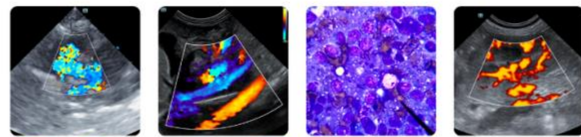

PATIENT

Mango Boes

SPECIES

Feline

BREED

DMH

SEX

Neutered Male

AGE

17

WEIGHT

9.6

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal Hospital

REFERRING VET

Dr. Maniar

INVOICE

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02/04/26

PRESENTING CLINICAL SIGNS

- Hx of diabetes, switched insulins, owner came home to cat blind and euphoric, r/o cardiovascular dz

ULTRASONOGRAPHIC EXAMINATION OF THE HEART & ABDOMEN

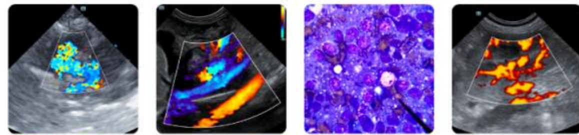
FELINE CARDIAC PARAMETERS	BODY WEIGHT	HR (BPM)	IVSd (cm)	LVIDd (cm)	LVWd (cm)	FS (%)	EF (%)
NORMAL PARAMETER	------	150-240	0.3-0.6	1.0-2.1	0.25-0.6	35-67	80-100
PATIENT	9.6	NM	0.58	1.3	0.52	45	78
FELINE CARDIAC PARAMETERS	**LA/AO** (M-mode)	**LA/AO HEART BASE** (Sisson)	**LAD** LA MAX 4 Chamber		**LVOT 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	--	1.1	1.2		--	0.7	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** dimension 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 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

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.



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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. Mild loss of corticomedullary border demarcation was also present. The left kidney measured 3.9 cm in length. The right kidney measured 3.9 cm in length.

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

The liver revealed generalized hepatomegaly with nonhomogenous mildly increased hepatic parenchyma echogenicity. Within the mid liver, a moderately sized cystic appearing structure was present potentially containing congealed nonorganized mildly hyperechoic debris measuring approximately 3.5 cm in diameter. This appeared separate from the gallbladder.

The gallbladder was non-distended in size with thin walls and mild bile debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained minor retained gastric fluid with no signs of ileus, obstruction or foreign material.

The small intestine presented intact thickened small intestinal wall exhibiting mild altered wall layer ratio owing to propensity for mildly thickened muscularis and mucosa layer. The duodenum wall measured 0.35 cm wall width. The jejunum wall measured 0.35 cm wall width.

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

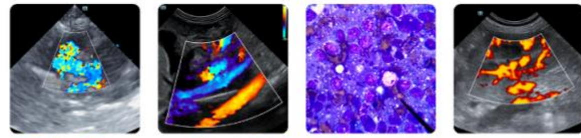
Pancreas

The left pancreas presented asymmetrically enlarged with nonhomogenous remodeled parenchyma. A left pancreatic cystic lesion was present containing mild echogenic fluid measuring 1.0 cm in diameter. Concurrent adjacent cyst versus nodule was present. The left pancreatic limb measured 1.1 cm width. Surrounding hyperechoic peripancreatic omentum.

Free Abdomen

Minor intermittent mesenteric nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). No evidence of peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS



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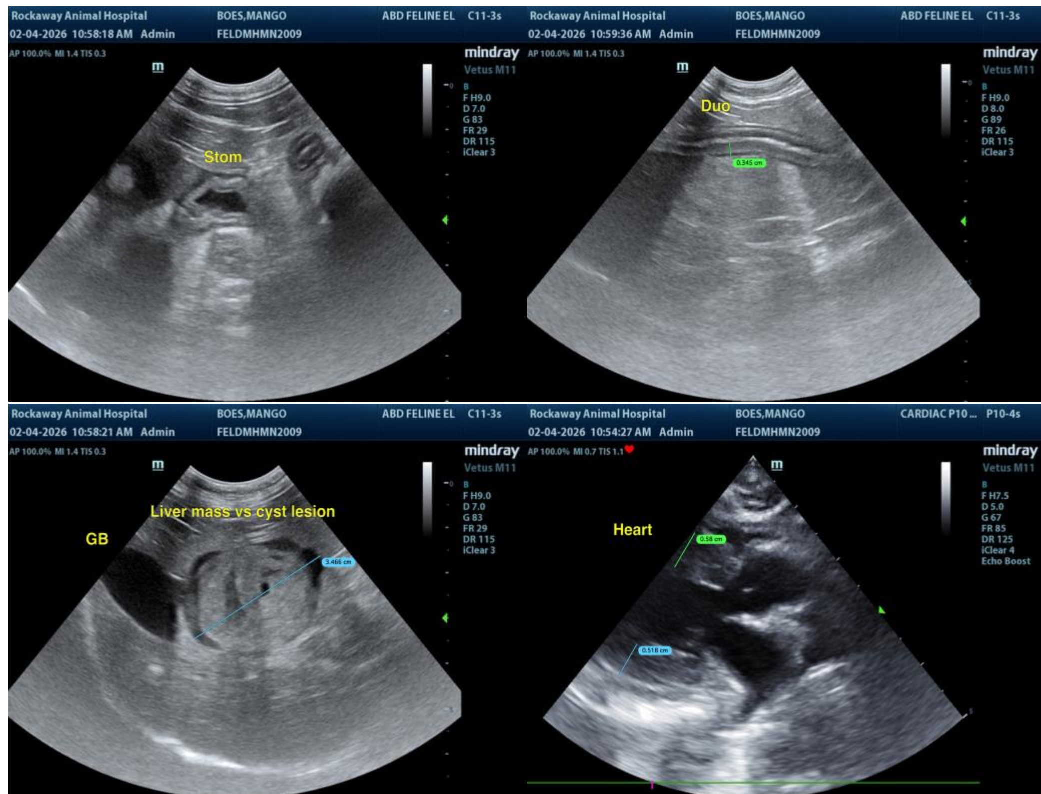
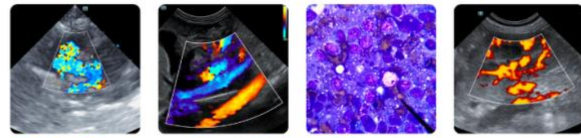
- Normal cardiac structure/function.
- Enlarged nonhomogenous cystic versus nodular left pancreas, surrounding peripancreatic hyperechoic omentum- chronic pancreatitis with nodular hyperplasia pancreatic cyst, potential for emerging left limb pancreatic abscess.
- Hepatomegaly with intraparenchymal cyst like lesion containing accumulated fluid- potential for mass or abscess.
- Non-distended gallbladder with mild bile sediment.
- Nonspecific enteropathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of structural functional cardiomyopathy as a contributing factor to the patient's clinical signs. Assuming normal clotting status, FNA cytology of the hepatic cyst-like lesion +/- left pancreas FNA cytology +/- culture/sensitivity is warranted for further clarification.

The enteropathy is nonspecific given non-reported gastrointestinal signs with considerations including nonspecific enteritis, IBD or other inflammatory enteropathy with potential emerging or occult intestinal round cell neoplasia not excluded. Correlation with a spec fPL or a GI panel 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