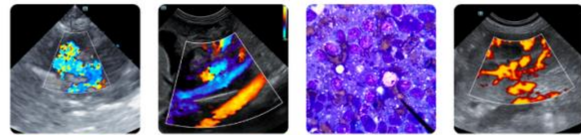
SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™

SonoPath.com info@sonopath.com 1.800.838.4268



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Thor Anthony

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

11

WEIGHT

7.2

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal Hospital

REFERRING VET

Dr. Dubos

INVOICE

13844

DATE

02/17/26

PRESENTING CLINICAL SIGNS

- icteric, PU/PD, polyphagia, concern for neoplasia, decreased serosal detail in abd 2 lb weight loss

Abnormal PE/Chem/CBC/UA Results: WBC 24 Neutrophilia Monocytosis, Eosinophilia Crear 0.7 Glob 5.7 ALT 856 ALP 192 GGT 14 T bili 6.6 T4 1.9 Proteinuria RBC;s WBC's potential rods/cocci USG 1.031

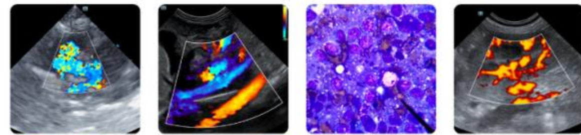
ULTRASONOGRAPHIC EXAMINATION OF THE HEART & ABDOMEN

FELINE CARDIAC PARAMETERS	BODY WEIGHT	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	7.2	NM	0.52	1.4	0.5	50	83
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	--	1.44	1.4		--	--	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 3 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



SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT
Thor Anthony

SPECIES
Feline

BREED
DSH

SEX
Neutered Male

AGE
11

WEIGHT
7.2

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

IMAGING PERFORMED BY
Jenn

HOSPITAL NAME
Rockaway Animal Hospital

REFERRING VET
Dr. Dubos

INVOICE
13844

DATE
02/17/26

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.

Normal renal size with asymmetrical margination was present in both kidneys. 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. Loss of corticomedullary distinction was also present. The left kidney measured 3.9 cm in length. The right kidney measured 4.0 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

The spleen was borderline enlarged and 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. The spleen measured 1.0 cm width level of the mid spleen.

Liver & Gallbladder

The liver presented with generalized hepatomegaly. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with mild biliary sludge. No evidence of inflammation or edema. The common bile duct was not visualized. No evidence of posthepatic obstruction.

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 pylorus wall measured 0.22 cm wall width.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental mild nonshadowing ingesta/chyme. The small intestine wall measured 0.24 cm wall width.

Normal visible colon wall layers were present with semi formed fecal matter in lumen.

Pancreas

The pancreas presented prominent to enlarged in size with capsule asymmetry and nonhomogenous parenchyma with prominent pancreatic duct.

Free Abdomen

No overt visualized significant or swollen mesenteric lymphadenopathy was present. Minor perihepatic to peritoneal effusion was present.

PATIENT
Thor Anthony

SPECIES
Feline

BREED
DSH

SEX
Neutered Male

AGE
11

WEIGHT
7.2

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

IMAGING PERFORMED BY
Jenn

HOSPITAL NAME
Rockaway Animal Hospital

REFERRING VET
Dr. Dubos

INVOICE
13844

DATE
02/17/26

ULTRASONOGRAPHIC FINDINGS

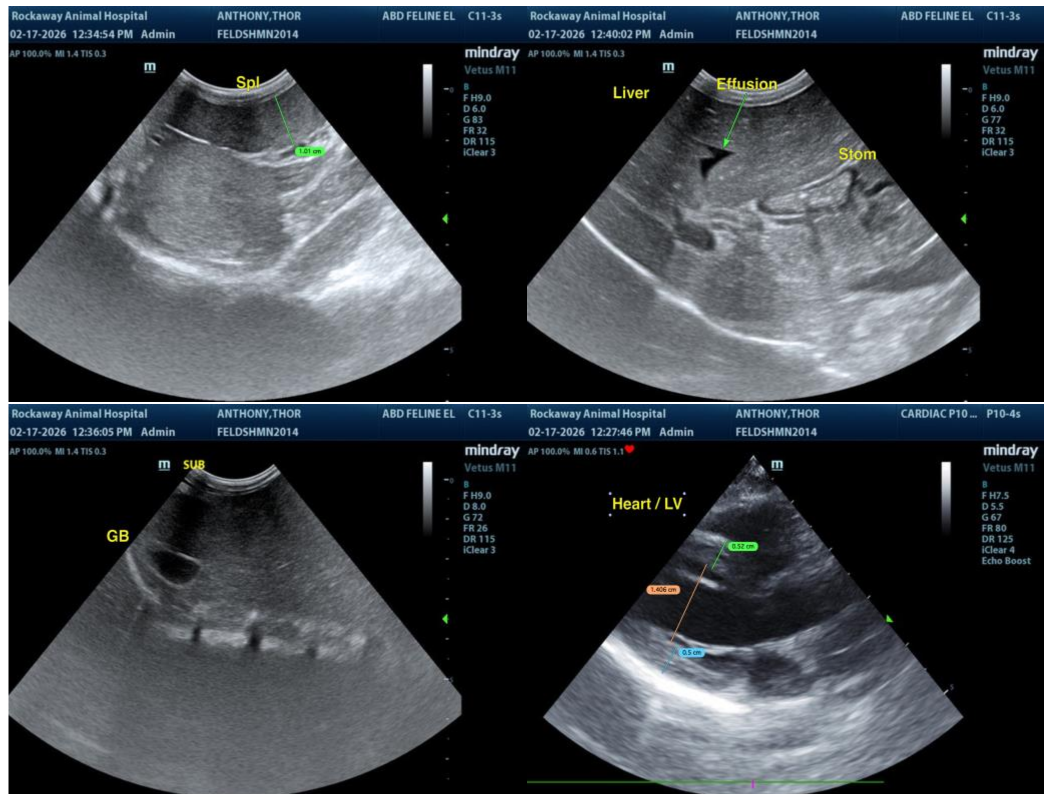
- Normal cardiac structure/function.
- Hepatopathy.
- Borderline splenomegaly.
- Nondistended gallbladder with mild lumen debris.
- Overall, structurally unremarkable gastrointestinal tract with nonshadowing intestinal ingesta.
- Enlarged nonhomogenous pancreas with prominent pancreatic duct.
- Bilateral chronic renal changes.
- Minor perihepatic/peritoneal effusion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of post-hepatic obstruction. Cholangiohepatitis, hepatobiliary pattern in conjunction with chronic/chronic active pancreatitis with remodeling and non-structural enteropathy, i.e. IBD or other, may be favored. Emerging to occult neoplasia is not definitively excluded.

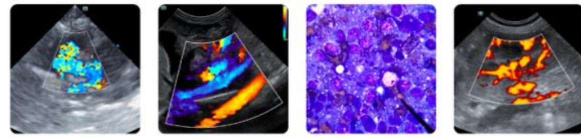
Further assessment may include (assuming normal clotting status and using a 25-gauge needle) hepatosplenic FNA cytology and a GI panel to include PLI, TLI, cobalamin and folate. Three view chest radiographs are suggested if not done in conjunction with further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

Cholangiohepatitis/triaditis empirical therapy with clinical and as needed sonographic monitoring if persistent clinical signs or weight loss may be considered.



SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™

SonoPath.com info@sonopath.com 1.800.838.4268



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Thor Anthony

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

11

WEIGHT

7.2

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal Hospital

REFERRING VET

Dr. Dubos

INVOICE

13844

DATE

02/17/26

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