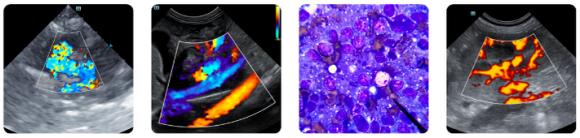

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PATIENT

Doja Haake

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

17y

WEIGHT

7.75

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

VCA Westmoreland AH

REFERRING VET

Dr. Sullivan

INVOICE

13197

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2/12/26

PRESENTING CLINICAL SIGNS

History:

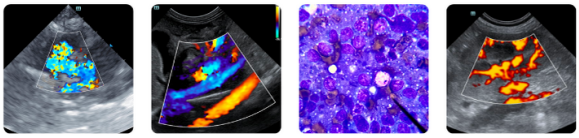
- P has been losing weight/muscle mass for the past 2 months. Slowly decreasing appetite and is becoming less social. P has hyperthyroidism and this is controlled with transdermal methimazole. P has been lip smacking and barely eating for the past 2 weeks. No BM in 3 days. Palpable abdominal mass in the mid abdomen but is slightly more left sided. P is tender and uncomfortable with palpation but not overtly painful. Small enema performed 2/10/26 but no production of stool by time of discharge. P ate canned pate food in clinic, but not much and significant lip licking present. P has a non-regenerative anemia and has stayed at 16% for the past 1 week.
- ABNORMAL Lab work Values
- Feline Hemoplasma PCR Testing - Negative x 3
- Chem: Elevated Amylase 1233 (100-1200)
- CBC: Low RBC 3.5 (5.92-9.93), HGB 4.5 (9.3-15.9), HCT 16% (29-48), MCHC 29 (30-38), Lymphocytes 18% (20-45)
- Hypochromasia - slight
- Polychromasia - slight
- Elevated Neutrophils 11625 (2500-8500), Absolute Monocytes 620 (0-600)
- UA: USG 1.024 (1.015-1.060)
- Renal Tech Prediction - Positive
- Reticulocyte Total: Elevated 1.1 (0-1)
- Absolute Reticulocytes 38500 (<45000)
- Current Medications: Transdermal Methimazole, transdermal Cerenia, transdermal mirtazapine (Mirtaz), transmucosal buprenorphine

Abnormal PE/Chem/CBC/UA Results: Radiographic Findings Images and AIS report being emailed to you

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	--	182	0.51	1.4	0.52	55	86
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	--	1.6	1.6		1.0	0.76	--

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 borderline increased **left atrial** dimension with mild bulbous appearance. No evidence of spontaneous contrast. 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. Minor Mr noted on doppler. 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 mild increased size, normal structure and content. No evidence of masses or volume overload was noted. **Tricuspid** valvular assessment demonstrated expected findings for this age patient. No overt significant TR noted on doppler. 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** effusion with mild volume pleural effusion was noted. The **mediastinum** was free of masses in the visible window. No overt cardiac tumors 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 were noted.

The area of the aortic trifurcation was free of pathology.

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. No evidence of pelvic dilation was present. The left kidney measured 3.5 cm in length. The right kidney measured 3.3 cm in length.

Adrenal Glands

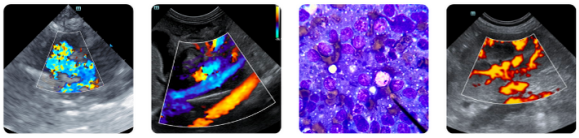
The left and right adrenal glands were indistinctly visualized without overt pathology. The left adrenal gland subjectively measured 0.46 cm. The right adrenal gland subjectively measured 0.35 cm.

Spleen

The spleen was markedly to asymmetrically enlarged exhibiting non-homogeneous nodular parenchyma. The spleen measured 3.0 cm width.

Liver

The liver exhibited mild, non-congested hepatomegaly with generalized non-homogeneous hepatic parenchyma and subjective normal hepatic vascular volume. Several to multiple non-homogenous, hypoechoic intraparenchymal nodules noted with an example measuring 2.0 cm x 1.1 cm. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.



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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 0.25 cm.

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

Pancreas

The area of the pancreas presented sonographically normal with indistinct visualization owing to increased peripancreatic omental artifact and effusion.

