



PATIENT PRESENTING CLINICAL SIGNS

Montgomery McCurlie

History:

SPECIES

Feline

BREED

DLH

SEX

Male Neutered

AGE

16y

WEIGHT

5.9 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Ancaster AH

REFERRING VET

Baehrle

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2/25/26

- P was seen Jan 14th for sneezing/not himself/lethargy/inappetence.
- Bloodwork/UA was done
- sent home on Abx for 2 weeks.
- mild anemia and a slight decrease in protein levels in the blood.
- UA - 3+ BLOOD, 3+ PROTEIN, WBC - 20-30HPF, RBC 74-100HPF, 2+ SQUAMOUS EPITHELIAL.
- Returned on Feb 19th for recheck- blood in urine/inappetence/lethargy/not himself.
- Weight loss of 0.6lbs in 4.5 weeks.
- Radiographs show mass in L thorax.
- Radiologist interpretation - possible primary mass or mets.
- Current Medications: Prednisolone

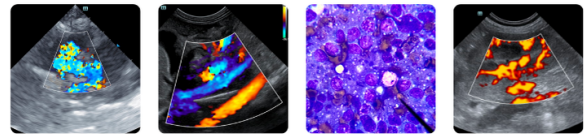
Abnormal PE/Chem/CBC/UA Results: labs and rads attached

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	0.45	1.57	0.5	44	76
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	--	1.35	1.5		1.0	0.8	--
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



PATIENT	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). The cranial mediastinum and pericardial regions were free of masses in the visible window. Pericardial hypoechoic non-homogeneous pulmonary nodule to small mass with surrounding aerated lung measuring ~1.0 cm in diameter.
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SPECIES	
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BREED	Urinary System
DLH	A sessile based mass occupying majority of the ventral-to-ventral apical wall with asymmetrical margination was present and measured 2.1 cm x 0.9 cm. The parenchyma of the mass was heterogeneous with hyperechoic foci and mineralization. Mild particulate urine sediment was present. The visible proximal urethra to a depth of 2.0 cm exhibited normal structure and tone. Overall, normal bladder size and tone noted. The ureteral papillae were normal. The ureters were not visible which is normal.
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16y	Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio with mild non-homogeneous hyperechoic cortex and enhanced corticomedullary border demarcation. No evidence of pelvic dilation. The left kidney measured 4.2 cm in length. The right kidney measured 4.3 cm in length.
WEIGHT	
5.9 lbs	
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	No obvious pathology in the area of the left and right adrenal glands.
IMAGING PERFORMED BY	Spleen
Kelly Reschny	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.
HOSPITAL NAME	Liver
Ancaster AH	The liver was subjective borderline enlarged in size with symmetrical contour and mild non-homogeneous increased hepatic parenchyma echogenicity. Mild to moderate coarse echotexture noted. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.
REFERRING VET	Gastrointestinal
Baehrle	The stomach presented variably thickened, non-homogeneous, hypoechoic wall with loss of gastric mural detail. Thickened stomach wall measured 1.0 cm width. The stomach contained a mild amount of lumen gas and non-shadowing ingesta.
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2/25/26	Normal visible colon wall layers were present with apparent formed feces in lumen.



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Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

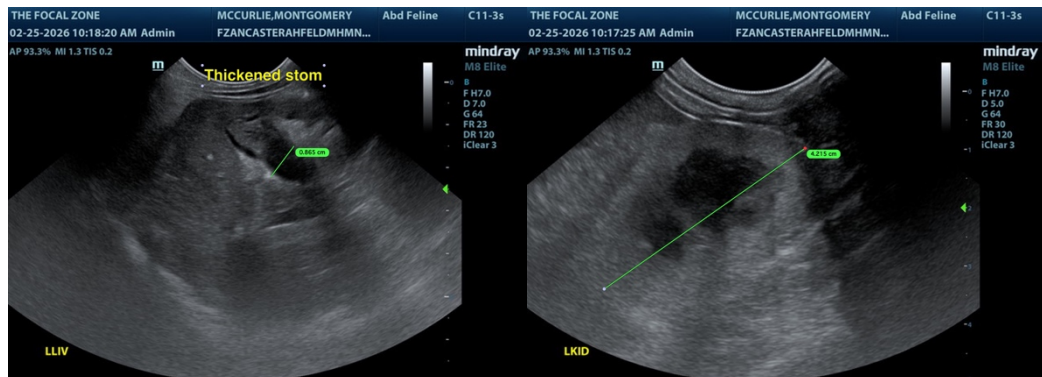
No obvious visualized significant or swollen mesenteric lymphadenopathy and possible scant peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Normal cardiac structure/function
- Pericardial pulmonary nodule/small mass
- Variably thickened stomach exhibiting loss of mural detail, sonographically normal small intestine
- Borderline enlarged echogenic liver
- Urinary bladder mass
- Bilateral nonspecific hypoechoic renal cortex

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Multicentric neoplastic criteria involving the urinary bladder, stomach and lung is met with potential early involvement of the liver and bilateral kidneys. Multicentric round cell neoplasia, i.e. lymphoma is favored. Correlation with pending cytology and potential for oncology consult is recommended.





