



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Amanda Brick City History: tachycardia tachypnea prev u/s 2/6/23 and 2/2/23 distended abd URI nonresponsive to antibiotics Current meds Azithromycin Prbax Unasyn Metro

SPECIES Abnormal PE/Chem/CBC/UA Results: Pro BNP abnormal increased Glob, WBC's TP

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE HEART & ABDOMEN

BREED	FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm)	LVIDd (cm)	LVWd (cm)	FS (%)	EF (%)
DSH	NORMAL PARAMETER	-----	150-240	0.3-0.6	1.0-2.1	0.25-0.6	35-67	80-100
	PATIENT	--	NM	0.40	2.3	0.50	45	80
SEX	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/)	
Spayed Female								
AGE								
6								
WEIGHT		<1.5	0.88-1.79	0.7-1.7		<1.6	<1.3	40-60
11		--	1.67	1.7		--	0.7	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								

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Bednar

INVOICE

21855

DATE

3/30/23

Cardiac Presentation

The left ventricular wall exhibited subjective minor remodeling and areas of discrete myocardial asymmetry. Normal myocardial echogenicity was noted without evidence of significant fibrotic or ischemic disease. Slightly prominent papillary muscles were present. LV systolic function is adequate. Borderline to mild increased LV volume was noted. Normal RV volume was noted. The left atrium exhibited normal to borderline subjective increased size with mild bulbous appearance. No evidence of left atrium spontaneous contrast or smoke. The right atrium was overtly normal in size without evidence of concurrent dilation. The mitral valve was normal. No overt MR on doppler. Normal tricuspid valve with no overt TR on doppler. Overtly normal LVOT with normal measured RVOT velocity. No evidence of pericardial or pleural effusion. No obvious cardiac tumors were present. No overt arrhythmia was noted.

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild to moderate particulate to hyperechoic sediment was present, which may indicate cellular debris/protein or crystalline debris, without evidence of calculus formation. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted. No obvious pathology at the level of the left or right ureteral papilla.



PATIENT	The left kidney was mildly prominent in size, exhibiting moderate to emerging severe hydronephrosis. Concurrent mildly dilated proximal left ureter, extending 2-3 cm distal to the left kidney, measuring 0.54 cm in diameter.
Amanda Brick City	
SPECIES	The right kidney revealed concurrent prominent size, exhibiting intact corticomedullary architecture and adequate corticomedullary border demarcation. No evidence of right kidney pyelectasia or hydronephrosis.
Feline	
BREED	Adrenal Glands
DSH	No overt pathology in the area of the left or right adrenal gland.
SEX	Spleen
Spayed Female	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.
AGE	Liver
6	The liver exhibited subjective mild enlargement. 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.
WEIGHT	
11	The gallbladder was nondistended in size with primarily anechoic content. The proximal common bile duct was mildly dilated and tortuous without overt post hepatic obstruction.
INTERPRETED BY	Gastrointestinal
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	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.
IMAGING PERFORMED BY	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.
Jenn	Normal visible colon wall layers were present with apparent formed feces in lumen.
HOSPITAL NAME	Pancreas
Rockaway AH	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.
REFERRING VET	Free Abdomen/Other
Dr. Bednar	Previously noted, irregular mass was noted in the uterine remnant, measuring 3.1 cm in diameter. Peripheral mild hyperechoic omentum was noted. No obvious evidence of peritoneal free fluid was noted.
INVOICE	ULTRASONOGRAPHIC FINDINGS
21855	<ul style="list-style-type: none"> • Borderline/mild increased LA/LV size, normal LV function • Normal RA/RV
DATE	
3/30/23	



