



PATIENT

Binx Finley

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

2 years

WEIGHT

8.9 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

VCA Blirstown AH

REFERRING VET

Dr. Clegg

INVOICE

DATE

3/18/22

PRESENTING CLINICAL SIGNS

Lethargy (lateral recumbent), increased RR, hypothermic, no murmur ausc. O said gets into the garbage.

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		170	0.46	1.2	0.46	44	79.2
FELINE CARDIAC PARAMETERS	LA/AO (Boon)	LA/AO HEART BASE (Sisson)	LA 2D 4-chamber long axis AS to FW (Sisson) (cm)	LVOT VEL. (m/s)	RVOT VEL. (m/s)	IVRT (m/)	
NORMAL PARAMETER	<1.5	0.88-1.79	0.7-1.7	<1.6	<1.3	40-60	
PATIENT	1.2	1.1	1.0	1.0	1.0	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 to mildly subnormal **left atrial** size based on 3 separate LA measurements, potentially owing to mild volume contraction or secondary to possible dehydration. 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



PATIENT	sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.
Binx Finley	
SPECIES	The area of the aortic trifurcation was free of pathology.
Feline	Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. A hyperechoic corticomedullary band, consistent with a medullary rim sign, was present. This is a nonspecific finding seen in both normal and abnormal kidneys. It may be associated interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and FIP. However, it is a nonspecific finding. The left kidney measured 4.0 cm in length. The right kidney measured 4.0 cm in length.
BREED	
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AGE	Adrenal Glands
2 years	The bilateral adrenal glands were mildly prominent in size, which is nonspecific potentially owing to stress hyperplasia or patient variant. The left adrenal gland measured 0.46 cm width. The right adrenal gland measured 0.55 cm width.
WEIGHT	Spleen
8.9 lbs.	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. The spleen measured 0.86 cm width at the level of the hilus.
INTERPRETED BY	Liver/ Gallbladder
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The liver presented mild enlargement with generalized mild increased parenchyma echogenicity. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.
IMAGING PERFORMED BY	Gastrointestinal
Shari Reffi, CVT	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.
HOSPITAL NAME	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.
VCA Blairstown AH	Normal visible colon wall layers were present with apparent formed feces in lumen.
REFERRING VET	Pancreas
Dr. Clegg	The pancreas exhibited generalized enlargement with swollen pancreatic contour exhibiting areas of asymmetry. Hypoechoic to nonhomogeneous parenchyma with mild peripancreatic reactive mesentery was present.
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Free Abdomen

Binx Finley

Mild volume peritoneal free fluid primarily in the cranial abdomen around the liver, as well as around the pancreas, was present. No omental masses or overt lymphadenopathy were noted. No peritoneal neoplastic criteria were noted.

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Feline

ULTRASONOGRAPHIC FINDINGS

BREED

Primary Findings

DSH

- Normal echocardiogram exhibiting normal to mildly subnormal LA size

SEX

- Nonspecific bilateral renal medullary rim sign

FS

- Acute to active pancreatitis

AGE

2 years

- Hepatomegaly exhibiting mild generalized parenchyma hyperechogenicity - vacuolar to reactive hepatopathy, inflammatory hepatopathy, or hepatobiliary disease i.e., cholangiohepatitis, lipidosis possible with occult round cell neoplasia considered a less likely differential diagnosis

WEIGHT

8.9 lbs.

- Mild perihepatic to peripancreatic free fluid

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

Aggressive therapy and supportive care for active to acute pancreatitis with as-needed gastrointestinal and hepatic support is warranted. Suspect concurrent hepatopathy with potential for systemic inflammation owing to pancreatitis.

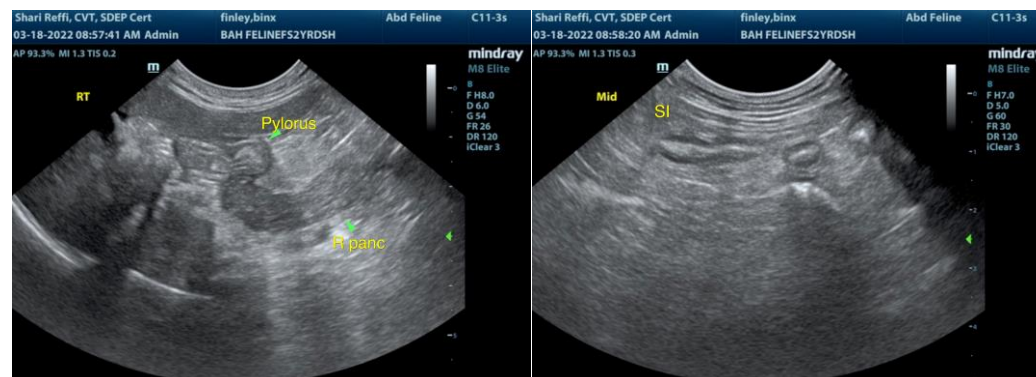
IMAGING PERFORMED BY

Shari Reffi, CVT

Correlation with full CBC/Chemistry panel and urinalysis is suggested if not done. Monitoring for continued hypothermia or hypocalcemia is suggested, given the pancreatitis presentation as these clinical signs and/or lab abnormalities may indicate poor prognostic indicators in cats with pancreatitis. Sonographic reassessment of the pancreas and liver may be considered pending clinical response to therapy.

