



PATIENT

Harley Diorio

PRESENTING CLINICAL SIGNS

Grade 3 heart murmur, vomiting. Vomiting 3/4 times a day for a week, not eating since Sunday 4/26/26. No current medications.

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: SDMA 20; U/A: Trace protein, USG: 1.019

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN AND HEART

BREED

DSH

SEX

MN

AGE

14yr

WEIGHT

Pending

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	pending	240	0.48	1.48	0.46	40	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	--	1.25	1.2		1.0	0.85	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

Shari Reffi CVT

HOSPITAL NAME

Warren Animal Hospital

REFERRING VET

Dr Nicole

INVOICE
24643

DATE
04/27/2026

Cardiac Presentation

The echocardiogram in this patient demonstrated normal left atrial size and structure. Chamber volume and blood echogenicity were normal. The cranial and caudal mitral valve leaflets presented minor irregular age-related changes that are not clinically significant at this time with adequate extension in systole and union in diastole. No evidence of MR on Doppler. The left ventricle presented normal free wall and septal thicknesses with linear contour. The myocardium presented some echogenic remodeling consistent with expected age-related change. Contractility of the ventricular walls was adequate and in normal range for this breed and patient size. The left ventricular outflow tract demonstrated normal laminar flow with subjectively unremarkable structure. Subjective assessment of the right atrium and auricle revealed normal size, structure and content. No evidence of masses was noted. Tricuspid valvular assessment demonstrated expected findings for this age patient. The right ventricle was of normal size (1/3 diameter of LV), echogenicity and thickness. Pulmonic tract assessment revealed normal valve structure, laminar flow, and diameter (approx.1:1 pa/ao ratio). No dilation due to heartworm disease, cor pulmonale, stenosis, or pulmonic hypertension was noted. No visible pericardial or free pleural fluid was noted. The mediastinum was free of masses in the visible window.

Urinary System



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The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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.

SPECIES

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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 loss of corticomedullary symmetry and definition 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 4.0 cm in length.

BREED

DSH

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

SEX

MN

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.5 cm width at the caudal pole. The right adrenal gland was mildly enlarged with symmetrical contour and homogenous parenchyma. The right adrenal gland measured 0.65 cm width.

AGE

14yr

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.

WEIGHT

Pending

Liver/Gallbladder

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The liver was subjectively mildly enlarged. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Normal vascular volume. 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.

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild retained gastric fluid with no signs of obstruction or foreign material.

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Segmental intestinal mural mass exhibiting thickened intestinal wall, asymmetrical luminal and serosal surface contour, hypoechoic mural echogenicity and loss of intestinal wall detail measuring 6 to 7 cm in length with wall width measuring 0.8 cm. The remainder of the small intestine exhibited intact wall layering with overall maintained wall layer ratio. No obstructive pattern. Non-thickened small intestine measured 0.25 cm width. The duodenum wall measured 0.28 cm in width.

REFERRING VET

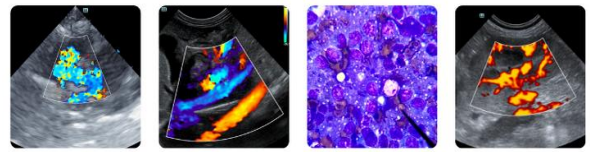
Dr Nicole

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

Pancreas

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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.

SPECIES

Feline

Free Abdomen

No overt peritoneal effusion was present.

BREED

DSH

Non-homogenous to hypoechoic swollen mesenteric lymphadenopathy. An example measured 4.8 cm x 1.5 cm.

Mild surrounding perilymphatic hyperechoic omentum.

ULTRASONOGRAPHIC FINDINGS

SEX

MN

Primary

- Normal cardiac structure /function with mild myocardial remodeling
- Normal mild hypomotile stomach
- Intestinal mural mass with associated non-homogenous to swollen mesenteric lymphadenopathy
- Mild hepatomegaly
- Bilateral chronic renal changes
- Mild right adrenomegaly

AGE

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WEIGHT

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The primary abdominal finding of the intestinal mass and associated lymphadenopathy is strongly suggestive of multicentric neoplastic criteria, although sampling is required for further clarification. FNA cytology of thickened intestinal wall and associated lymph node is recommended for further clarification and potential for oncology consult. The subjective hepatomegaly and mild right adrenomegaly are non-specific and of unclear clinical significance. Concurrent screening hepatic FNA cytology using 25ga needle could be considered to assess for concurrent occult disease.

