PATIENT

Wayne Citro

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

8 Years

WEIGHT

6.6 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Meghan Morse LVT, CVT

HOSPITAL NAME

Flanders Veterinary Clinic

REFERRING VET

Dr. Minervini

INVOICE

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DATE

12/08/25

PRESENTING CLINICAL SIGNS

Newly detected HM, losing weight (2 lbs since August) No current meds

Abnormal PE/Chem/CBC/UA Results: Neuts 81, Lymph 15, Abs neuts 21870, PLT 587, HGB 8.8

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	0.53	1.5	0.55	56	89
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	--	1.2	1.2		1.0	0.9	NM

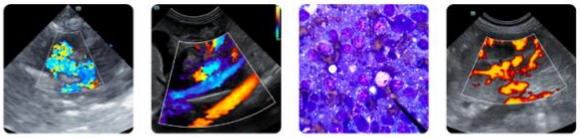
Adapted from June Boon,Veterinary Echocardiography,1998
Sisson D et al. JVIM 1991; 5: 232, Jacobs et al. Am J Vet Res 1985; 46:1705

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size 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. Primarily anechoic urine was present in the lumen. Nondependent particulate to hyperechoic mild sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.



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The left kidney was borderline to mildly enlarged in size. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 4.6 cm in length.

The right kidney exhibited normal size, asymmetrical margination and hyperechoic cortex and medullary parenchyma with indistinct corticomedullary border demarcation. Proliferative nonhomogenous perinephric to left retroperitoneal tissue was present with discernable right kidney measuring 3.9 cm in length to potentially 5.2 cm in length including perinephric to retroperitoneal proliferative tissue. Hyperechoic primarily lateral abdomen omentum in the area of the left and right kidneys.

Adrenal Glands

The left adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.50 cm width.

The right adrenal gland was not definitively visualized owing to increased peri-adrenal omental artifact.

Spleen

The spleen presented nonenlarged with mild asymmetrical medial capsule contour and mild heterogeneous parenchyma measuring 0.91 cm width level of the mid spleen.

Liver

The liver was subjectively mildly enlarged in size. 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 mild nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

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. Small intestine wall measured 0.24 cm wall width. Ileocolic wall measured 0.35 cm wall width.

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

Pancreas

The pancreas presented prominent in size, capsule asymmetry and nonhomogenous hypoechoic parenchyma compared to adjacent omentum.

Free Abdomen

Mild volume mildly echogenic peritoneal to retroperitoneal effusion was present. No obvious significant to swollen mesenteric lymphadenopathy present.

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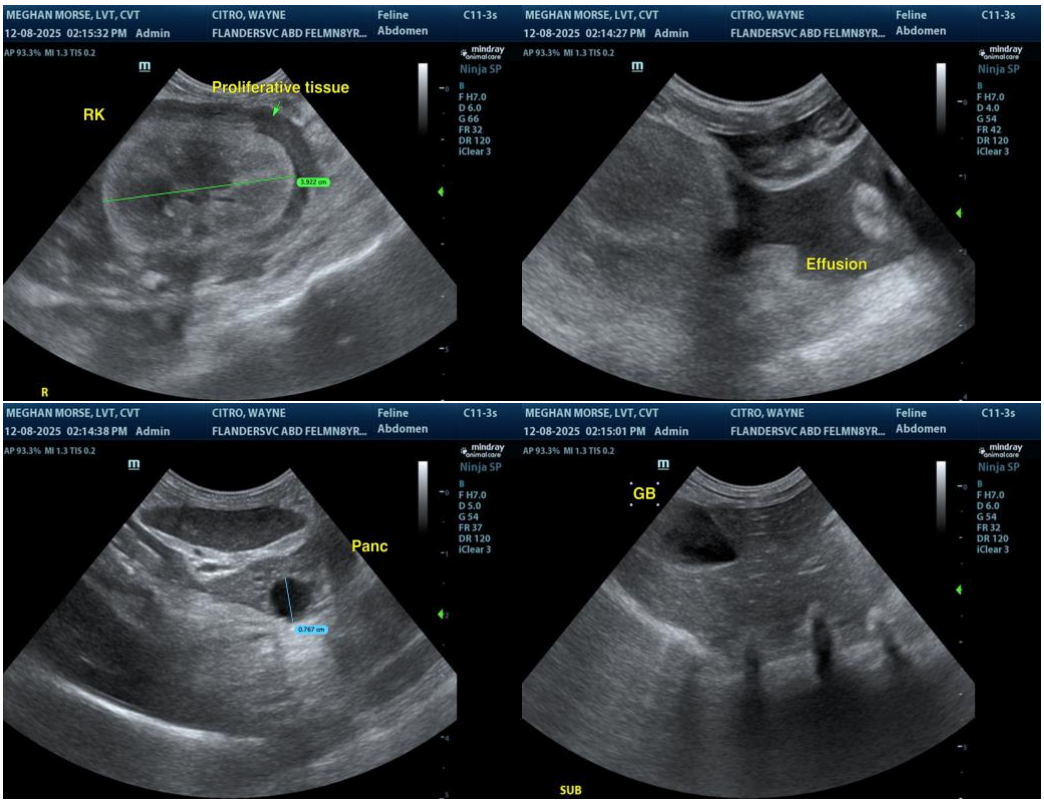
ULTRASONOGRAPHIC FINDINGS

