

PATIENT PRESENTING CLINICAL SIGNS

McCullough Scurti

SPECIES

Feline

BREED

DSH

Abnormal PE/Chem/CBC/UA Results: 2/18/26 Hct 30%, neutrophils 10.5k

SEX

MN

AGE

15yr

WEIGHT

13.8lb

- weight loss
- decreased appetite
- intermittent vomiting
- acute episode lateral recumbency
- hyperthermia temp 105- r/o paraneoplastic syndrome vs other.
- Peres oral solution 3 mg po SID
- sedated with alflax 1.5ml/ Torb 0.3 mg IM

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN AND HEART

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	13.8lb	NM	0.61	1.5	0.61	40	72
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	--	1.9	1.9		1.0	0.65	NM

Sisson D et al. JVIM 1991; 5: 232, Jacobs et al. Am J Vet Res 1985; 46:1705

INTERPRETED BY

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

IMAGING PERFORMED BY

Chloe Lowe

HOSPITAL NAME

Harmony Animal Hospital

REFERRING VET

Dr Keefe

INVOICE 23992

DATE 02/26/26

Cardiac Presentation

The echocardiogram in this patient demonstrated mild increased left atrial size and structure with no evidence of “smoke” or thrombi. The cranial and caudal mitral valve leaflets appeared mildly thickened with some insufficiency noted on Doppler. The left ventricle presented mild excessive free wall and septal thicknesses. The myocardium presented increased echogenicity which may suggest fibrosis and remodeling. Contractility of the ventricular walls was considered excessive for this patient evidenced by the elevated fractional shortening measurement. The left ventricular outflow tract demonstrated turbulent laminar flow. Subjective assessment of the right atrium and auricle revealed normal size, structure and content. No evidence of masses was noted. Tricuspid valvular assessment demonstrated mild thickening with mild TR on Doppler. No overt pulmonary hypertension. The right ventricle was of normal size with normal chordae structure, myocardial echogenicity and thickness. Pulmonic tract assessment revealed normal valve structure, laminar flow, and diameter. Minor volume pericardial diffusion without overt pleural effusion. No echographically detectable evidence of infiltrative disease was visible. The mediastinum was free of masses in the visible window. Possible bradycardia noted.

Urinary System



PATIENT	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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.
McCullough Scurti	
SPECIES	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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.2 cm in length. The right kidney measured 4.0 cm in length.
Feline	
BREED	The area of the aortic trifurcation was free of pathology.
DSH	
	Adrenal Glands
SEX	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.46 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.52 cm width.
MN	
AGE	Spleen
15yr	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.
WEIGHT	Liver/Gallbladder
13.8lb	The liver was subjectively enlarged in size. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.
INTERPRETED BY	Transdiaphragmatic view revealed comet tail lung pattern, which is echogenic sound wave interface with microconsolidations within the caudal lung field. The lung field should not be visualized by sonogram unless pathology is present. Chest radiographs are recommended to rule out alveolar/lung disease such as neoplasia, thromboembolic disease, chronic inflammatory disease with microconsolidation.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
IMAGING PERFORMED BY	Gastrointestinal
Chloe Lowe	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild variably echogenic non-shadowing ingesta sonographically suggestive of food echogenicity with no signs of obstruction or foreign material.
HOSPITAL NAME	REFERRING VET
Harmony Animal Hospital	The small intestine presented intact mildly thickened wall exhibiting propensity for mildly thickened muscularis layer. Segmental similar appearing non-shadowing intestinal ingesta without obstructive pattern to the level of the colon.
INVOICE	Normal visible colon wall layers were present with apparent formed feces in lumen.
23992	Pancreas
DATE	
02/26/26	



PATIENT

McCullough Scurti

The left pancreas was prominent in size with capsule asymmetry and heterogeneous remodeled parenchyma. Prominent pancreatic duct present.

Free Abdomen

SPECIES

Feline

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

BREED

DSH

- HCM phenotype with LV myocardial remodeling and possible fibrosis
- Mild LA enlargement
- Minor pericardial effusion
- Possible bradycardia
- Non-congested mild hepatomegaly
- Intact mildly thickened small intestine, gastrointestinal ingesta consistent with food echogenicity
- Chronic pancreatitis with remodeling
- Bilateral chronic renal changes
- Transdiaphragmatic comet tail artifact

SEX

MN

AGE

15yr

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

13.8lb

The degree of LA enlargement is not significant yet combined with potential bradycardia and LV wall changes suggest potential clinical signs consistent with cardiac dysfunction and cardiogenic pericardial effusion. Correlation with three view chest radiographs recommended. Lasix trial 1-2 mg/kg PO BID, off label Pimobendan 1.25 mg PO BID and clopidogrel 75 mg tab ¼ tab PO SID is warranted. ECG, systemic BP and T4 level all recommended to assess for potential complicating factors. Monitoring of renal parameters on diuretic therapy is indicated. Echocardiographic monitoring required for further prognosis. Recheck echo suggested in 6-8 weeks sooner if clinically indicated.

