



PATIENT

Blue Burgos

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

14 Years

WEIGHT

6.8 kg

PRESENTING CLINICAL SIGNS

Recent hx of pancreatitis elev. lipase and thyroid imbalance. Recently P stopped eating for 2 days, lethargic behavior.

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 | 6.8 | NM | 0.53 | 1.33 | 0.55 | 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 | -- | 1.38 | 1.4 | | 1.2 | 1.1 | 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 / Feline Practice)

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Bond Vet Edgewater

REFERRING VET

Dr. Ordenez

INVOICE

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04/14/26

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.

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Echogenic to particulate nondependent mild sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.



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Normal size and margination was 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 border demarcation expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.5 cm in length. The right kidney measured 3.8 cm in length.

Adrenal Glands

The adrenal glands were overtly normal in size, position and shape without evidence of pathology. The left adrenal gland subjectively measured 0.38 cm width. The right adrenal gland subjectively measured 0.41 cm width.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Intermittent noncapsule deforming to hyperechoic nodules were present. 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas. The spleen measured 0.90 cm width level of the mid spleen. An example of the splenic nodules measured 0.36 cm in diameter.

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 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 nonthickened wall with overall maintained wall layer ratio. Mild segmental nonobstructive intestinal ileus and lumen gas to the level of the colon. The small intestine wall measured 0.23 cm wall width. The ileocolic wall measured 0.37 cm wall width.

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

Pancreas

The left pancreas presented normal in size and contour with subtle homogenous hypoechoic parenchyma compared to adjacent nonreactive or inflamed omentum.

Free Abdomen

Intermittent mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Mild perilymphatic hyperechoic omentum. An example of lymph node size was 0.60 cm in diameter. No evidence of peritoneal effusion.



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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Normal echocardiogram with mild myocardial remodeling.
- Nonspecific structurally unremarkable enteropathy pattern.
- Mild mesenteric lymphadenopathy- suspect mild lymphadenitis secondary to inflammatory bowel episode.
- Possible resolving or persistent low-grade pancreatitis.

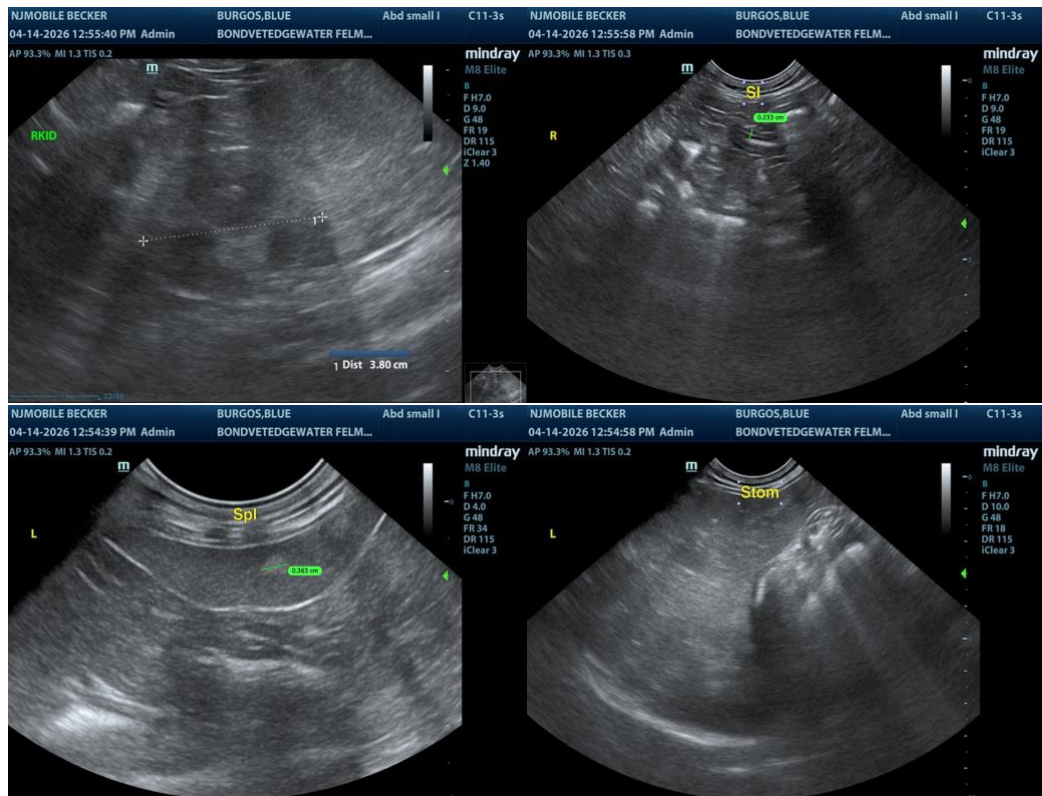
Secondary Findings

- Bilateral chronic renal changes.
- Mild urine sediment.
- Hyperechoic splenic nodules- suspect benign criteria i.e. myelolipomas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Potential for an emerging to more insidious nonspecific enteropathy i.e. IBD or other inflammatory disease, occult to emerging intestinal neoplasia such as lymphoma thought less likely yet not excluded. Gastrointestinal support and continued empirical therapy for possible persistent low-grade pancreatitis with clinical monitoring is recommended. Recheck sonogram is indicated if non-responsive or persistent clinical signs.

