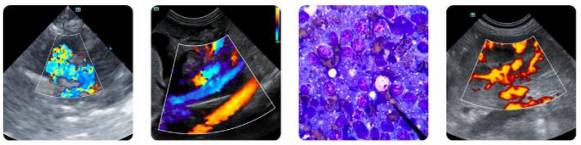


SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Slumber Party
Burlington Humane Society

SPECIES

Feline

BREED

DSH

SEX

MI

AGE

16mo

WEIGHT

3.9kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME
Brant Paws Vet Hosp

REFERRING VET

Zaki

INVOICE
24085

DATE
03/02/2026

PRESENTING CLINICAL SIGNS

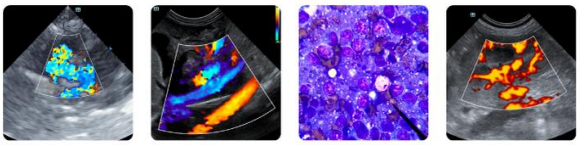
- Chest Radiographs: Revealed cardiomegaly. The lung fields appear clear with no evidence of fluid accumulation or other abnormalities.
- Cardiac Disease – A grade 2-3/6 heart murmur was auscultated and cardiomegaly was confirmed on chest radiographs. The presenting clinical signs of coughing and exercise intolerance are likely secondary to this condition. Ddx for the underlying cause includes cardiomyopathy, valvular disease, pericardial disease, or congenital heart disease.
- Uncertain Neuter Status – The scrotum is empty. This is consistent with a previously neutered male, but cryptorchidism (retained abdominal testicle) cannot be ruled out without further diagnostics.

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	3.9kg	111	0.51	1.47	0.49	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	1.2		1.0	1.0	NM
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 3 separate LA measurements. The cranial and caudal mitral valve leaflets presented normal linear structure and kinetics. No overt MR present on Doppler. 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. The 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. Normal measured LVOT velocity was present. 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. No overt TR present on Doppler. The right ventricle was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity



PATIENT

Slumber Party
Burlington Humane Society

SPECIES

Feline

BREED

DSH

SEX

MI

AGE

16mo

WEIGHT

3.9kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME
Brant Paws Vet Hosp

REFERRING VET

Zaki

INVOICE
24085

DATE
03/02/2026

and thickness. Pulmonic tract assessment revealed normal valve structure, laminar flow, and diameter (approx.1:1 pa/ao ratio). Normal measured RVOT velocity was present. 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 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.

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 3.9 cm in length. The right kidney measured 3.9 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The bilateral adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.30 cm width. The right adrenal gland measured 0.37 cm width at the caudal pole.

Spleen

The spleen exhibited mild enlargement (1.2 cm width at the mid spleen) with 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

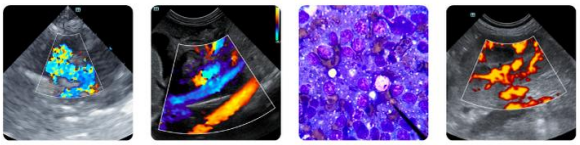
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

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.

The small intestine presented intact wall layering exhibiting segmental borderline to mild thickened intestinal wall width and subtle altered wall layer ratio owing to mildly prominent muscularis layer. The small intestinal wall measured up to 0.31 cm in width. The ileocolic wall measured 0.40 cm in width.

Normal visible colon wall layers were present with semi to variably formed feces in lumen.



SonoPath FOSTERING THE ART OF VETERINARY MEDICINE™ www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Slumber Party
Burlington Humane Society

SPECIES

Feline

BREED

DSH

SEX

MI

AGE

16mo

WEIGHT

3.9kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME
Brant Paws Vet Hosp

REFERRING VET

Zaki

INVOICE
24085

DATE
03/02/2026

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 peritoneal effusion was present.

Intermittent mildly prominent to enlarged 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). An example measured 1.4 cm in diameter.

ULTRASONOGRAPHIC FINDINGS

Primary

- Normal cardiac structure / function
- Mild splenomegaly
- Intact segmental borderline to mild thickened small intestinal wall
- Intermittent mild mesenteric lymphadenopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No cardiac clinical issues such as left or right heart chamber enlargement, LV systolic dysfunction, HCM or other structural cardiomyopathy, arrhythmia, definitive valvular insufficiency or congenital defect. A definitive cause of the murmur was not obvious. A benign or flow murmur may be suspected if no volume changes such as dehydration or anemia, although a small non visualized flow abnormality is not excluded. The current hemodynamic effects of the murmur appear low. Although clinical signs secondary to cardiac disease cannot be excluded it appears unlikely given normal cardiac structure and function. No obvious indication for cardiac medication. Conservative monitoring of the murmur and for progressive clinical signs is recommended with recheck echocardiogram in 6 months, sooner if clinically indicated. Cardiac anesthetic risk is considered mild.

Definitive retained testicles in the abdominal cavity were not visualized. Correlation with anti-mullerian hormone assay or serum testosterone level is suggested.

Splenomegaly secondary to sedation if clinically indicated, incidental hyperplasia, hematopoiesis, potential splenitis or less likely emerging splenic round cell neoplasia possible.

The borderline thickened small intestinal wall may be a patient variant although potential for underlying enteropathy in conjunction with mild mesenteric lymphadenopathy may be possible.

Screening splenic FNA cytology assuming normal status and using 25ga needle and screening GI panel may be considered vs sonographic and clinical monitoring for evidence of persistent splenomegaly or future gastrointestinal signs.