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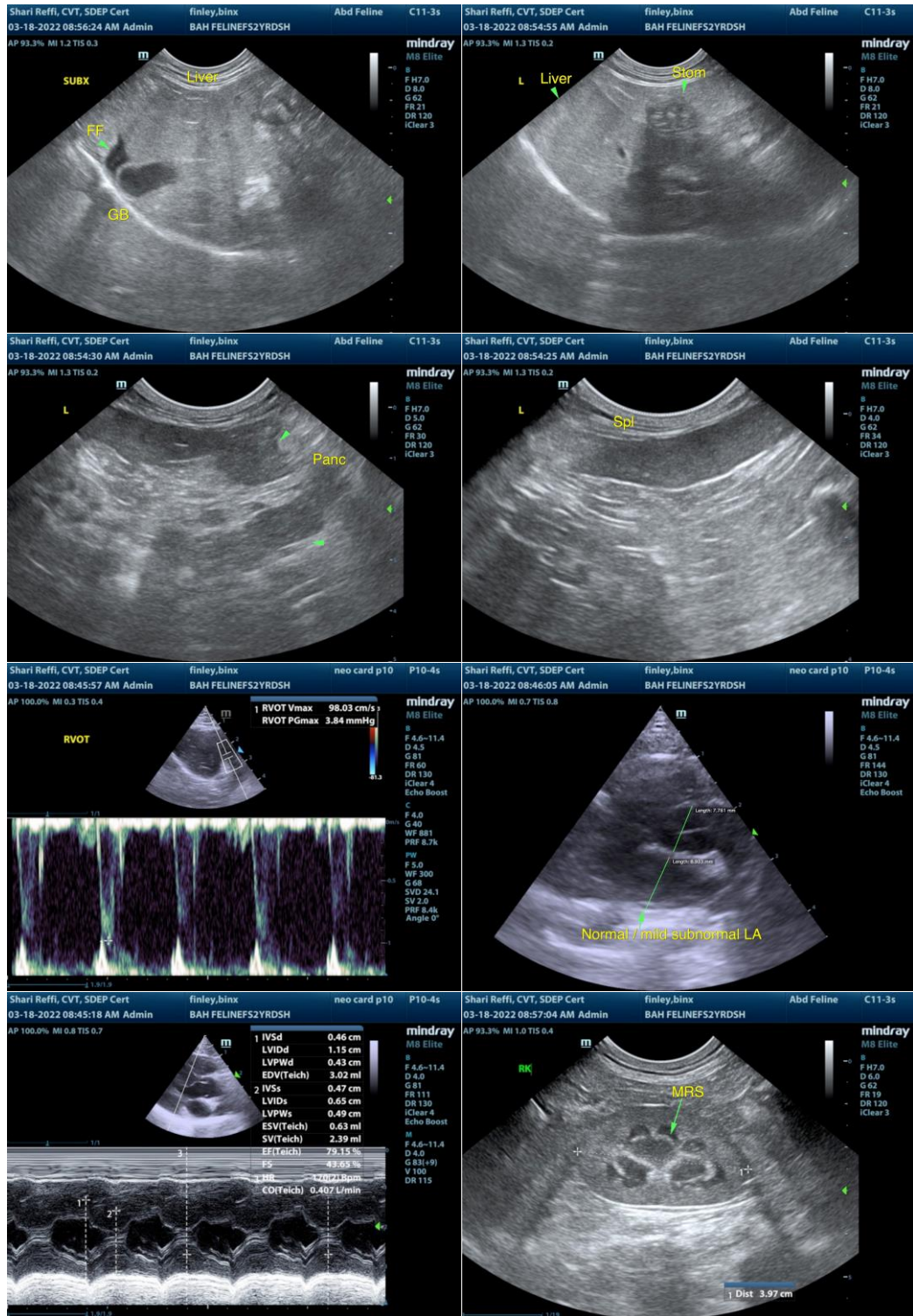
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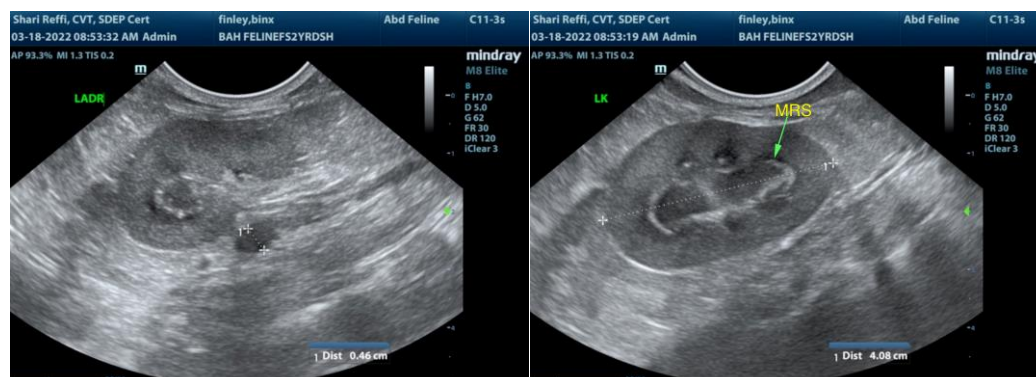
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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