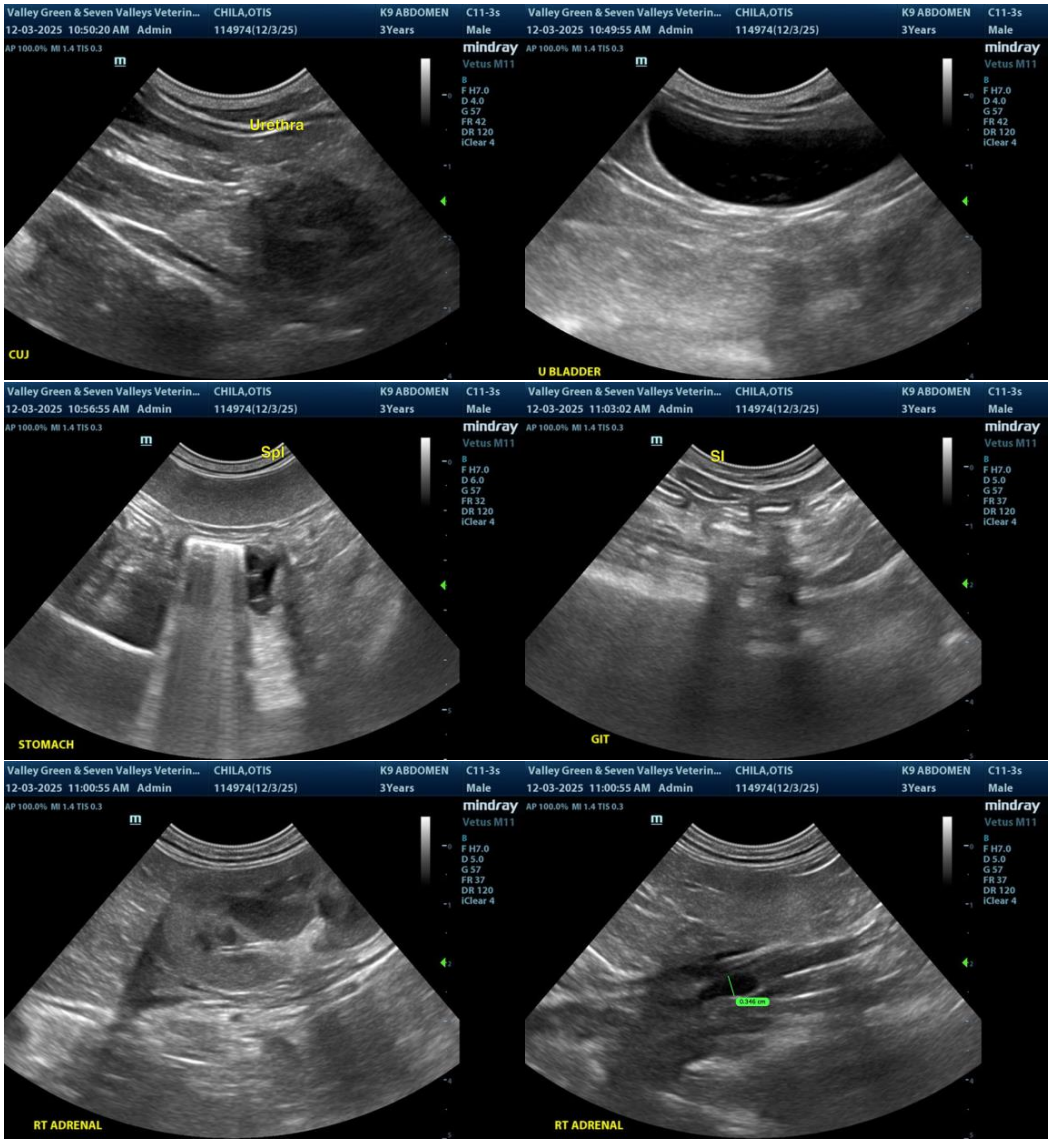
Overall, a sonographically unremarkable abdomen was noted without evidence of upper or lower urinary tract pathology. If persistent mild azotemia, mild microscopic renal disease, which may present as sonographically normal, may be possible. Continued monitoring of renal parameters, urinalysis, +/- periodic UPC, if evidence of non-inflammatory proteinuria, and consideration for urinary diet, would be appropriate.



