



PATIENT

Clementine Monisoff

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

10 years

WEIGHT

9 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

Marsh AH

REFERRING VET

Dr. Milwicki

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DATE

3/29/23

PRESENTING CLINICAL SIGNS

Hx o IBD controlled w/ Budesonide. Presented for acute lethargy and anorexia.

Current meds: Budesonide

Abnormal PE/Chem/CBC/UA Results: HGB 17.4, BUN 103, Creatine Kinase 1883 UA: 2+ protein SG: 1.047

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		225	0.4	1.24	0.34	49	84
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	1.3	1.3	1.3	1.0	0.88	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** size based on 3 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 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 changes was noted.

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The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.2 cm in length. The right kidney measured 4.6 cm in length.

WEIGHT

9 lbs.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.43 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.36 cm width.

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.

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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 thin walls and primarily anechoic luminal content. The proximal common bile duct was mildly dilated and tortuous without overt post hepatic obstruction. The proximal common bile duct measured 0.2 cm diameter.

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

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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.

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The small intestine presented generalized intact wall layering with propensity for mildly prominent to hyperechoic segmental primarily jejunoileal submucosa layer, as well as mildly prominent segmental jejunal muscularis. No evidence of loss of intestinal wall layering, intestinal masses, or intestinal mechanical obstruction was noted. The duodenum wall measured 0.21 cm width. The jejunum wall measured 0.26 cm width. The ileocolic wall measured 0.38 cm width.

The proximal colon walls presented intact yet mildly prominent wall layering with mild thickened to echogenic submucosa. Semi-formed fecal matter was present in the proximal colon lumen. The



