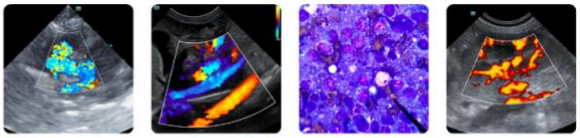

PATIENT

Snickers Guchi

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

14 Years 4 Months

WEIGHT

7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Marsh AH

REFERRING VET

Dr. Armani

INVOICE

12636

DATE

12/08/25

PRESENTING CLINICAL SIGNS

Elevated liver values Meds-Denamarin

Abnormal PE/Chem/CBC/UA Results: ALT-143 USG-1.047

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	--	206	0.37	1.68	0.36	40	75
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	1.1	1.2		1.0	0.7	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.

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 change were noted.

The area of the aortic trifurcation was free of pathology.

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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 loss of corticomedullary symmetry and definition expected for the age of the patient. The left kidney measured 3.6 cm in length with medullary mineral. The right kidney measured 4.3 cm in length with medullary renoliths.

Adrenal Glands

The bilateral adrenal glands were free of overt pathology. The left adrenal gland subjectively measured 0.30 cm width. The right adrenal gland subjectively measured 0.30 cm width.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. A solitary small well demarcated noncapsule distorting nodule was visualized measuring 0.32 cm in diameter. 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 or neoplastic changes were not noted. The nodule tends to trend benign and is most consistent with benign hyperplasia or myelolipoma.

Liver

The liver was subjectively normal in size and contour with mild echogenic remodeled parenchyma exhibiting mild coarse echotexture without masses or nodules.

The gallbladder was subnormal in size likely owing to the presence of gastrointestinal ingesta. The common bile duct was not visualized. Mild anechoic content was present without evidence of wall inflammation or edema.

Gastrointestinal

The visible gastric walls exhibited intact wall layering without mural pathology or hypertrophy. The stomach contained mild nonshadowing to regional progressively shadowing ingesta (consistent with food echogenicity) without overt evidence of obstruction to pyloric outflow.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental similar appearing nonshadowing ingesta consistent with food/chyme.

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

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Normal echocardiogram.
- Benign hepatopathy- suspect mild inflammatory hepatopathy i.e. cholangiohepatitis or similar.
- Sonographically unremarkable to subnormal gallbladder.
- Normal gastrointestinal tract with gastrointestinal ingesta.

