



PATIENT PRESENTING CLINICAL SIGNS

Eleven Dai

SPECIES

Feline

BREED

British Shorthair

History:

- Losing weight, vomiting - r/o pancreatitis vs. IBD vs. EPI vs. other
- Concurrent pancreatitis remains possible- scant peritoneal effusion and/or steatitis are not ruled out.
- Cardiac silhouette may be due to age related changes- underlying cardiomyopathy is not excluded.

Abnormal PE/Chem/CBC/UA Results: Glob 5.3, CBC WNL, FPL normal, T4 2.6

SEX ULTRASONOGRAPHIC EXAMINATION OF THE HEART & ABDOMEN

FS

AGE

5 years

WEIGHT

6.65 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Animal Paradise
 Hospital

REFERRING VET

Dr. ElShafie

INVOICE

10695

DATE

3/18/26

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	6.65 lbs	163	0.31	1.42	0.33	46	81
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	-	1.2	1.2		1.0	0.9	-

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 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.



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Urinary System

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The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 changes were noted.

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The area of the iliac trifurcation was free of pathology.

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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. The left kidney measured 3.7 cm in length. The right kidney measured 3.8 cm in length.

SEX

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Adrenal Glands

AGE

No overt pathology was noted in the area of the left or right adrenal glands.

5 years

Spleen

WEIGHT

6.65 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.

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Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. Normal hepatic vascular volume was present. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. 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.

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Gastrointestinal

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained ingesta, fluid, or foreign material.

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The small intestine demonstrated intact, mildly thickened wall with altered wall layer ratio owing to mildly thickened muscularis layer.

Normal visible colon wall layers were present with semi-formed to possible soft fecal matter.

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Pancreas

The area of the pancreas was sonographically normal.

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Free Abdomen

Intermittent, mildly prominent mesenteric lymph 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 overt peritoneal effusion was noted. Mild increased omental echogenicity was noted.



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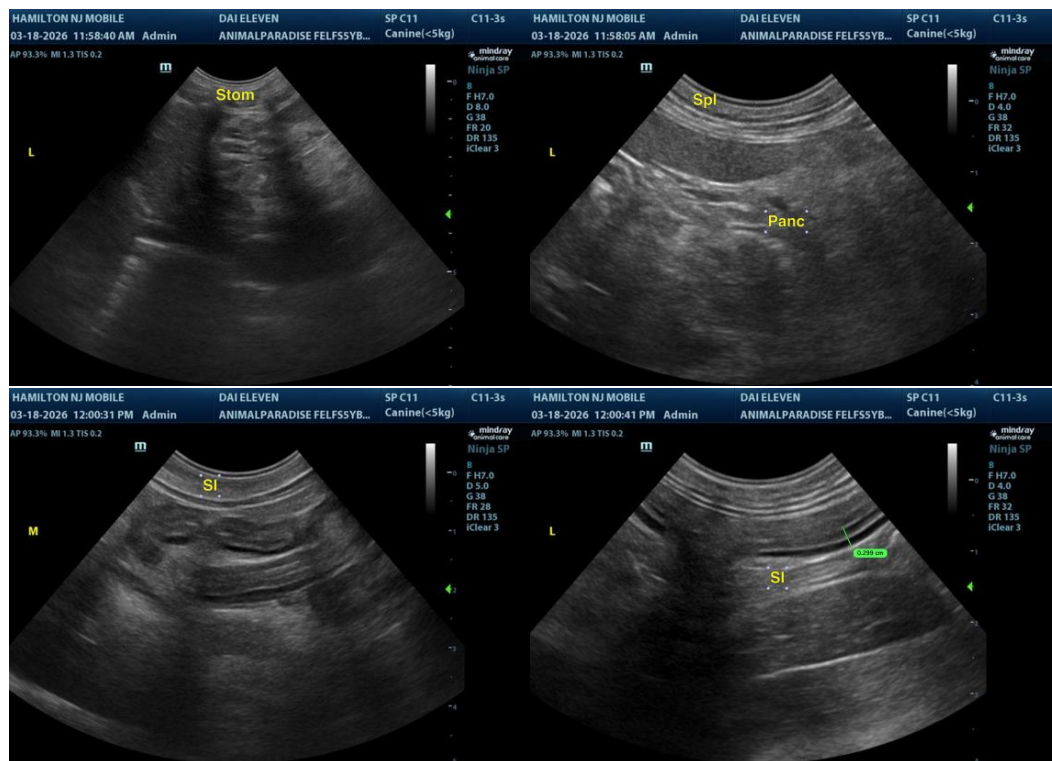
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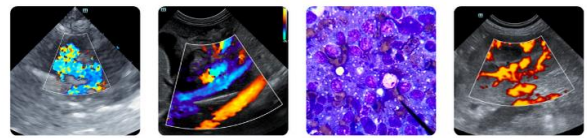
ULTRASONOGRAPHIC FINDINGS

- Normal echocardiogram
- IBD intestinal pattern
- Intermittent mild mesenteric lymphadenopathy
- Sonographically normal empty stomach

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A full GI panel to include PLI/TLI/Cobalamin/Folate is suggested. No overt suspicion for intestinal or lymphatic neoplastic criteria, such as lymphoma, which is thought to be less likely at this stage, yet technically not definitively excluded. Definitive diagnosis would require intestinal and lymphatic biopsies for histopathology. Gastrointestinal support and empirical IBD protocol with clinical and sonographic monitoring, if persistent gastrointestinal signs or weight loss, would be reasonable.