No evidence of cardiomyopathy as a contributing factor.





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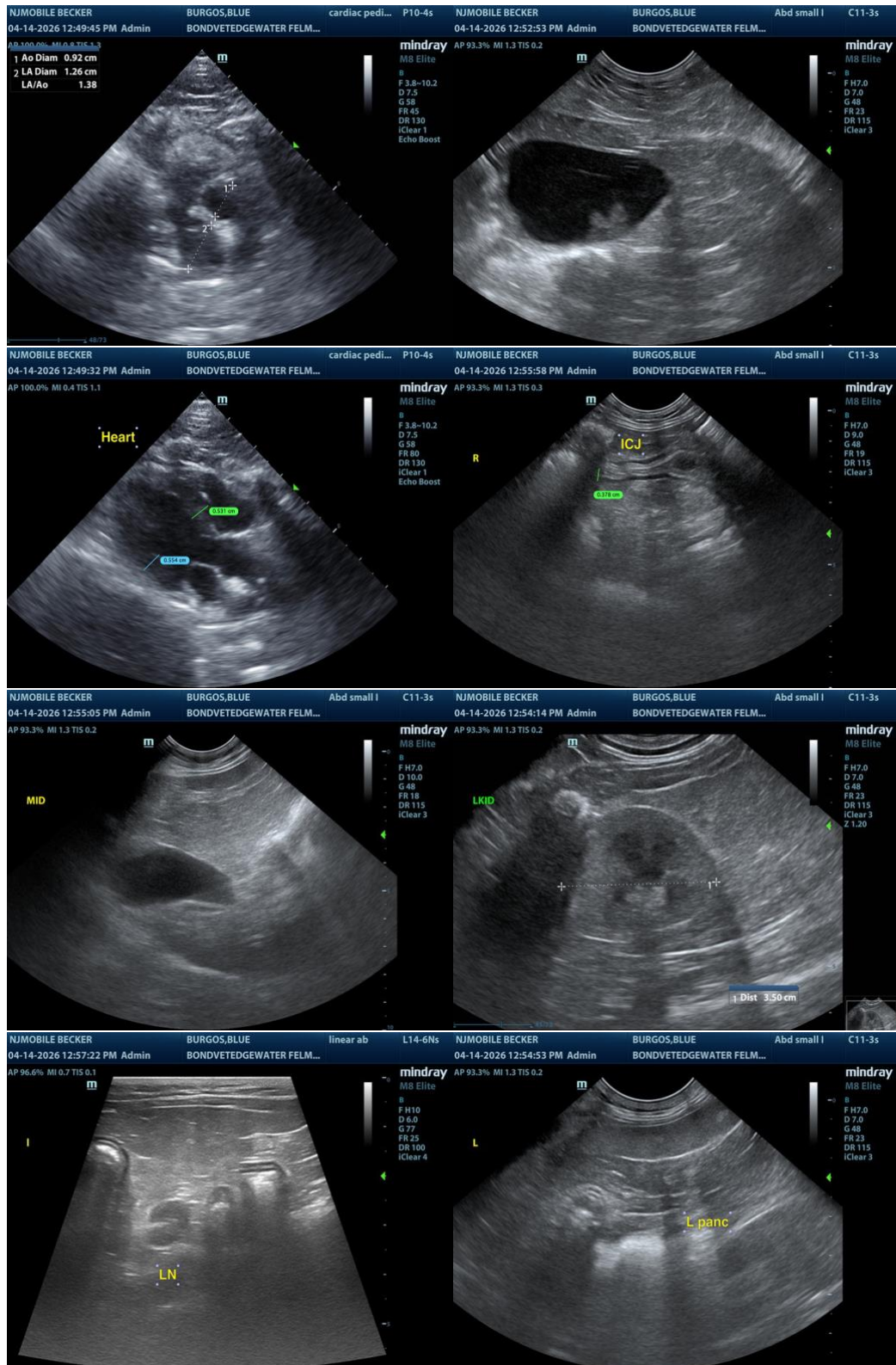
Dr. Ordonez

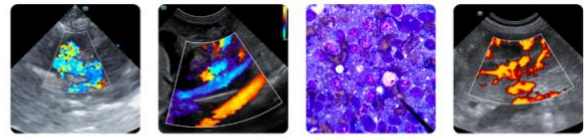
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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