Free Abdomen

Moderate volume peritoneal effusion was present. Intermittent, variably swollen non-homogeneous hypoechoic mesenteric lymph nodes with generalized omental hyperechogenicity. Example of lymph node measured 2.1 cm x 1.0 cm.

ULTRASONOGRAPHIC FINDINGS

- Borderline to mild bilateral enlargement
- LV remodeling with normal dimension and contractility
- Severely enlarged non-homogeneous nodular spleen
- Non-congested hepatomegaly with intraparenchymal nodules
- Variably non-homogeneous hypoechoic swollen mesenteric lymphadenopathy
- Bicavitary effusion – overtly non-cardiogenic

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Unfortunately, multicentric neoplastic criteria is met in this patient without evidence of significant cardiomyopathy as a contributing factor to the bicavitary effusion. Given patient history, the heart may suggest progressive yet compensated hypertrophic cardiomyopathy or unclassified cardiomyopathy. Yet, overall, the heart appears to be stable given lack of significant chamber enlargement. No indication for cardiac medications. Assuming normal clotting status and using 25-gauge needle, screening hepatosplenic +/- accessible lymph node FNA cytology and effusion analysis could be considered for further assessment. However, a poor prognosis is indicated.

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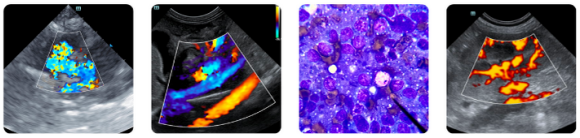

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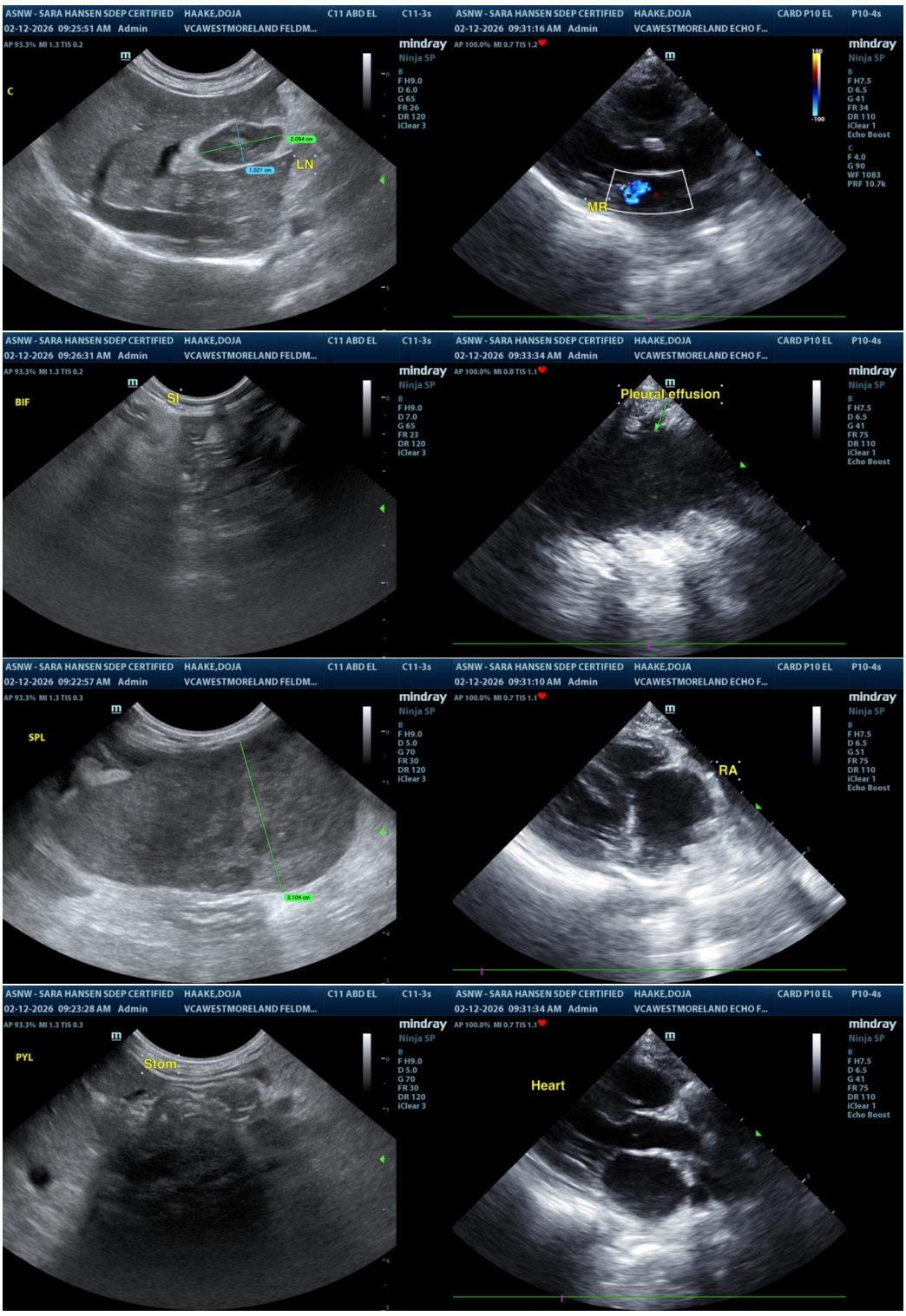