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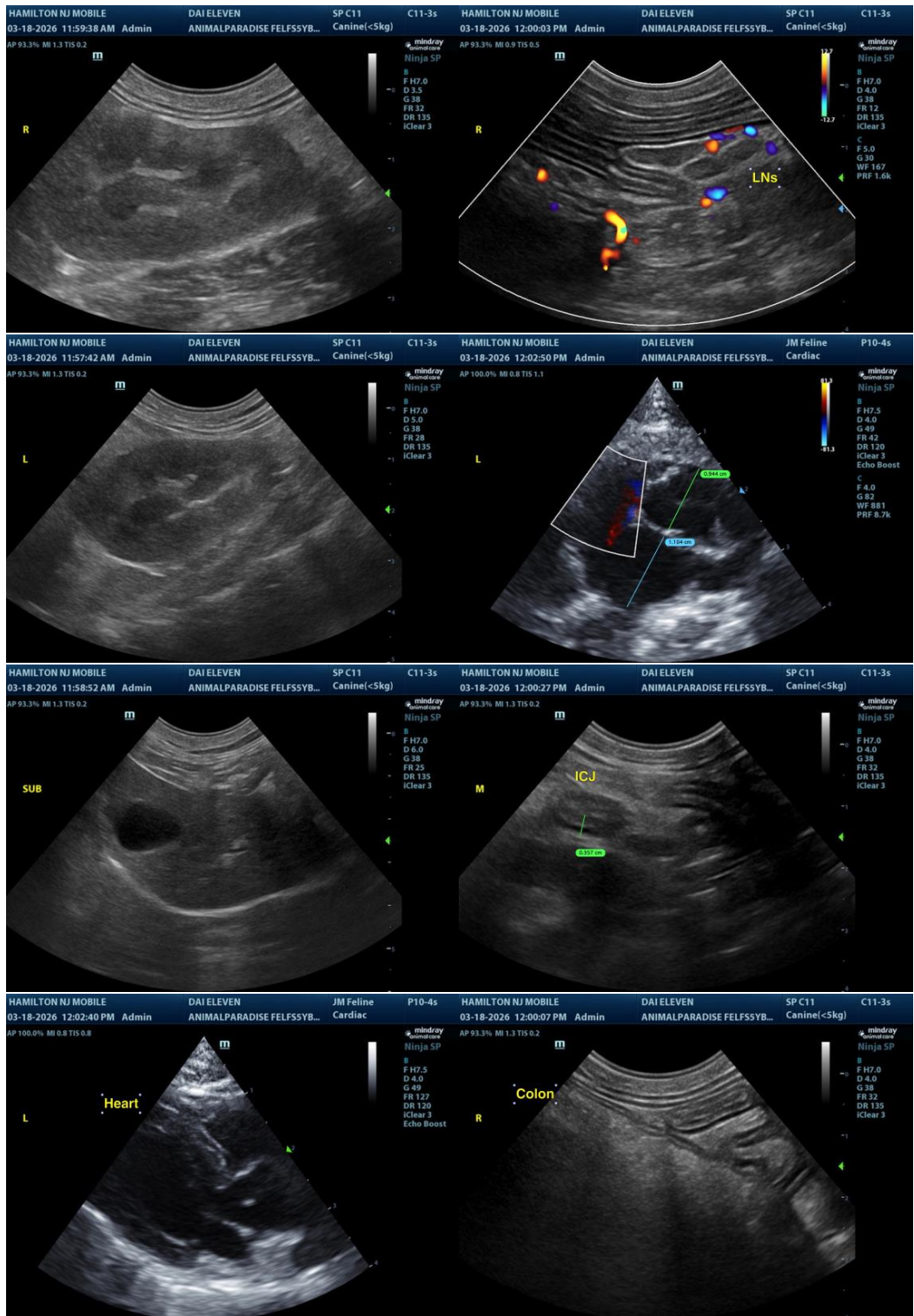
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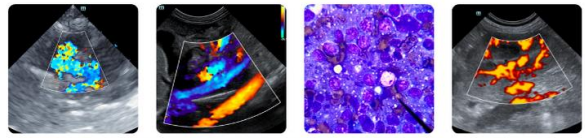
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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