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The definitive cause of the murmur was not identified. Assuming no volume changes such as dehydration or anemia, a benign flow murmur is probable. A small non-visualized flow abnormality is not excluded. Regardless of classification, the hemodynamic effects of the murmur are low. Monitoring of the heart murmur is recommended without indication for cardiac medications. Recheck echocardiogram is recommended in 6-12 months, sooner if murmur intensity increases or clinical signs arise.

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Cardiac anesthetic risk 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.

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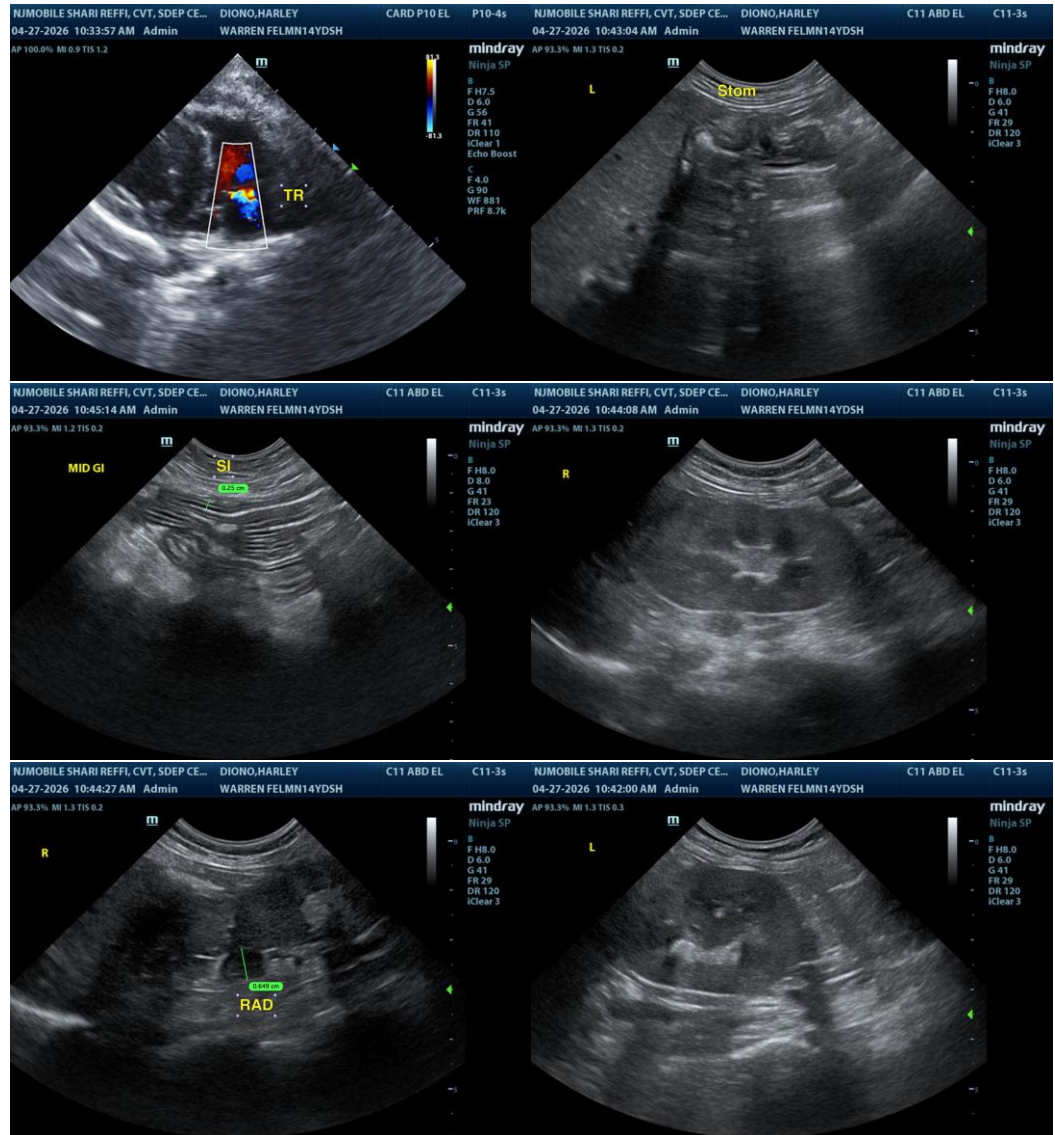
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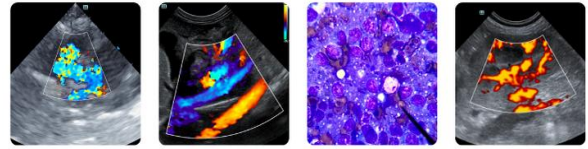
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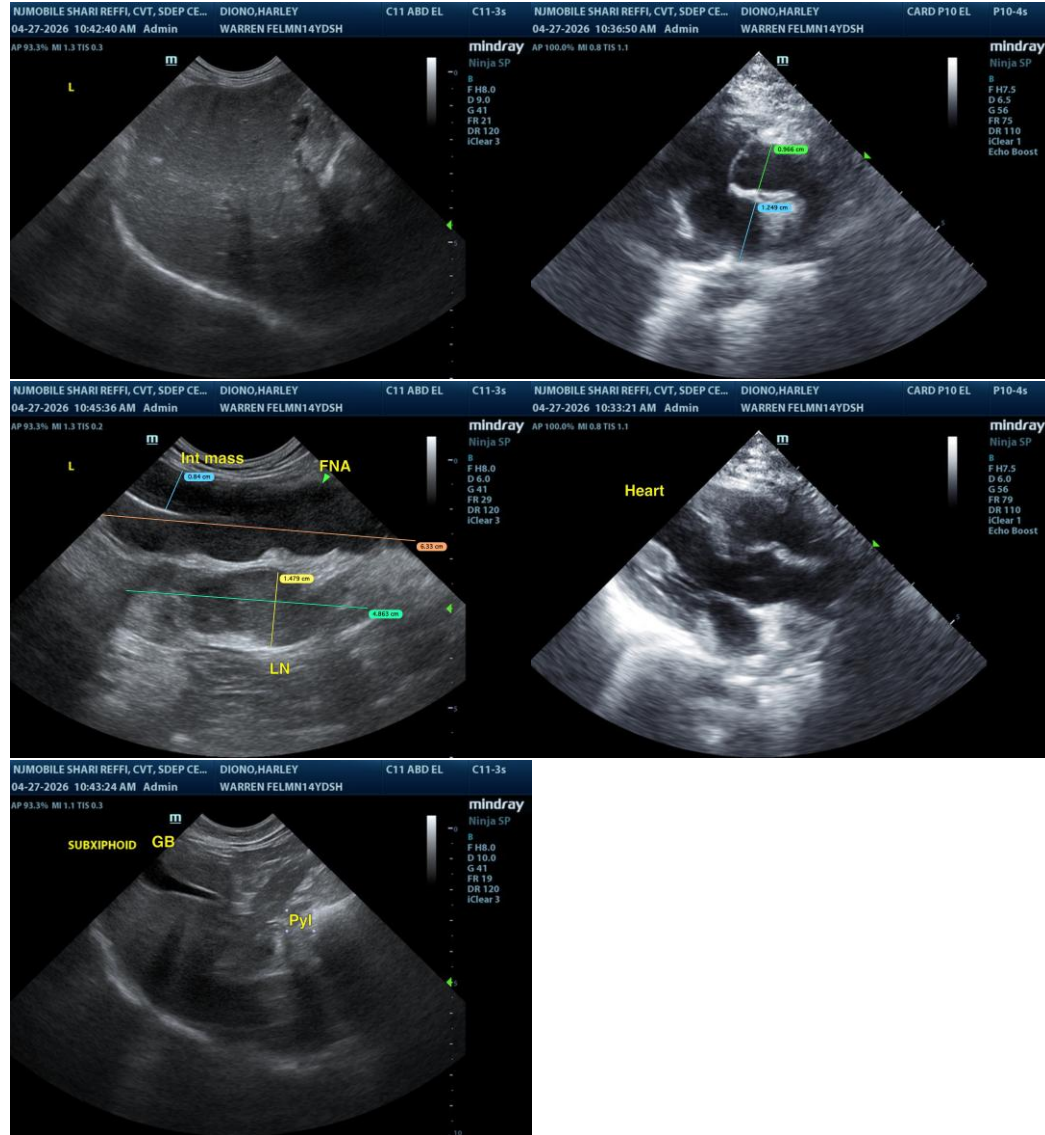
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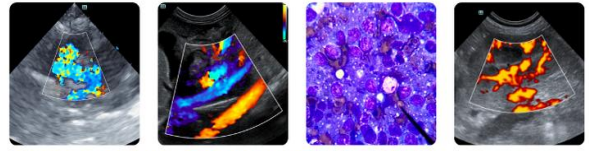
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
info@sonopath.com



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