

**PATIENT**

Broadway Bech

**SPECIES**

Feline

**PRESENTING CLINICAL SIGNS**

- vomiting
- diary for one year
- now blood and vomit
- not responded to repeated supportive care
- Tapazole BID

**BREED**

DSH

Abnormal PE/Chem/CBC/UA Results: WNL pre owners records as of Jan 2026

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN AND HEART**

**SEX**

MN

**AGE**

15yr

**WEIGHT**

8.9lb

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	8.9lb	167	0.39	1.5	0.38	47	82
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	--	1.3	1.3		--	0.7	NM

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**

Chloe Lowe CVT

**HOSPITAL NAME**

Newton Veterinary Hospital

**REFERRING VET**

Dr Chan

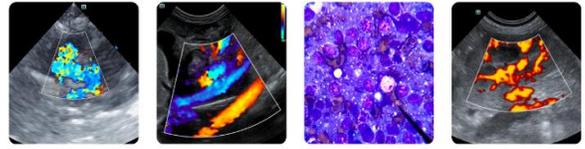
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 24366

**DATE**

03/31/2026

**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. 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. 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 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.



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**Urinary System**

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The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild non-dependent particulate 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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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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.0 cm in length. The right kidney measured 4.4 cm in length.

**BREED**

DSH

The area of the aortic trifurcation was free of pathology.

**SEX**

**Adrenal Glands**

MN

The bilateral adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.31 cm width. The right adrenal gland measured 0.34 cm width.

**AGE**

**Spleen**

15yr

The spleen was borderline enlarged with minor asymmetrical medial capsule contour and minor non-homogenous parenchyma. The spleen measured 1.0 cm in width at the level of the mid spleen.

**WEIGHT**

**Liver/Gallbladder**

8.9lb

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. 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.

**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.

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The intestinal walls demonstrated intact wall layers with diffusely thickened walls and altered 1:3 muscularis / mucosa ratio primarily consisting of muscularis hypertrophy. The duodenum wall measured 0.35 cm width. The jejunum wall measured up to 0.4 cm width.

Chloe Lowe CVT

**HOSPITAL NAME**

Normal non-distended visible colon wall layers were present with variably formed to soft feces in lumen.

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**Pancreas**

Dr Chan

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.

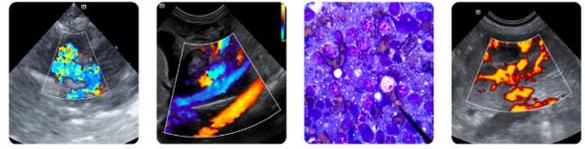
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**Free Abdomen**

No overt significant lymphadenopathy or peritoneal effusion was present.

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Potential for mild isoechoic mesenteric lymphadenopathy not definitively excluded.

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**ULTRASONOGRAPHIC FINDINGS**

**Primary**

**SPECIES**

Feline

- Normal cardiac structure / function
- Generalized intact thickened small intestine wall
- Empty stomach
- Variably formed fecal matter in colon
- Chronic renal changes with mild urine sediment
- Sonographically normal area of pancreas

**BREED**

DSH

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SEX**

MN

The appearance of the small intestine is compatible with infiltrative enteropathy. Primary considerations may include inflammatory infiltrative enteropathy such as IBD or neoplastic infiltrative enteropathy with round cells such as lymphoma or mast cell disease among potential etiologies. Dry form FIP may also present in this manner yet is considered unlikely given patient age. Diagnosis would require biopsies for histology, obtained either via endoscopy or, ideally, full thickness biopsies via laparotomy. A GI Panel to include PLI/TLI/Cobalamin/Folate is recommended. If additional diagnostics are not elected, empirical medical therapy for IBD which may include dietary therapy, cobalamin supplementation, probiotics +/- steroids trial with assessment of clinical response and monitoring of body weight could be considered.

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No evidence of cardiac clinical issues such as HCM criteria, left or right heart chamber enlargement, LV systolic dysfunction or arrhythmia. No indication for cardiac medications with cardiac anesthetic risk considered low. 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.