PATIENT

Slumber Party
Burlington Humane Society

SPECIES

Feline

BREED

DSH

SEX

MI

AGE

16mo

WEIGHT

3.9kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

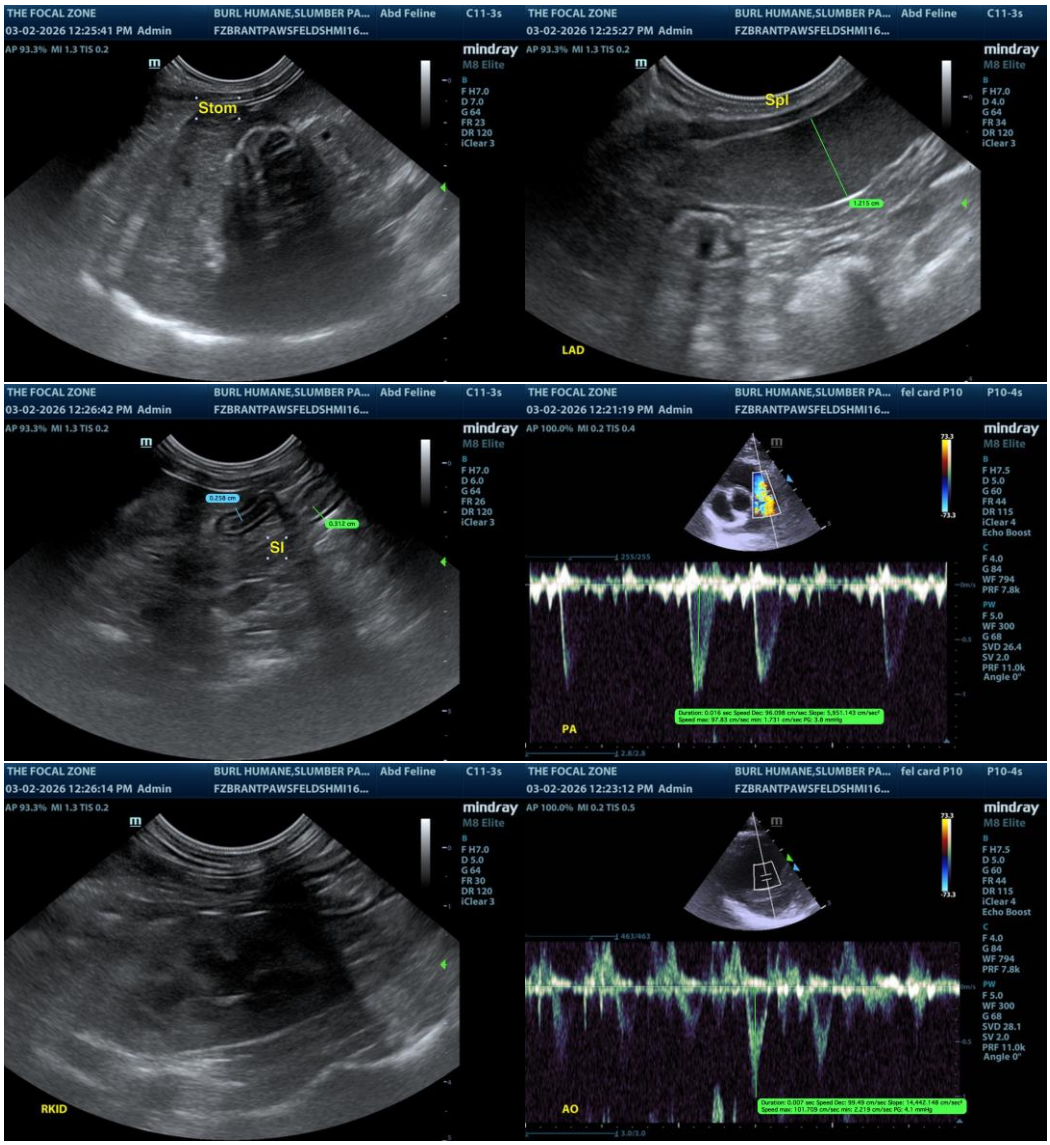
HOSPITAL NAME
Brant Paws Vet Hosp

REFERRING VET

Zaki

INVOICE
24085

DATE
03/02/2026



PATIENT

Slumber Party
Burlington Humane Society

SPECIES

Feline

BREED

DSH

SEX

MI

AGE

16mo

WEIGHT

3.9kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

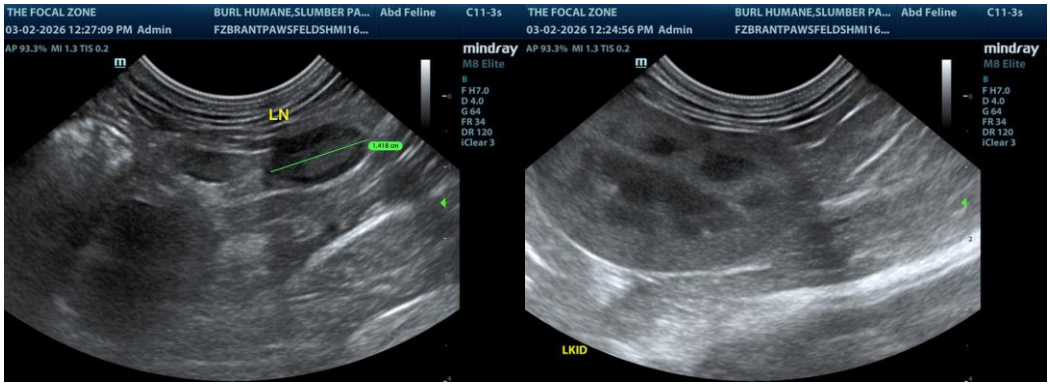
HOSPITAL NAME
Brant Paws Vet Hosp

REFERRING VET

Zaki

INVOICE
24085

DATE
03/02/2026



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