PATIENT	<ul style="list-style-type: none"> Persistent nonuniform mass in the area of the uterine remnant with peripheral reactive/hyperechoic omentum Moderate to emerging severe left kidney hydronephrosis with concurrent proximal left hydroureter.
Amanda Brick City	
SPECIES	<ul style="list-style-type: none"> Mildly prominent right kidney, exhibiting intact architecture- no evidence of concurrent pyelectasia/hydronephrosis.
Feline	
BREED	<ul style="list-style-type: none"> Subjective mild hepatomegaly, concurrent mild nonobstructive proximal common bile duct dilation. Scant peritoneal free fluid
DSH	
SEX	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
Spayed Female	<p>Overall, the heart appears to be compensated given the lack of significant chamber enlargement. Potential for emerging unclassified cardiomyopathy cannot be excluded. No overt indication for cardiac medications at this stage. However, prognosis may be considered variable and sonographic monitoring is recommended. No overt anesthetic contraindications, assuming normal systemic BP. Recheck echocardiogram is suggested in 4-6 months, or sooner if clinically indicated.</p> <p>Concern for nonobvious left ureter obstruction, given the newly noted moderate to severe left kidney hydronephrosis, is indicated. Potentially, this could be associated with the mass at the level of the uterine remnant. Possible low grade to mild cholangitis/cholangiohepatitis, despite lack of reported hepatic enzyme elevations given the short half-life of hepatic enzymes in cats.</p> <p>Abdominal CT is likely ideal for further clarification of the urinary tract, as well as the mass in the area of the uterine remnant with potential for surgical planning.</p> <p>Suggested anesthetic protocol may include opioid or Benzodiazepine pre-med, induction with Propofol or Alfaxalone, and appropriate gas anesthesia with avoidance of alpha 2 agonists.</p> <p>https://www.antechdiagnostics.com/cadet-braf</p>
AGE	6
WEIGHT	11
INTERPRETED BY	
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
IMAGING PERFORMED BY	
Jenn	
HOSPITAL NAME	
Rockaway AH	
REFERRING VET	
Dr. Bednar	
INVOICE	
21855	
DATE	
3/30/23	