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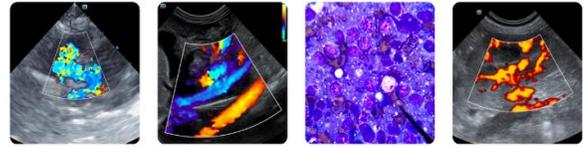
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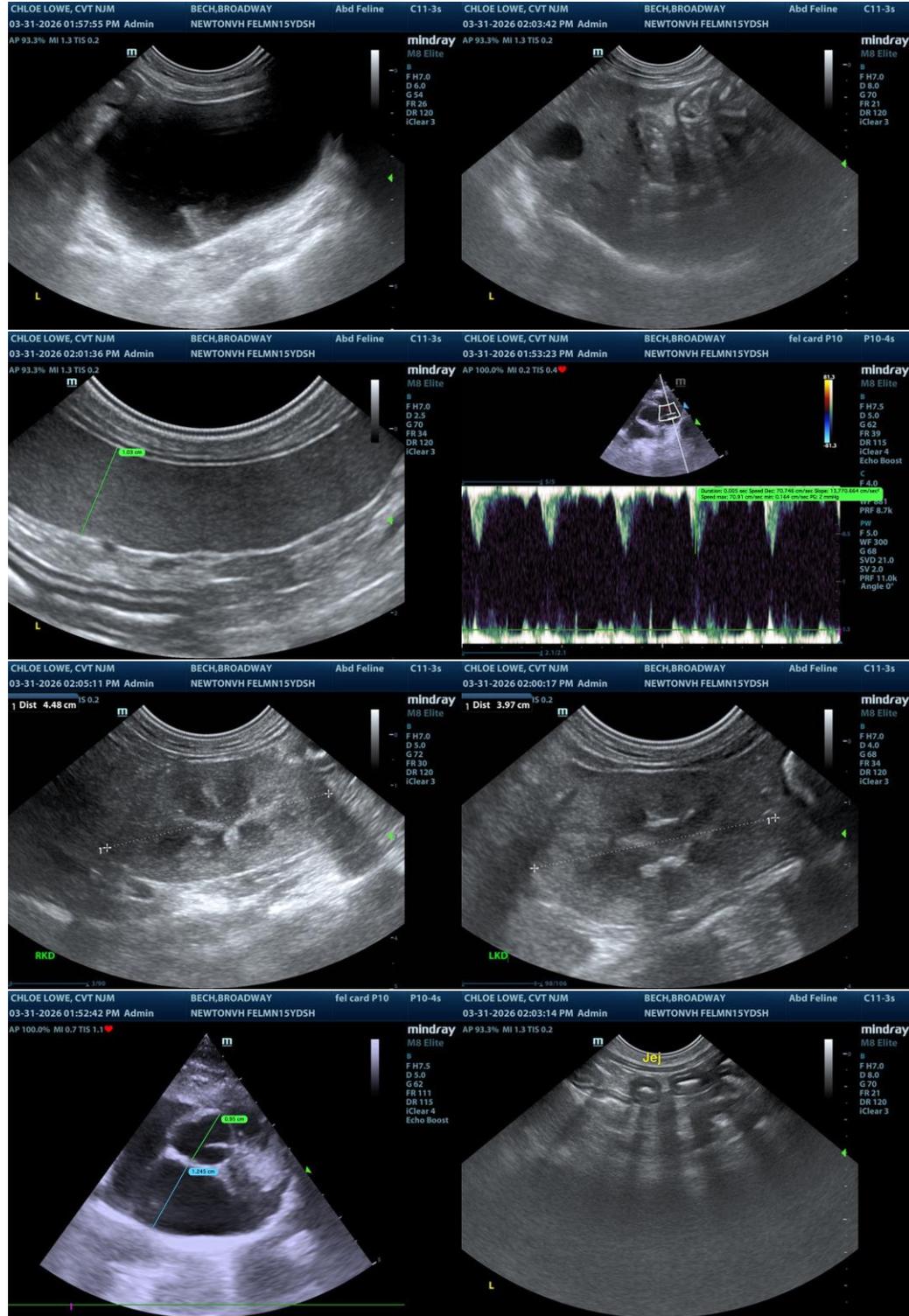
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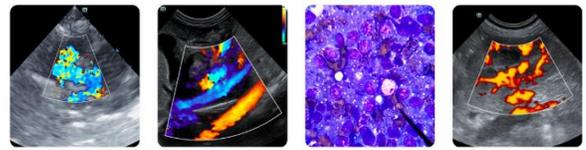
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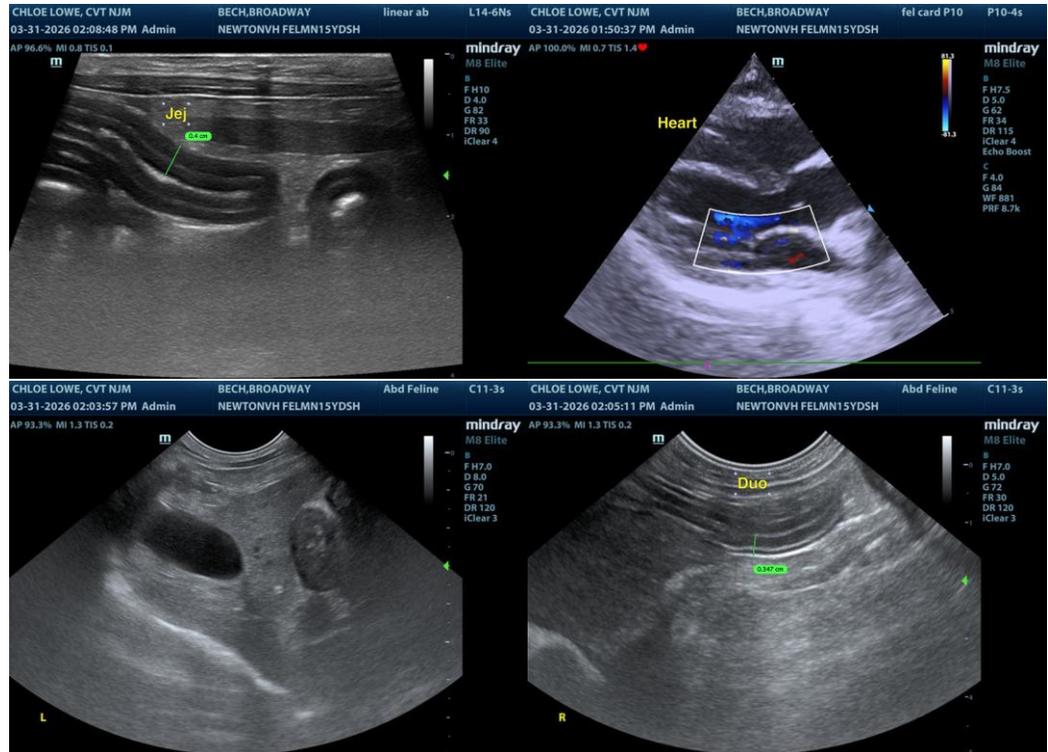
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**IMAGING PERFORMED BY**

Chloe Lowe CVT

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