

PATIENT PRESENTING CLINICAL SIGNS

Spookie Pitsing
Mediastinal mass, possible splenic mass, febrile, dehydrated, harsh lung sounds, mild dyspnea
Current meds: Convenia

SPECIES
Abnormal PE/Chem/CBC/UA Results: WBC 47.1, Neuts 40883, HCT 41.3

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN AND HEART

BREED	FELINE CARDIAC PARAMETERS	BODY WEIGHT	HR (BPM)	IVSd (cm)	LVIDd (cm)	LVWd (cm)	FS (%)	EF (%)
DSH								
SEX	NORMAL PARAMETER	-----	150-240	0.3-0.6	1.0-2.1	0.25-0.6	35-67	80-100
FS	PATIENT	12.9lb	NM	0.4	1.43	0.43	54	88
AGE	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/)
9yr								
WEIGHT	NORMAL PARAMETER	<1.5	1.6	0.7-1.7		<1.6	<1.3	40-60
12.9lb	PATIENT	--	1.4	1.4		1.0	0.6	NM
Sisson D et al. JVIM 1991; 5: 232, Jacobs et al. Am J Vet Res 1985; 46:1705								

INTERPRETED BY Cardiac Presentation

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

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. Normal measured LVOT velocity was present. 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.

IMAGING PERFORMED BY

Meghan Morse LVT
CVT

HOSPITAL NAME

Walden Animal Clinic

REFERRING VET

Dr Kelly

No evidence of pericardial effusion with moderate volume mildly echogenic pleural effusion. Indistinctly marginated, non-homogenous, cavitated to cystic cranial thoracic / mediastinal mass was present measuring ~ 5-6 cm in diameter.

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Urinary System

DATE
04/27/2026



PATIENT

Spookie Pitsing

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 mild to moderate 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.

SPECIES

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Normal size and 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 hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 3.8 cm in length. The right kidney measured 3.8 cm in length.

BREED

DSH

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

SEX

FS

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.46 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.40 cm width.

AGE

9yr

Spleen

The spleen was mildly enlarged with caudolateral splenic folding. Maintained symmetrical contour and homogenous parenchyma was present. The spleen measured 1.2 cm width at the level of the mid-spleen.

WEIGHT

12.9lb

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. 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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(Canine and Feline)

Gastrointestinal

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CVT

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 wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material.

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

Pancreas

REFERRING VET

Dr Kelly

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.

Free Abdomen

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No omental masses, overt lymphadenopathy or peritoneal effusion was present.

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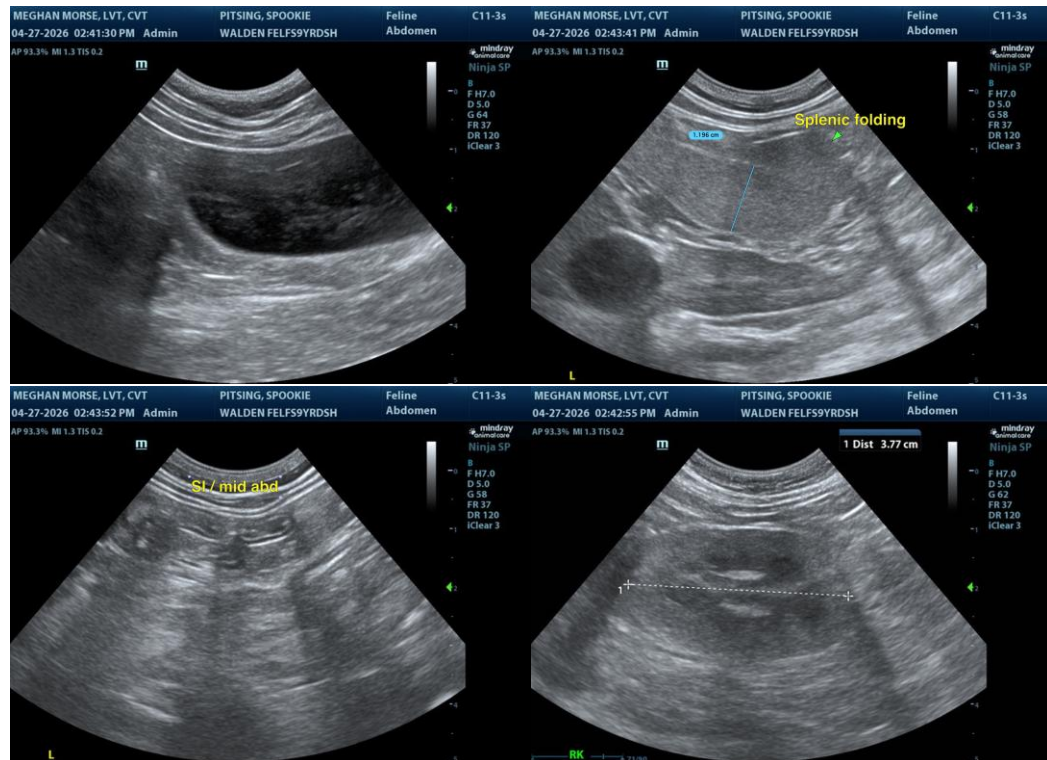
ULTRASONOGRAPHIC FINDINGS

