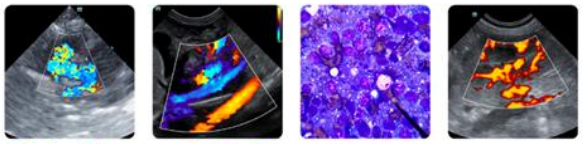


PATIENT

Betty Anxhela Bahja

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

21

WEIGHT

9.5

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Sharkawy

HOSPITAL NAME

Union Vet Animal Hospital

REFERRING VET

Dr SHarkawy

INVOICE
23196

DATE
12/9/2025

PRESENTING CLINICAL SIGNS

Anorexia Lethargy Distended abdomen

Abnormal PE/Chem/CBC/UA Results: test- positive Suspected Lymphoma

Abdominal masses abdominal effusion Cancer screening

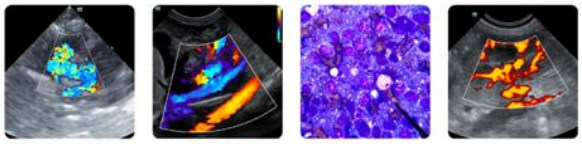
ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN AND HEART

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	0.5	1.4	0.5	45	77
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	--	1.3	1.3		1.0	0.87	NM
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. No overt MR 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. The 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 overt TR 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.

Urinary System



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The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

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 3.3 cm in length. The right kidney measured 3.5 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

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.

Liver/Gallbladder

Generalized hepatomegaly, with rounded symmetrical contour and mildly echogenic parenchyma was present. The gallbladder was non-distended in size with thin walls and mild non-organized debris. The common bile duct was not visualized without overt evidence of dilation or post hepatic obstructive criteria.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate non-shadowing ingesta.

Diffuse thickened intestinal wall exhibiting intact wall layering with altered wall layer ratio along with at least one visualized intestinal mass exhibiting mural hypertrophy and hypoechogenicity with loss of discernible intestinal wall layer detail. An ill-defined irregular non-homogenous hypoechoic mid to cranial abdominal mass was present which may indicate intestinal or omental origin measuring ~ 5 cm in diameter. An example of thickened intestinal wall measured 0.3 to 0.4 cm wall width. Segments of intestine exhibited distension with non-shadowing ingesta /chyme indicating potential for non-obvious segmental intestinal obstruction. Concurrent empty intestinal segments also present.

Normal visible colon wall layers were present with apparent semi formed feces and lumen gas.

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

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Generalized non-uniform hyperechoic omentum and peritoneal effusion was present.