- Normal echocardiogram.
- Right kidney neoplasia with concurrent mild intact left renomegaly.
- Associated perinephric inflammation and mild volume peritoneal to retroperitoneal effusion.
- Sonographically unremarkable overall gastrointestinal tract.
- Suspect chronic to chronic active pancreatitis.
- Mild noncongested hepatomegaly.
- Mild gallbladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Nonspecific significant right kidney nephritis, possible emerging bilateral nephropathy thought less likely. Assuming normal clotting status and using a 25-gauge needle, right kidney cortex and perinephric to retroperitoneal proliferative tissue +/- screening hepatic FNA cytology and effusion analysis cytology +/- culture/sensitivity if evidence of inflammatory component is recommended. Three view chest radiographs +/- a GI panel to include PLI, TLI, cobalamin and folate pending suggested sampling to correlate with pancreas and assess for nonstructural intestinal disease as a contributing factor to the weight loss may be considered.



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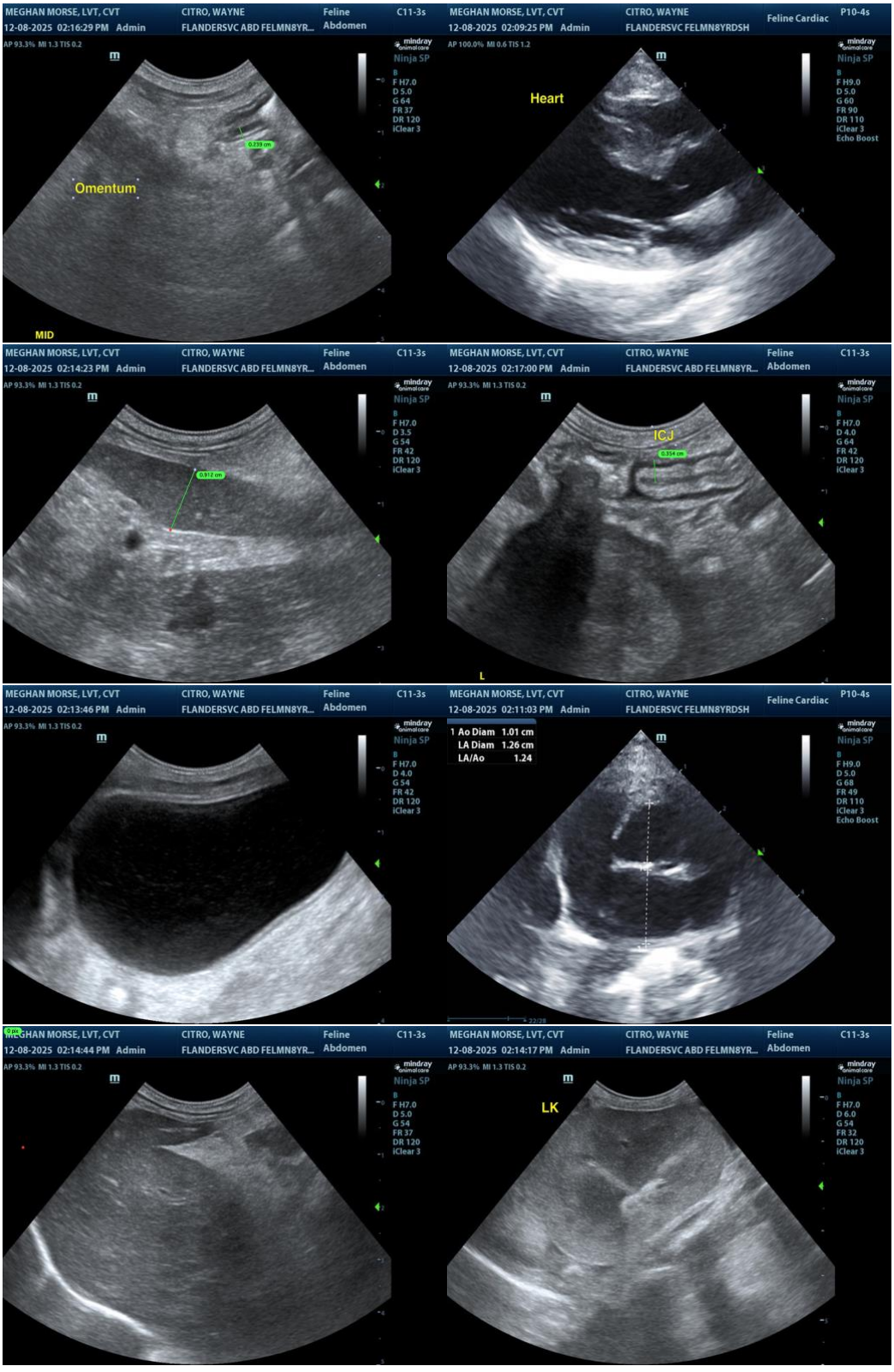

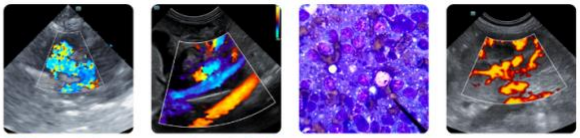

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com