INTERPRETED BY

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

Correlation with most recent meal ingestion is recommended. The small intestine may indicate patient variant, inflammatory disease with occult to emerging intestinal round cell neoplasia less likely yet not excluded. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

IMAGING PERFORMED BY

Chloe Lowe

Monitoring of hepatic enzymes is suggested to assess for possible emerging hepatopathy given short half life of hepatic enzymes in cats.

HOSPITAL NAME

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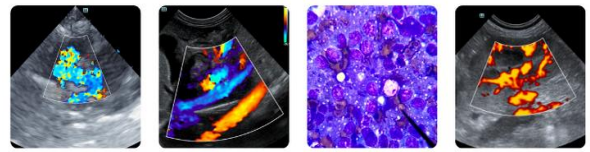
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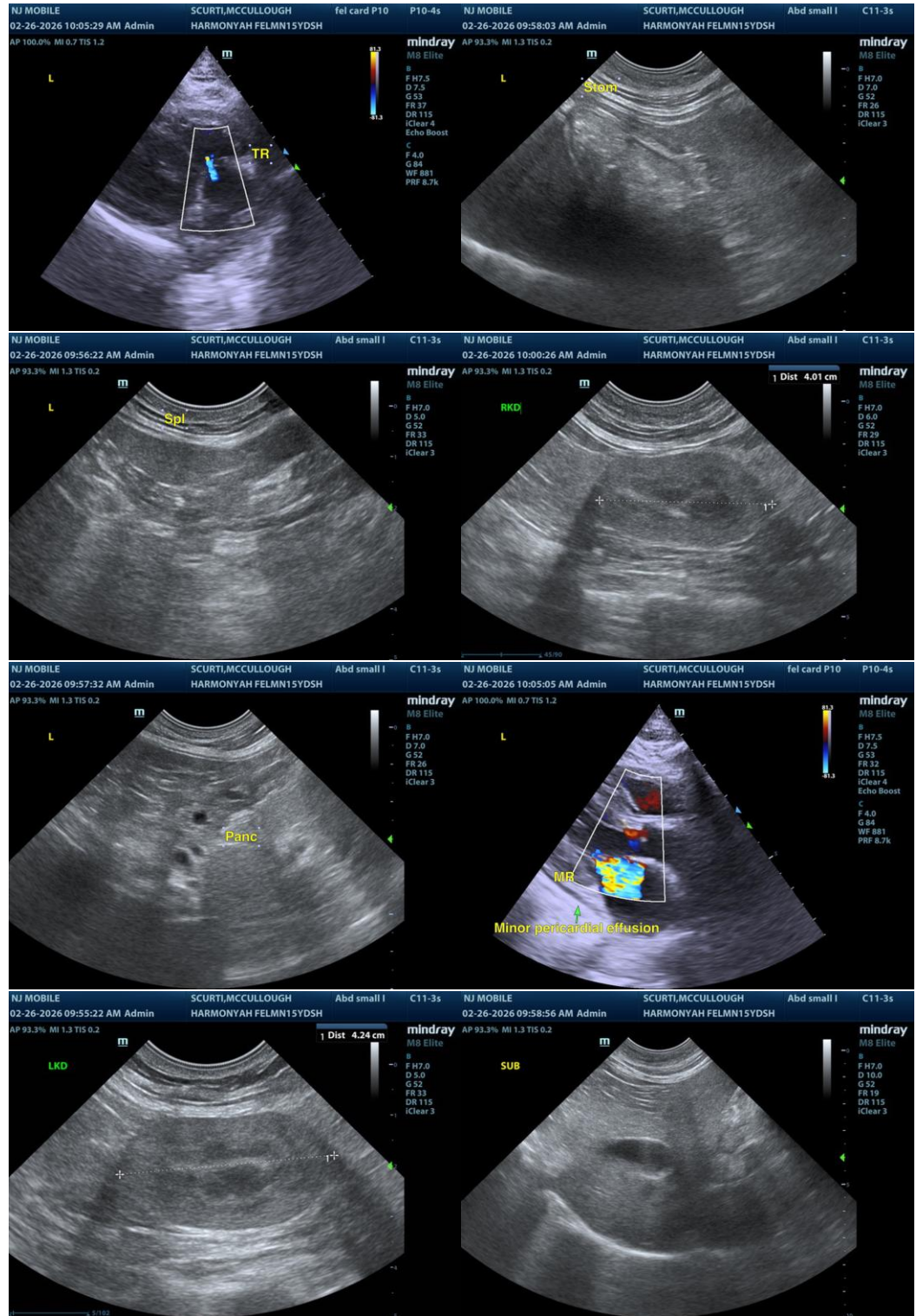
Harmony Animal Hospital