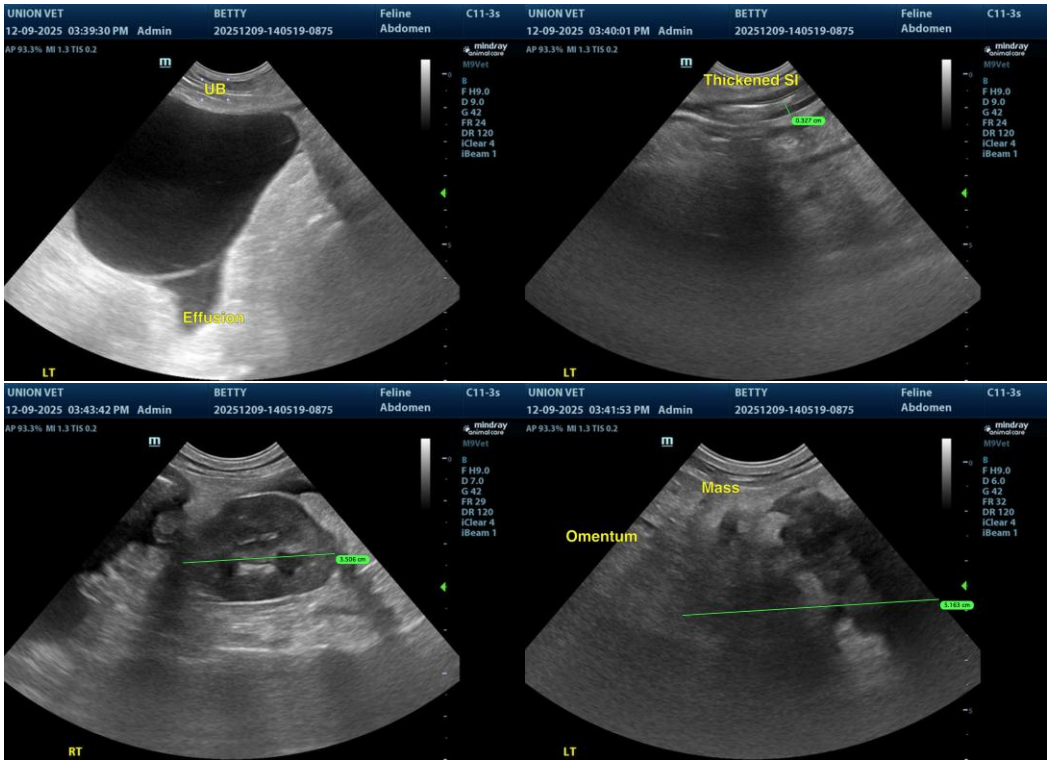
ULTRASONOGRAPHIC FINDINGS

Primary

- Normal echocardiogram
- multi-centric abdominal neoplasia- lymphomatosis, carcinomatosis or similar

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Unfortunately, curative medical or surgical options are precluded. An unfavorable prognosis is indicated and palliative care is recommended.



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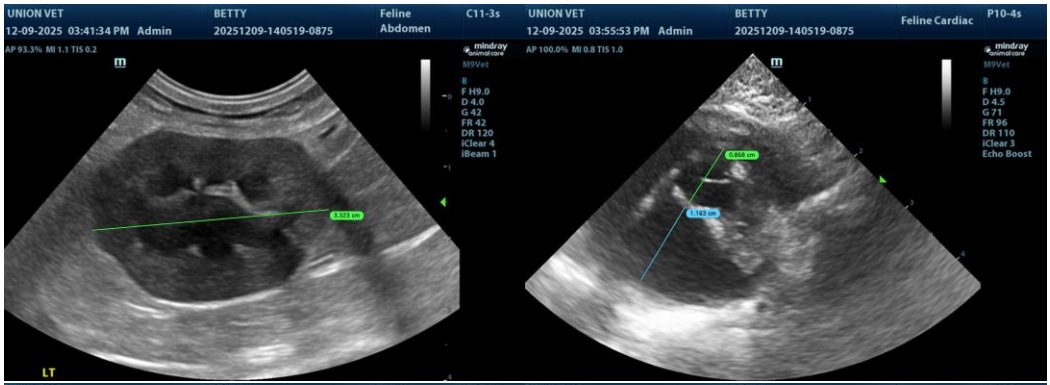

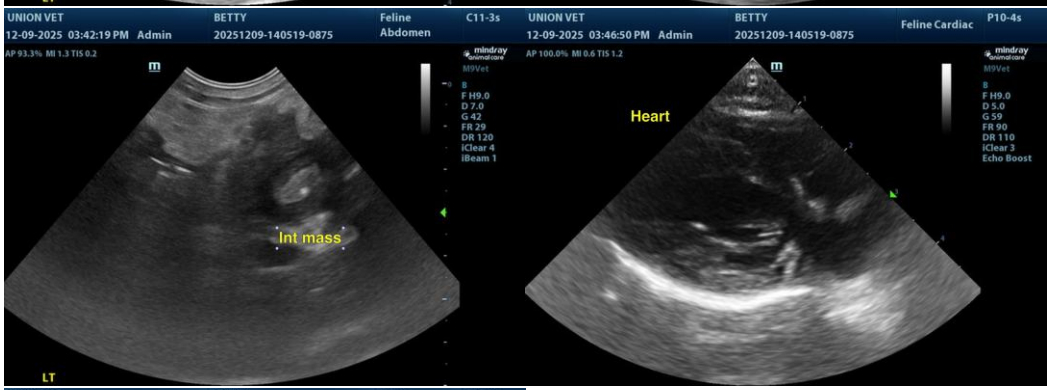

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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