PATIENT

Amanda Brick City

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

6

WEIGHT

11

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

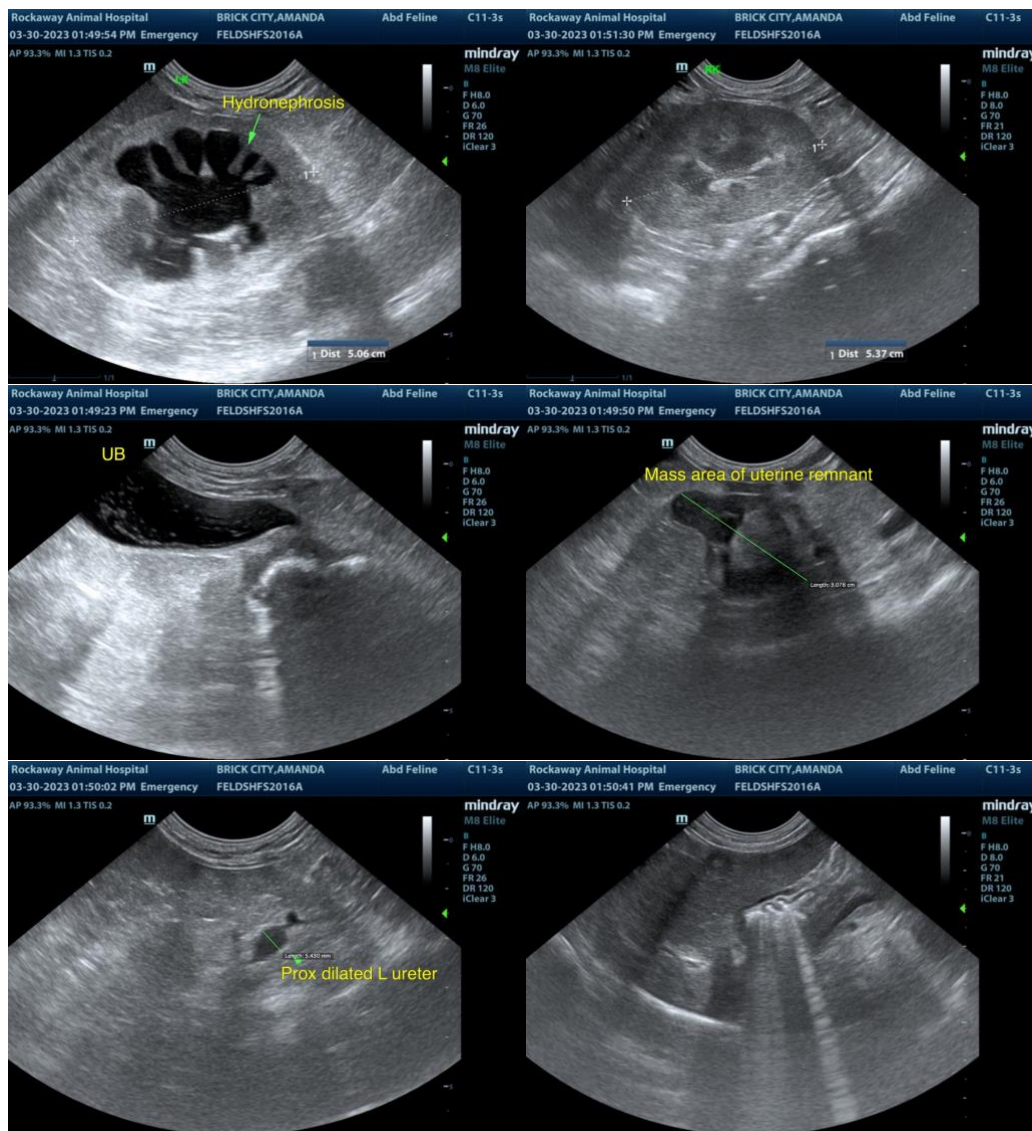
Dr. Bednar

INVOICE

21855

DATE

3/30/23





PATIENT

Amanda Brick City

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

6

WEIGHT

11

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

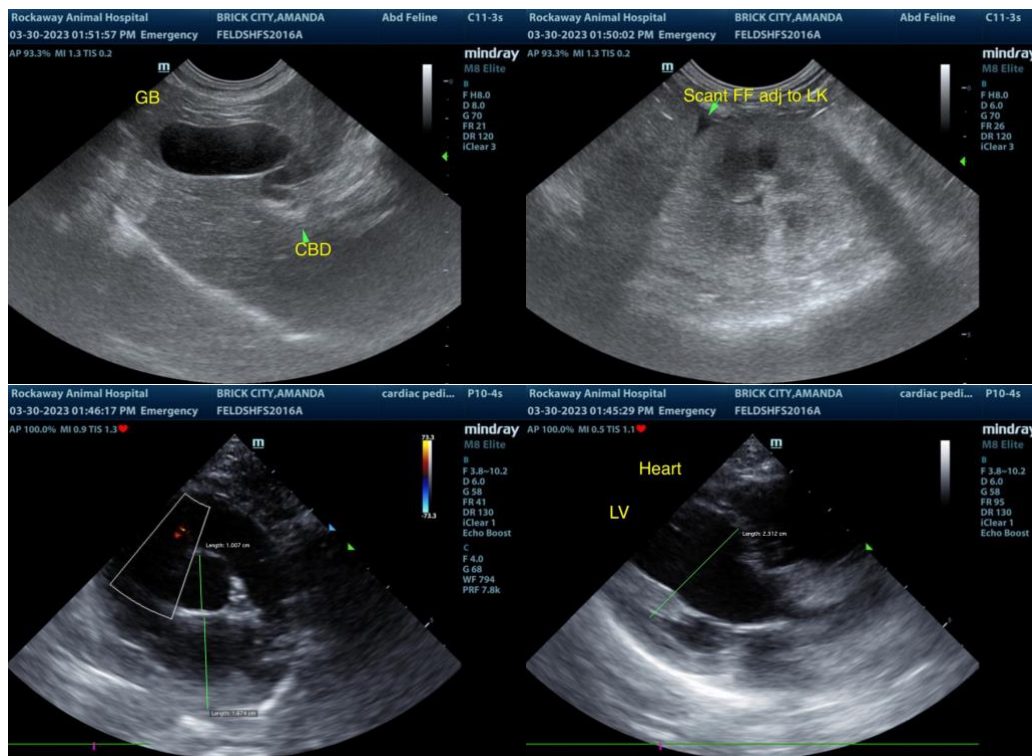
Dr. Bednar

INVOICE

21855

DATE

3/30/23



The information and recommendations provided are based on the images presented by the referring veterinarian. 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