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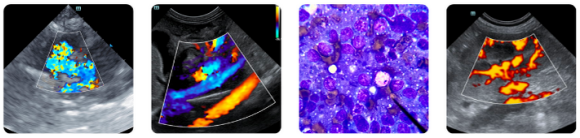

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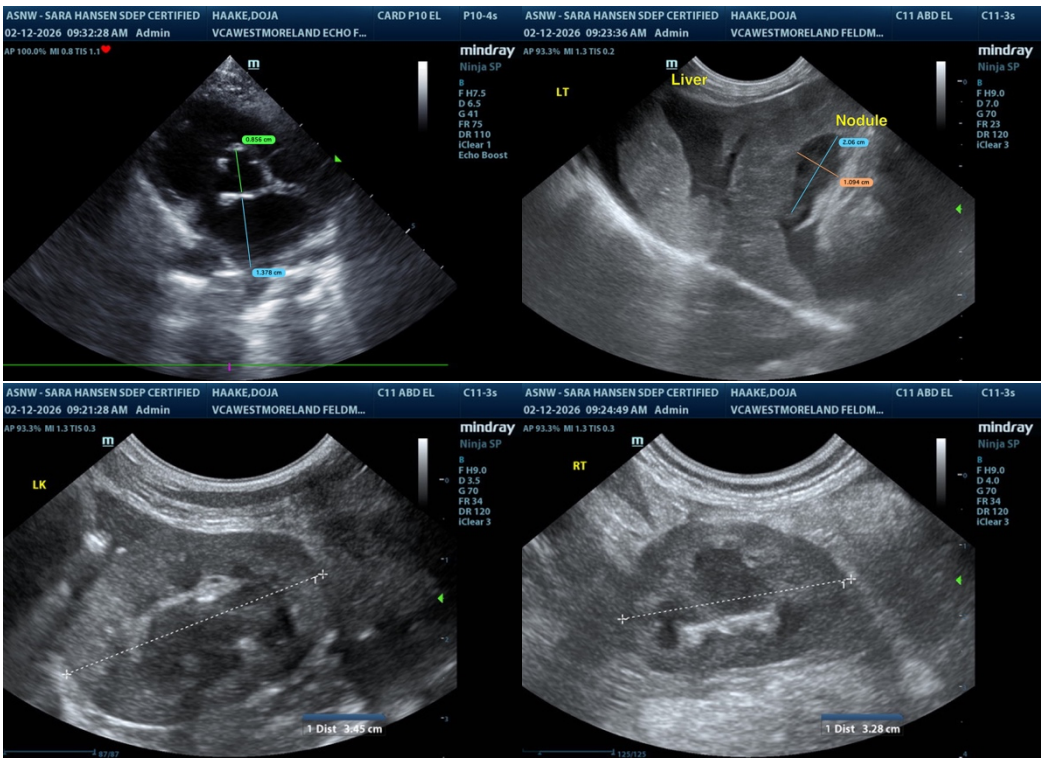

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@SonoPath.com