Primary

- Normal cardiac structure / function
- Cranial thoracic /mediastinal mass, associated non-cardiogenic pleural effusion
- Mild splenomegaly with caudal splenic folding
- Normal non-congested liver
- Urine sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation with cranial thoracic / mediastinal mass cytology as well as pleural effusion analysis cytology +/- C/S or FIP titers is recommended. The mildly enlarged or folded spleen is non-specific with considerations including incidental hyperplasia, hematopoiesis, inflammation, sedation if clinically applicable while potential for emerging to occult splenic neoplasia such as lymphoma is not definitively excluded. If persistent or for further clarification and assuming normal clotting status splenic FNA cytology using 25ga needle could be considered for further clarification and potential staging.





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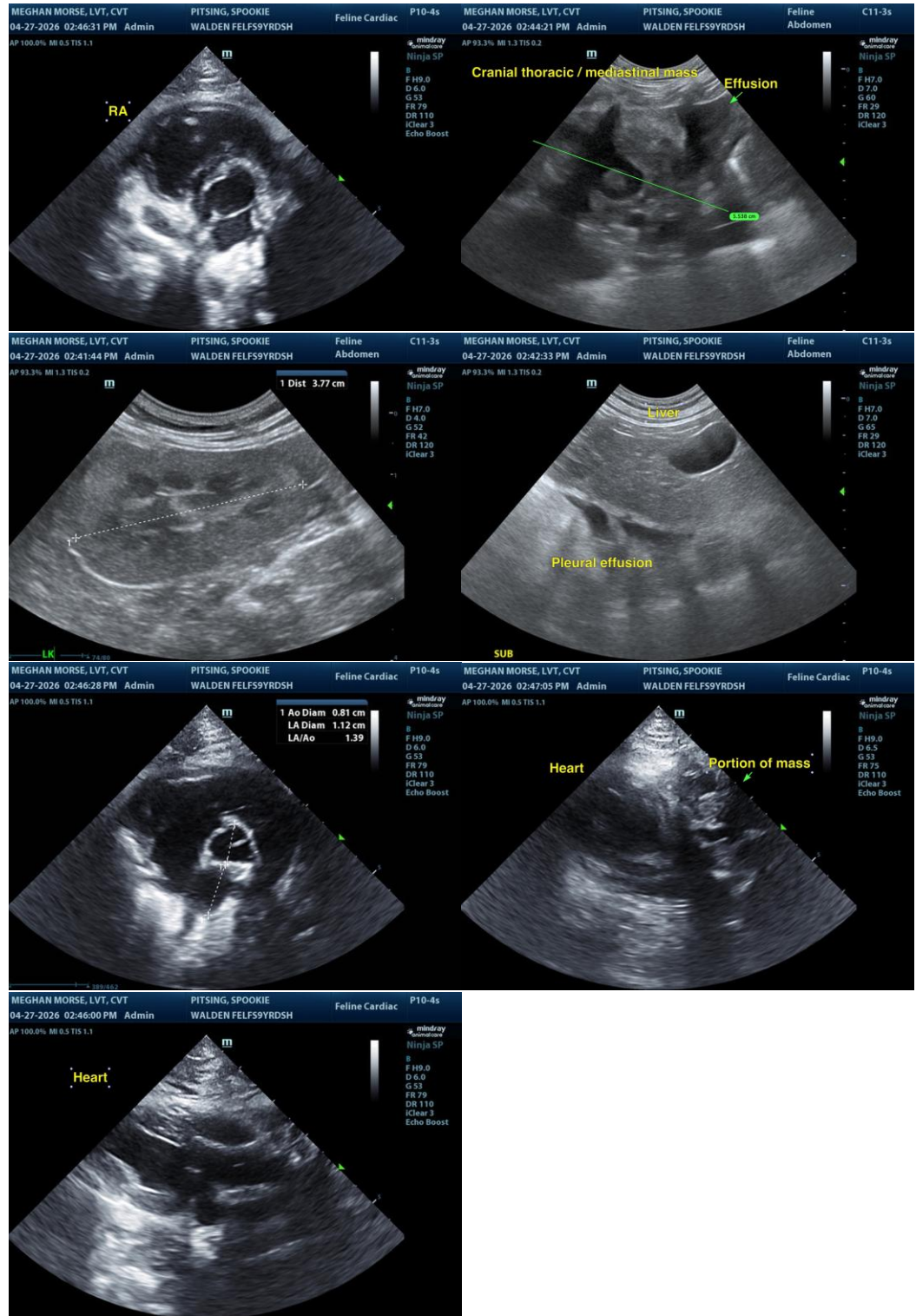
Dr Kelly

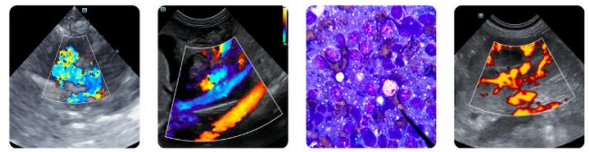
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PATIENT

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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.

SPECIES

Feline

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.

BREED

DSH

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

SEX

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