PATIENT	visualized descending colon exhibited sonographically unremarkable wall layering containing formed fecal matter. The proximal colon wall width measured 0.29 cm.
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SPECIES	<i>Pancreas</i>
Feline	The left pancreas was normal in size and contour with heterogeneous, subtly hypoechoic parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.
BREED	<i>Free Abdomen</i>
DSH	Mild intermittent mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic, and smoothly margined. The lymph nodes appeared to maintain a normal width: length ratio (<0.5). Subtle evidence of perilymphatic hyperechoic omentum was evident. An example of lymph node size was 0.77 cm. No evidence of peritoneal free fluid was noted.
SEX	
FS	
AGE	ULTRASONOGRAPHIC FINDINGS
10 years	<ul style="list-style-type: none"> • Normal echocardiogram • Chronic enteropathy with concurrent proximal colitis • Associated suspected minor mesenteric lymphadenitis • Possible concurrent low-grade pancreatitis • Bilateral age-related kidneys • Minor nonobstructive proximal common bile duct dilation
WEIGHT	
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INTERPRETED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Assessment for evidence of cranial abdominal or subxiphoid discomfort on palpation which may allude to low-grade pancreatitis is suspected. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.
IMAGING PERFORMED BY	No overt evidence of intraabdominal neoplastic criteria was noted. No evidence of significant chronic degenerative renal changes was present.
Jessica Miller	
HOSPITAL NAME	Baseline UPC level is suggested if persistent proteinuria, given the quiet urinary bladder sediment. Pending additional diagnostics, gastrointestinal support with continued empirical therapy for IBD and potential low-grade pancreatitis would be reasonable. If not done. three view chest radiographs are suggested to rule out occult thoracic pathology as a contributing factor.
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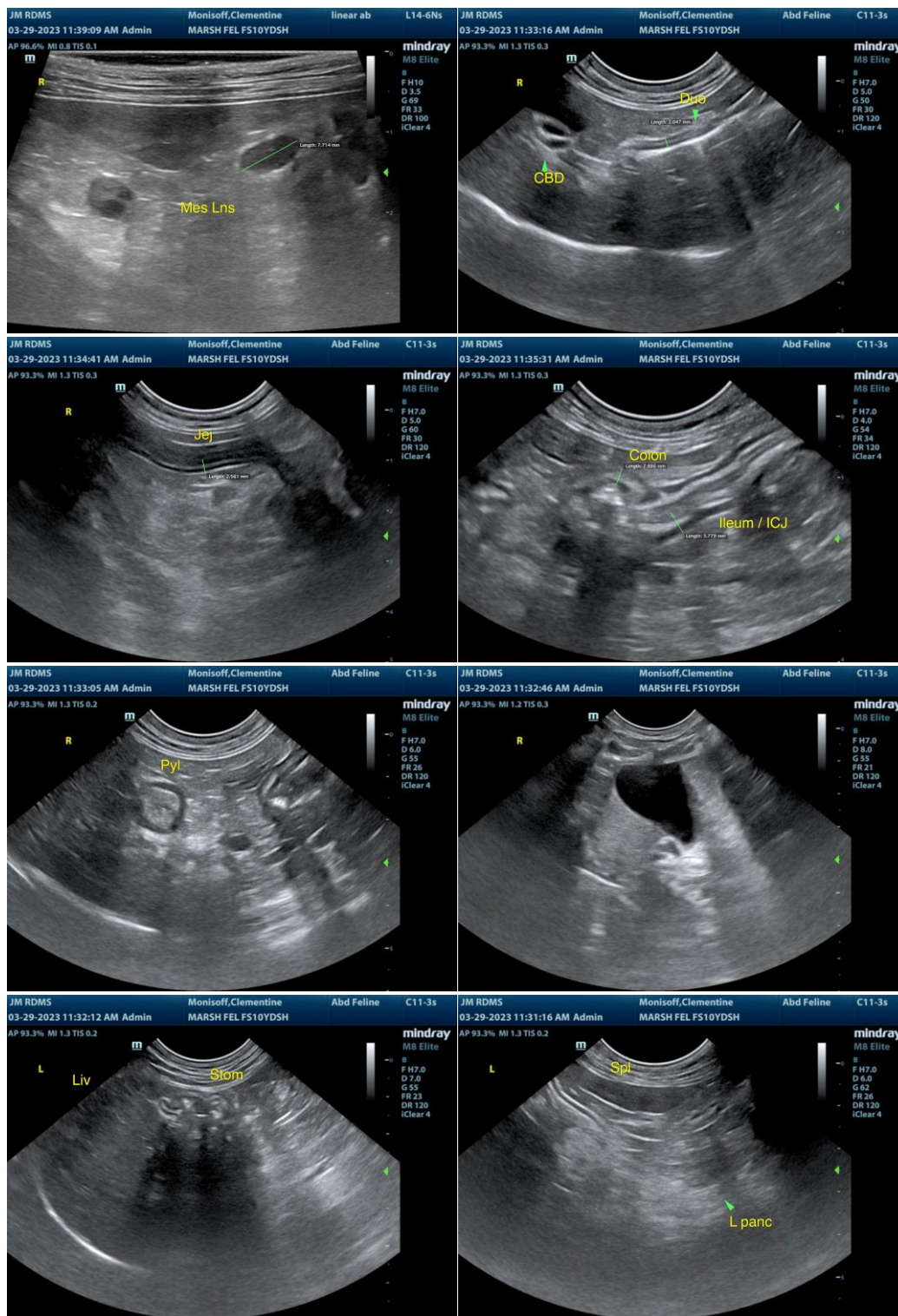
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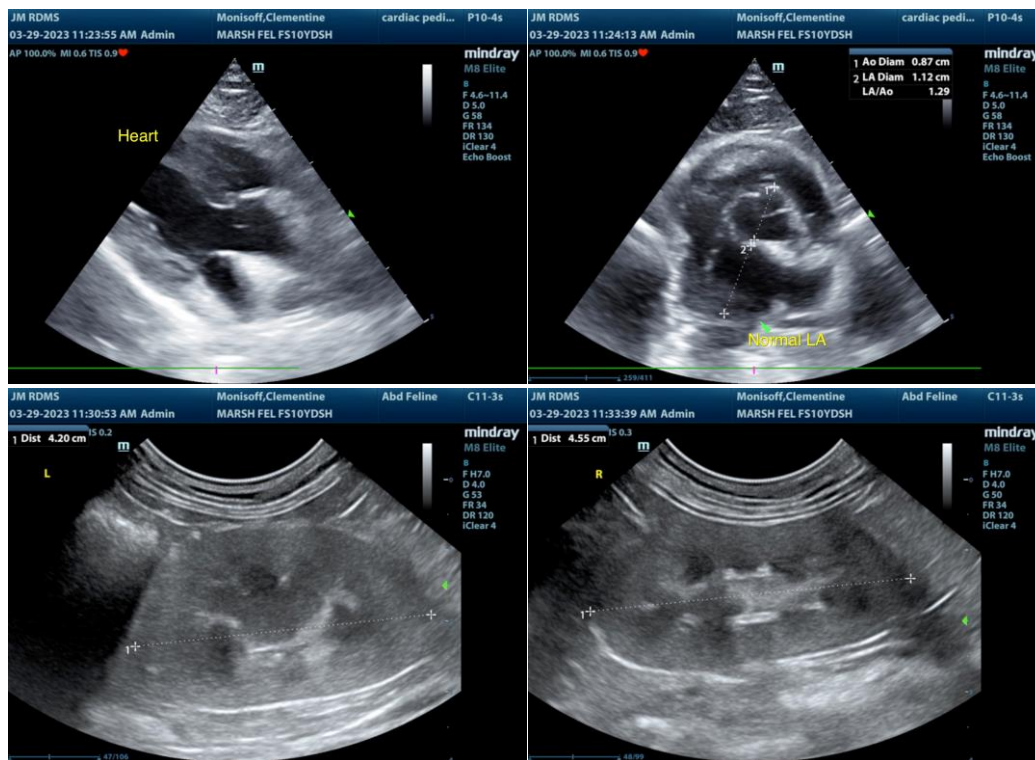
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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