



PATIENT

Chorizo Saxton

PRESENTING CLINICAL SIGNS

- wobbly, anorexia
- Abnormal PE/Chem/CBC/UA Results: T bili 3.3 Lipase 7.2 probnp 7.2

SPECIES

Feline

BREED

Bengal

SEX

MN

AGE

8

WEIGHT

14.5

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN AND HEART

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	14.5	NM	0.6	1.2	0.58	42	74
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	--	1.37	1.4		--	1.3	NM

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 and structure with no evidence of “smoke” or thrombi. The cranial and caudal mitral valve leaflets appeared mildly thickened with no evidence of SAM or MR. The left ventricle presented borderline excessive free wall and septal thicknesses. The myocardium presented essentially normal echogenicity without immediate signs of fibrotic or ischemic disease. Contractility of the ventricular walls was considered excessive for this patient evidenced by the elevated fractional shortening measurement. The left ventricular outflow tract demonstrated turbulent laminar flow. Subjective assessment of the right atrium and auricle revealed normal size, structure and content. No evidence of masses was noted. Tricuspid valvular assessment demonstrated linear morphology. The right ventricle was of normal size with normal chordae structure, myocardial echogenicity and thickness. Pulmonic tract assessment revealed normal valve structure, laminar flow, and diameter. No visible pericardial or free pleura fluid was noted. No echographically detectable evidence of infiltrative disease was visible. 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 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Mildly enlarged size and normal margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal
Hospital

REFERRING VET

Dr Maniar

INVOICE

24374

DATE

04/02/2026



PATIENT

Chorizo Saxton

hypochoic to the cortex with no evidence of pelvic dilation. The left kidney measured 4.7 cm in length. The right kidney measured 5.0 cm in length.

The area of the aortic trifurcation was free of pathology.

SPECIES

Feline

Adrenal Glands

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

BREED

Bengal

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.

SEX

MN

Liver/Gallbladder

AGE

8

The liver presented normal in size. The hepatic parenchyma revealed mild reduced echogenicity compared to the spleen and renal cortical parenchyma with a mild coarse echotexture. Mild increased portal vein prominence was evident. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance. Normal non-distended cranial abdomen caudal vena cava. The gallbladder was non-distended in size with primarily anechoic luminal content. No evidence of gallbladder wall edema was present. The cystic and common bile ducts were normal.

WEIGHT

14.5

Gastrointestinal

INTERPRETED BY

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 contained moderate retained non-shadowing fluid chyme with no signs of obstruction or foreign material.

IMAGING PERFORMED BY

Jenn

The small intestine presented intact wall layering with overall maintained muscularis/mucosa ratio. Borderline increased intestinal wall thickness. Segmental non-shadowing intestinal ingesta /chyme without overt obstructive pattern to the level of the colon. The duodenum wall measured 0.35 cm width. The jejunum wall measured 0.25-0.26 cm width.

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

HOSPITAL NAME

Rockaway Animal
Hospital

Pancreas

Mild diffuse enlargement of the pancreas with ill-defined, hypoechoic to heterogeneous parenchyma and asymmetrical contour was present. The surrounding to generalized omental fat around the enlarged to hypoechoic pancreas was echogenic indicative of reactive change, adhesions, focal peritonitis, or saponification. Free fluid was present around the abnormal pancreas.

REFERRING VET

Dr Maniar

Free Abdomen

INVOICE

24374

No visualized significant or swollen mesenteric lymphadenopathy.

Moderate volume peritoneal effusion.