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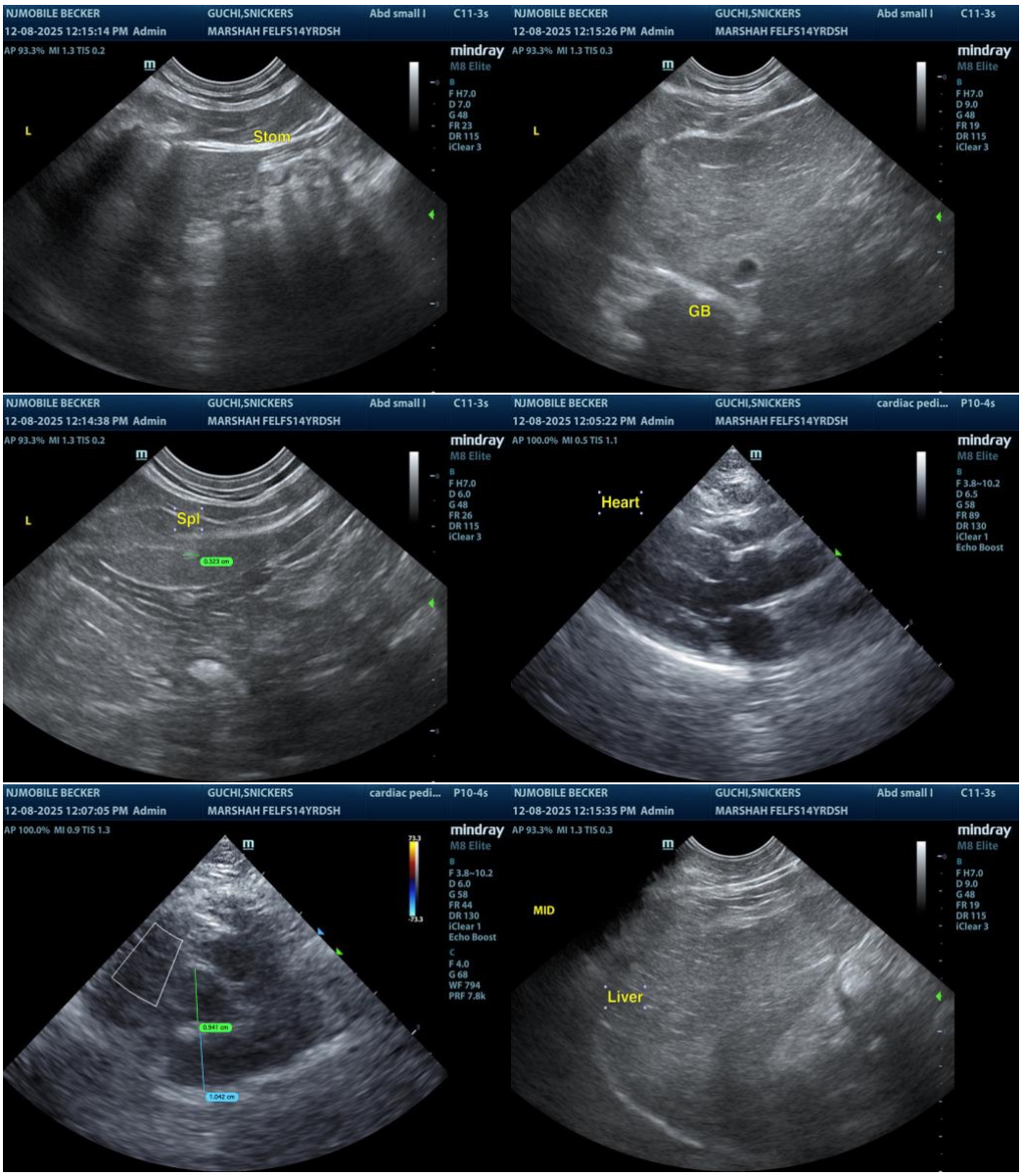
- Chronic renal changes exhibiting medullary mineral to right kidney renolithiasis.
- Small hyperechoic splenic nodule- suggestive of benign criteria i.e. small myelolipoma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status and using a 25-gauge needle, hepatic FNA cytology could be considered primarily to assess for inflammatory cell type. No evidence of hepatobiliary neoplastic criteria. If patient is nonclinical, continued hepatosupportive medications would be reasonable.



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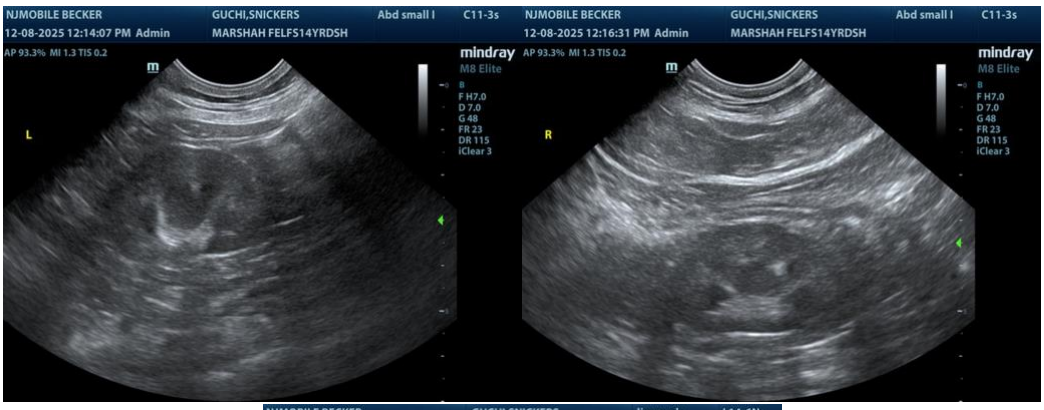

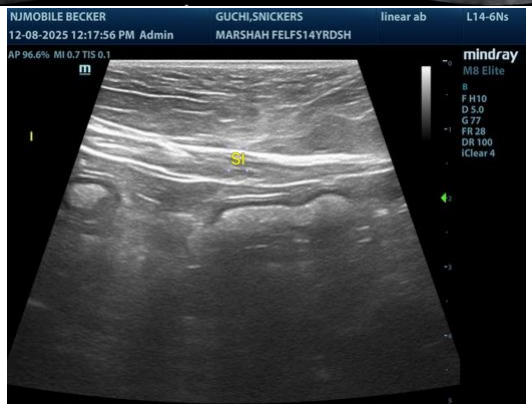

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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