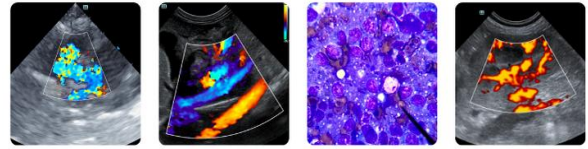
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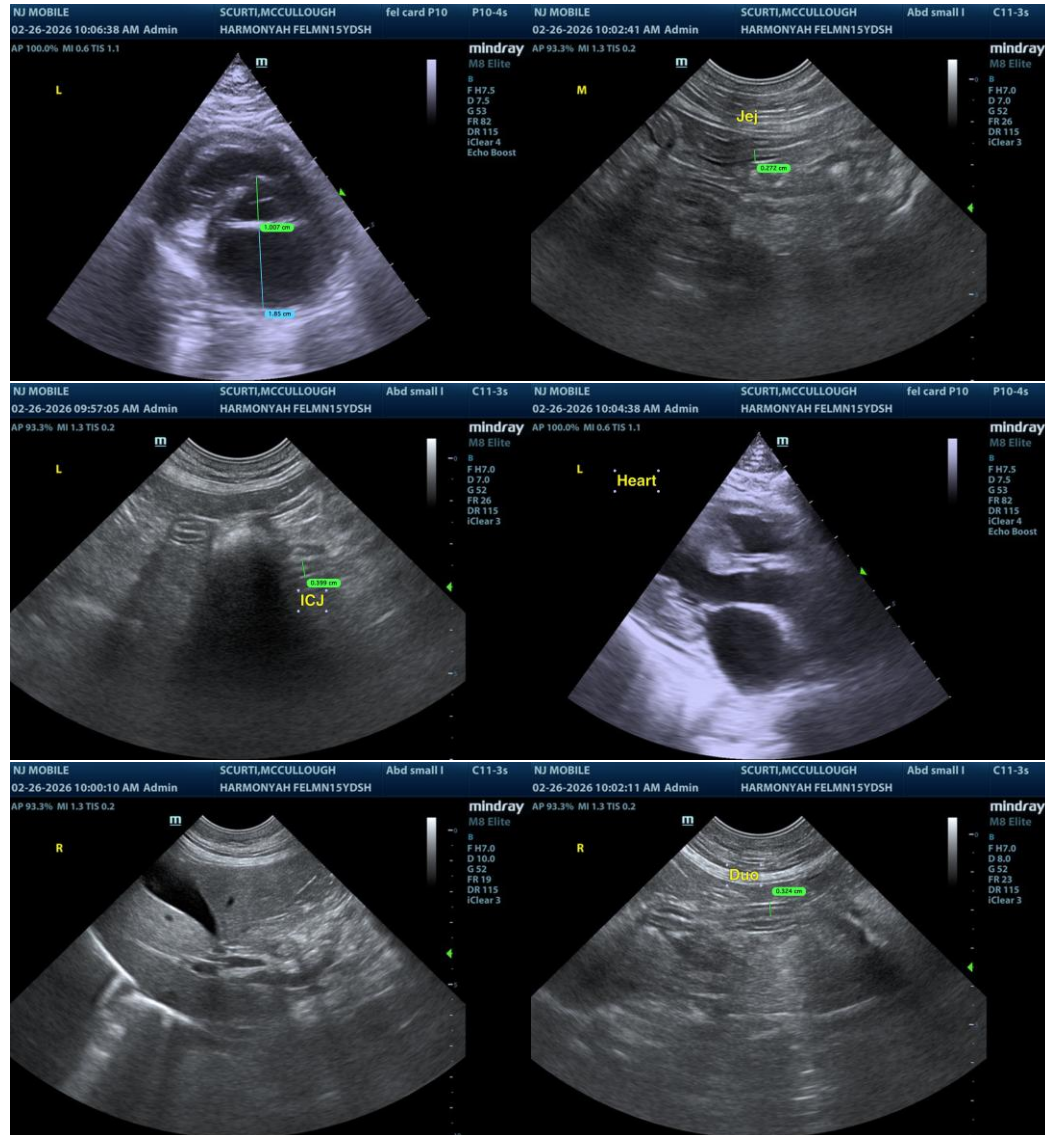
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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