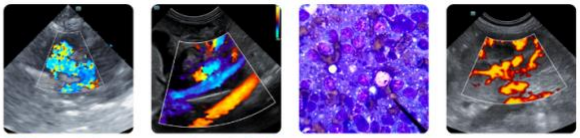



**PATIENT**

Peeta Sadwith

**SPECIES**

Feline

**BREED**

DMH

**SEX**

Neutered Male

**AGE**

11 Years 7 Months

**WEIGHT**

10 pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kerri Becker

**HOSPITAL NAME**

Marsh Hospital for Animals

**REFERRING VET**

Dr. Milwicki

**INVOICE**

14624

**DATE**

03/26/26

## PRESENTING CLINICAL SIGNS

- HX of pigmented iris mass, periodically vomits hairballs or food.

Abnormal PE/Chem/CBC/UA Results: psl-89 fpl-50

## ULTRASONOGRAPHIC EXAMINATION OF THE HEART & ABDOMEN

| **FELINE CARDIAC PARAMETERS** | **BODY WEIGHT** (lbs) | **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** | 10.0 | 166 | 0.49 | 1.57 | 0.49 | 42 | 76 |
| **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** | -- | 1.36 | 1.4 | | -- | 0.7 | NM |
| Adapted from June Boon,Veterinary Echocardiography,1998<br>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 on two LA measurement methods. The cranial and caudal **mitral** valve leaflets presented minor irregular age-related changes that are not clinically significant at this time with adequate extension in systole and union in diastole. The **left ventricle** presented normal free wall and septal thicknesses with linear contour. The **myocardium** presented some echogenic remodeling consistent with expected age-related change. **Contractility** of the ventricular walls was adequate and in normal range for this breed and patient size. The **left ventricular outflow** tract demonstrated normal laminar flow with subjectively unremarkable structure. Subjective assessment of the **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted. **Tricuspid** valvular assessment demonstrated expected findings for this age patient. The **right ventricle** was of normal size (1/3 diameter of LV), 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 pleural fluid was noted. The **mediastinum** was 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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The area of the aortic trifurcation was free of pathology.

Normal renal size with asymmetrical margination was present in both kidneys. Nonthickened hyperechoic cortex with enhanced to indistinct corticomedullary border demarcation was present. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. The left kidney measured 3.4 cm in length. The right kidney measured 3.6 cm in length.

### *Adrenal Glands*

No visualized evidence of pathology in the areas of the left and right adrenal glands.

### *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 was subjectively normal in size, structure, and contour. 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 mild biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

### *Gastrointestinal*

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

The intestinal walls demonstrated intact wall layers with mildly thickened walls and mild altered 1:3 muscularis / mucosa ratio owing to mildly thickened muscularis layer. Empty intestine lumen to the level of the colon. The small intestine wall measured 0.29 cm wall width.

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

### *Pancreas*

The left pancreas was normal in size with mild capsule asymmetry and isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

### *Free Abdomen*

No overt lymphadenopathy or peritoneal effusion was present.

## ULTRASONOGRAPHIC FINDINGS

- Normal cardiac structure/function with mild myocardial remodeling.
- Chronic renal changes.
- Normal stomach with lumen gas and mild retained pyloric fluid.

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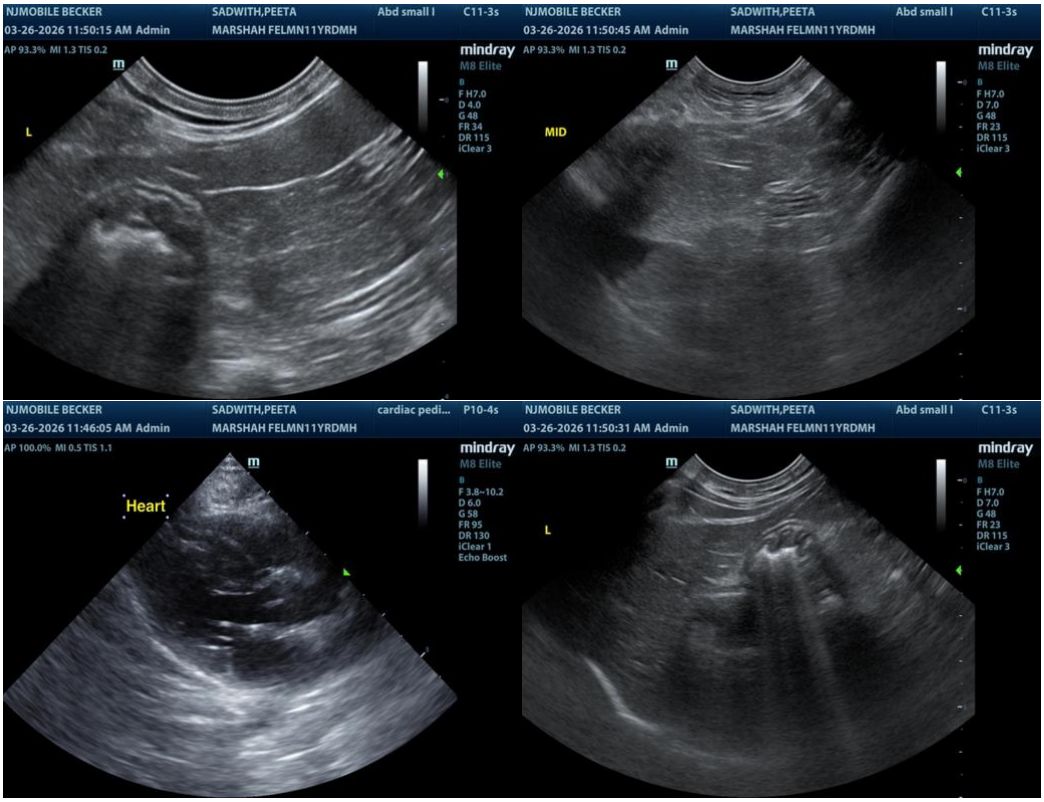
- Intact mildly thickened small intestine.
- Mild heterogeneous pancreas.
- Mild gallbladder debris.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