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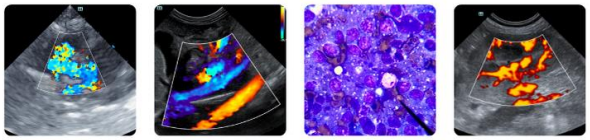

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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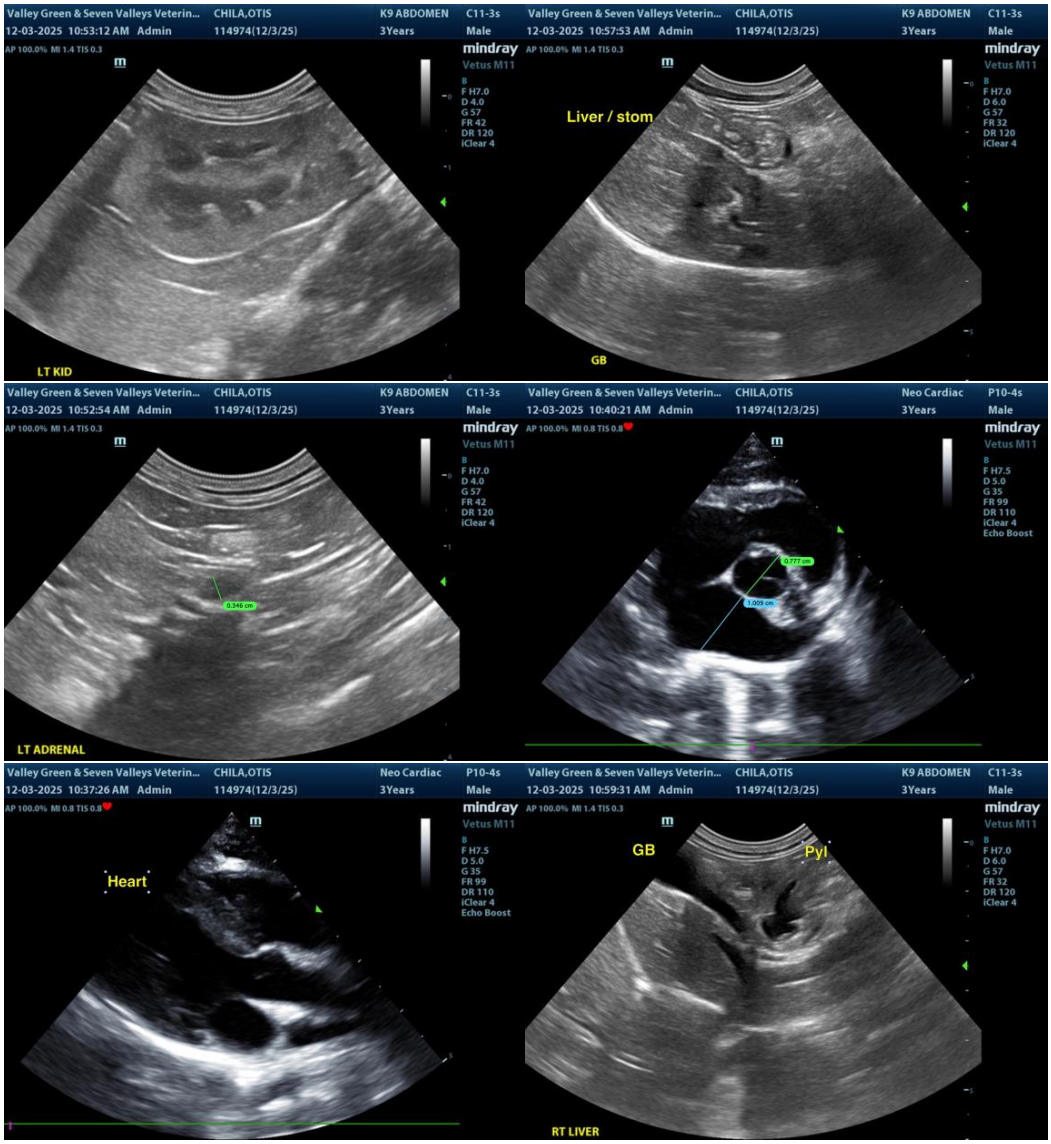

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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