DATE

04/02/2026

ULTRASONOGRAPHIC FINDINGS



PATIENT

Chorizo Saxton

SPECIES

Feline

BREED

Bengal

SEX

MN

AGE

8

WEIGHT

14.5

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal
Hospital

REFERRING VET

Dr Maniar

INVOICE

24374

DATE

04/02/2026

Primary

- Borderline thickened LV with adequate contractility
- Normal LA
- Normal RA / RV
- Non-congested mildly hypoechoic liver
- Swollen non-homogenous hypoechoic pancreas
- Intact borderline prominent small intestinal wall with non-shadowing mild gastrointestinal ingesta
- Non-uniform hyperechoic omentum and moderate volume peritoneal effusion
- Bilateral mild renomegaly with maintained renal architecture

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Pancreatitis with associated peritonitis and concurrent non-specific gastroenteropathy, emerging to non-specific neoplasia i.e. carcinomatosis lymphomatosis or similar or FIP (less likely given patient age) are potential considerations. Correlation with effusion analysis cytology +/- C/S and FIP titers is recommended. Full GI panel to include PLI, TLI, cobalamin and folate is warranted.

The effusion is non-cardiogenic. The heart may suggest emerging to mild HCM criteria which would be a rule out diagnosis once the patient is deemed euthyroid and normotensive. Assessment of T4 level and systemic BP is recommended. Regardless of classification the lack of cardiac chamber enlargement indicates the current and future risk of complication is low. Echocardiographic monitoring is indicated.

Anesthetic risk is considered mild. 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.