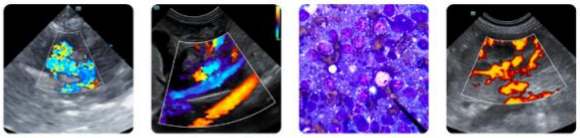
The small intestine exhibited mild mural changes, which although is nonspecific with possible patient variant, is suggestive of mild enteropathy criteria, mild IBD or other inflammatory enteropathy is possible despite only reported periodic vomiting. Chronic pancreatitis is also suspected.

Correlation with a full GI panel to include PLI, TLI, cobalamin and folate may be considered. Given only mild gastrointestinal signs, supportive care, which may include dietary therapy and as needed gastroprotectants with monitoring would be reasonable.

Recheck sonogram if progressive gastrointestinal signs or weight loss. Urinalysis is recommended if not recently done. The gallbladder debris may be incidental, yet at times may associate it with cholestasis or potential hepatobiliary inflammation given short half-life of hepatic enzymes in cats.



New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath www.SonoPath.com info@sonopath.com 800.838.4268

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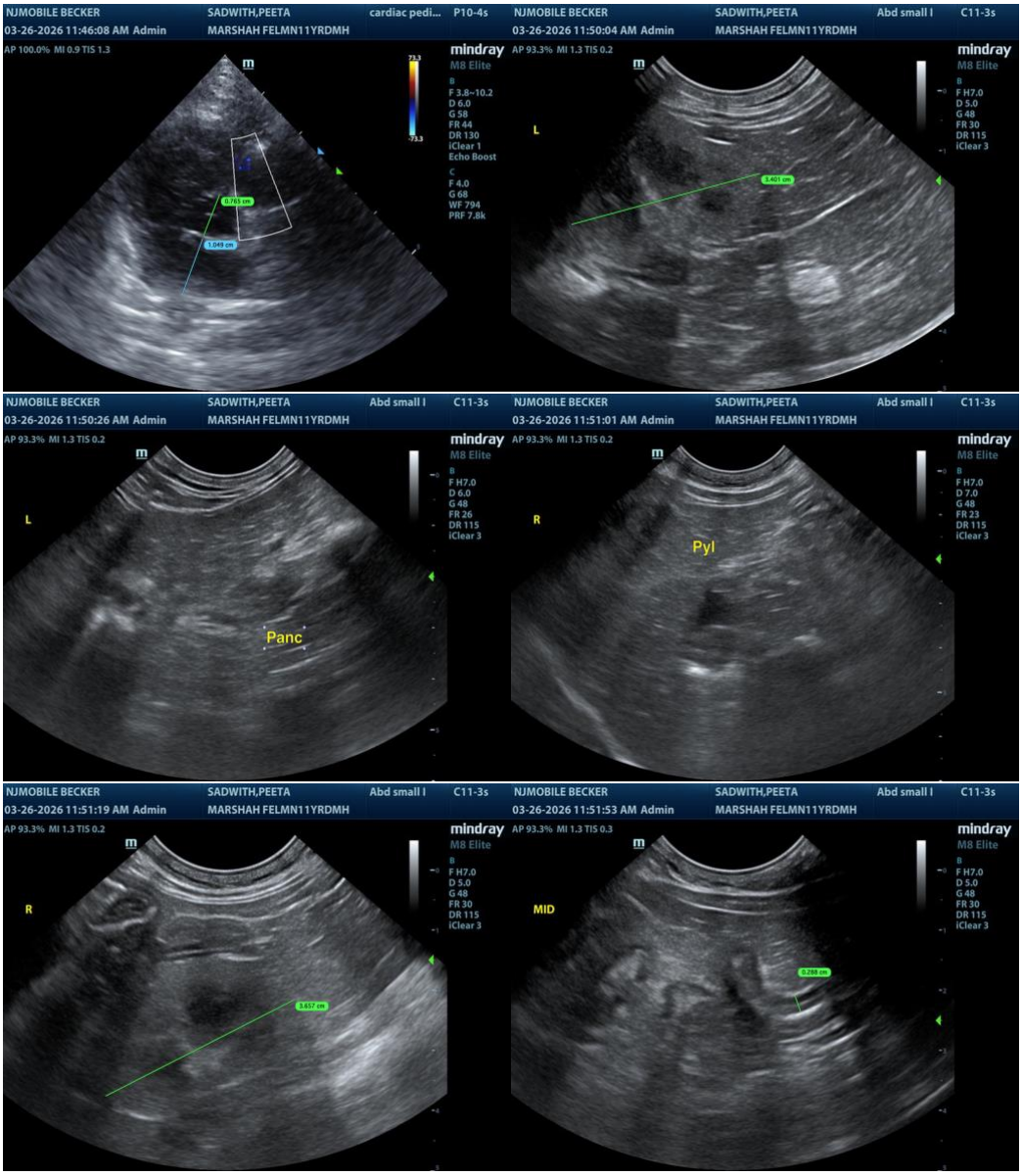


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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