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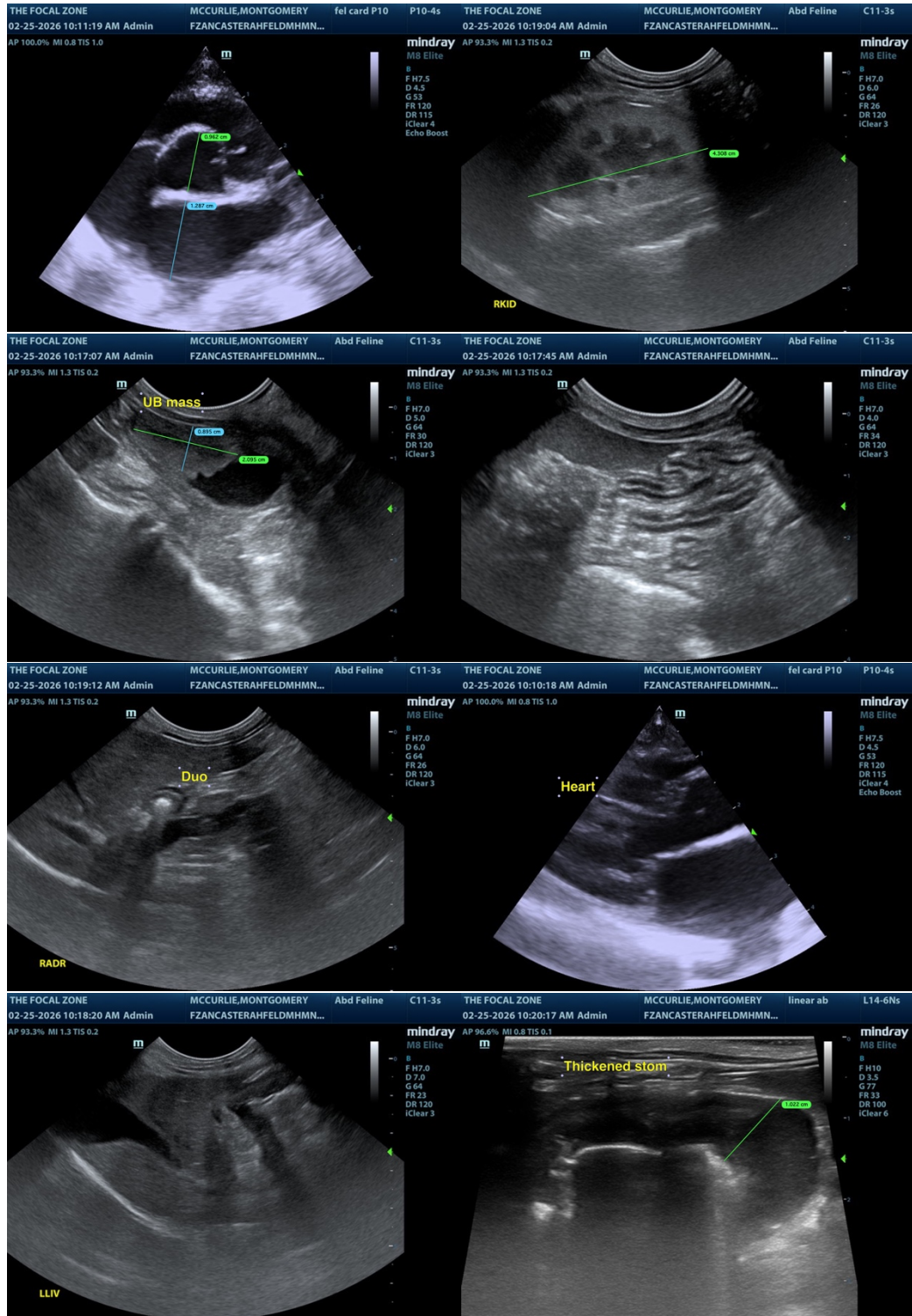
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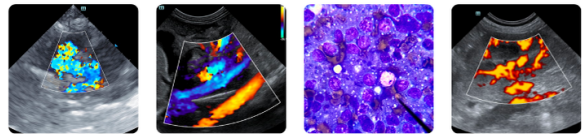
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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