PATIENT

Chorizo Saxton

SPECIES

Feline

BREED

Bengal

SEX

MN

AGE

8

WEIGHT

14.5

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal
Hospital

REFERRING VET

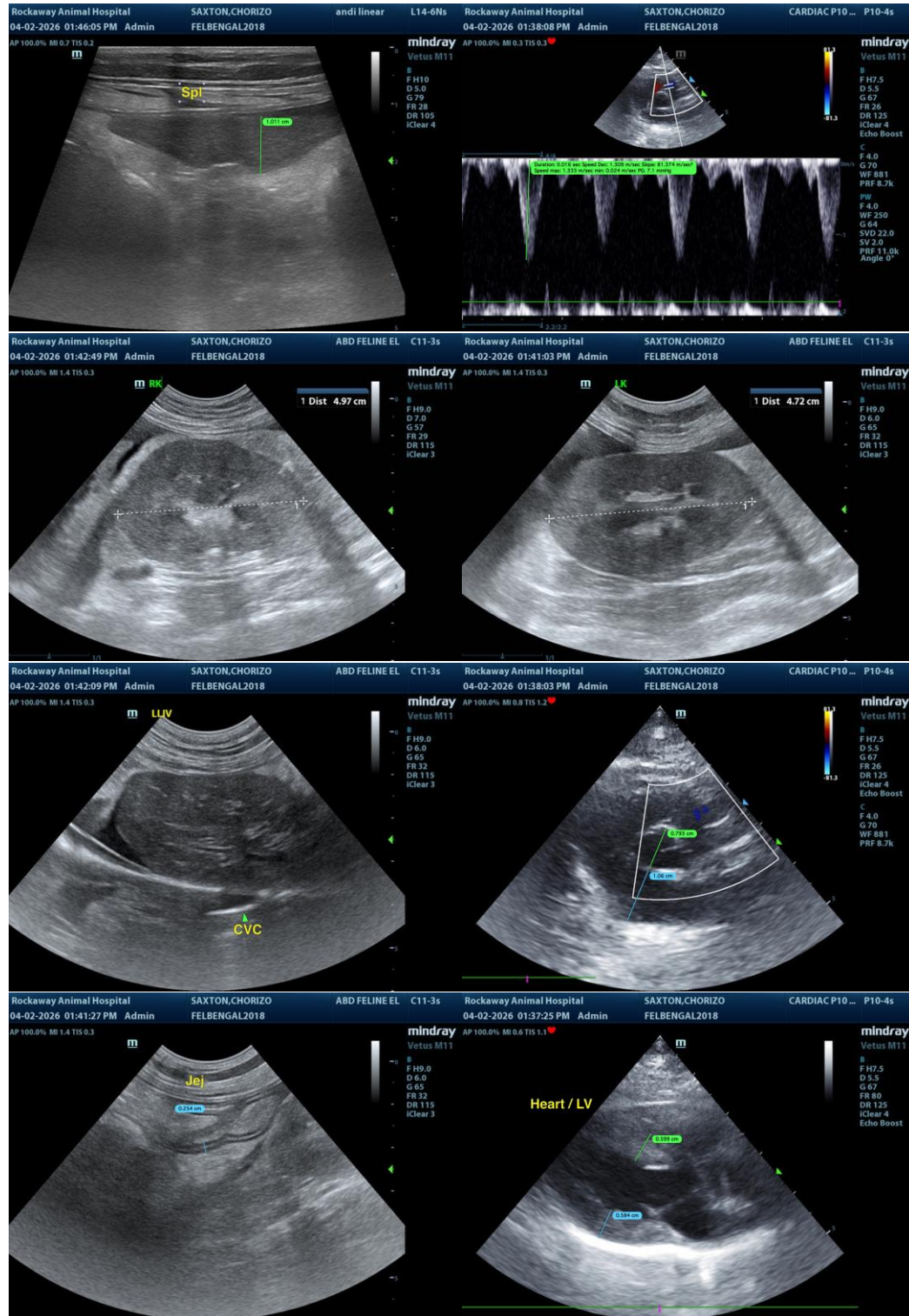
Dr Maniar

INVOICE

24374

DATE

04/02/2026





PATIENT

Chorizo Saxton

SPECIES

Feline

BREED

Bengal

SEX

MN

AGE

8

WEIGHT

14.5

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal
Hospital

REFERRING VET

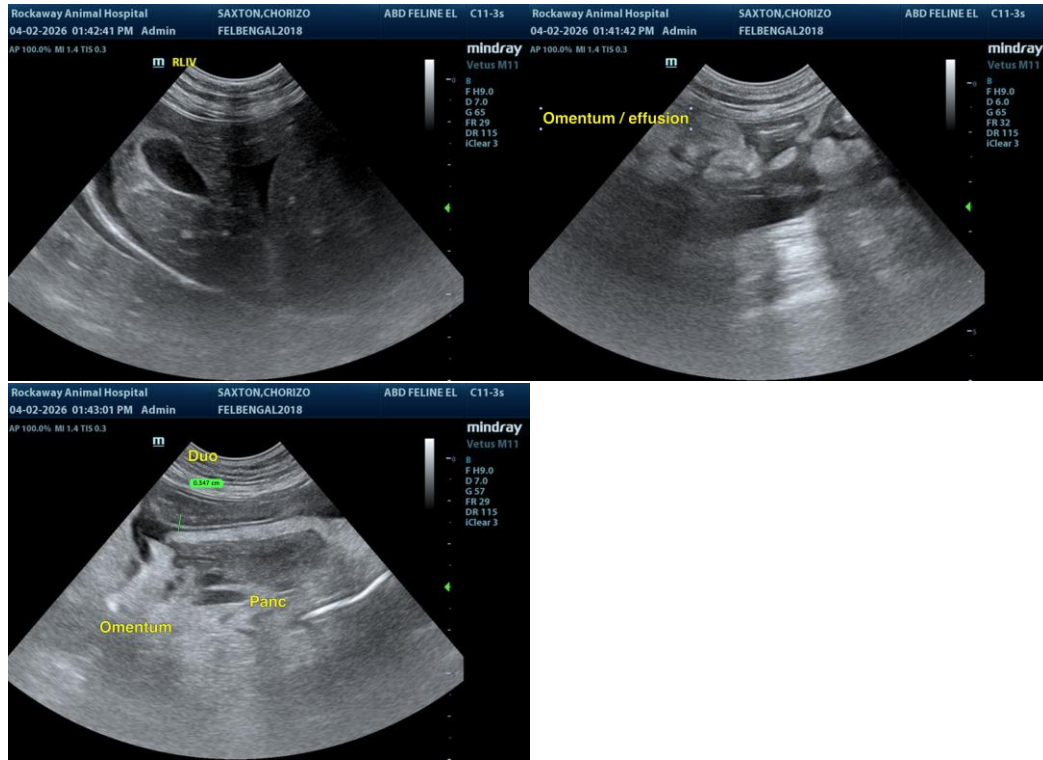
Dr Maniar

INVOICE

24374

DATE

04/02/2026



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