



**PATIENT**

Dovey Eom

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

10 yrs, 5 mons

**WEIGHT**

8 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kerri Becker

**HOSPITAL NAME**

Animal Paradise  
Hospital

**REFERRING VET**

Dr. Elshafie

**INVOICE**

10777

**DATE**

4/8/26

**PRESENTING CLINICAL SIGNS**

History: Assess HM and assess hepatic status, R/O causes of WT loss. Slight 2/6 HM, hx of liver abnorm. decr. epaxial muscle mass over the spine.

Abnormal PE/Chem/CBC/UA Results: alt-350 cbc wnl t\$-7.4 sdma-10 fpl- normal.

**ULTRASONOGRAPHIC EXAMINATION OF The HEART & ABDOMEN**

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 lbs.	229	0.38	1.6	0.38	51	86
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		1.2	1.0	-

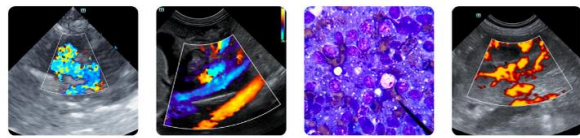
Adapted from June Boon, Veterinary Echocardiography, 1998  
Sisson D et al. JVIM 1991; 5: 232, Jacobs et al. Am J Vet Res 1985; 46:1705

**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. 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 to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.



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The area of the iliac trifurcation was free of pathology.

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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. Mild hyperechoic cortex echogenicity was noted with mild enhanced corticomedullary border demarcation. There was no evidence of pelvic dilation. The left kidney measured 4.0 cm in length. The right kidney measured 4.0 cm in length.

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***Adrenal Glands***

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The left and right adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.43 cm width and the right adrenal gland measured 0.39 cm width.

**SEX**

***Spleen***

MN

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.

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***Liver/ Gallbladder***

**WEIGHT**

8 lbs.

The liver was subjectively normal in size, structure, and contour. Normal hepatic vascular volume was present. 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 proximal common bile duct was mildly dilated and tortuous without overt post hepatic obstruction.

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***Gastrointestinal***

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained ingesta, fluid, or foreign material.

The small intestine presented intact wall layering with overall maintained wall layer ratio. Borderline thickened intestinal wall was noted. The duodenum wall measured 0.27 cm width. The jejunum wall measured 0.26 cm width.

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

***Pancreas***

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The area of the pancreas was sonographically normal.

***Free Abdomen***

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Intermittent minor mesenteric lymph nodes were present. The lymph node were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). No evidence of effusion was noted.

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**ULTRASONOGRAPHIC FINDINGS**

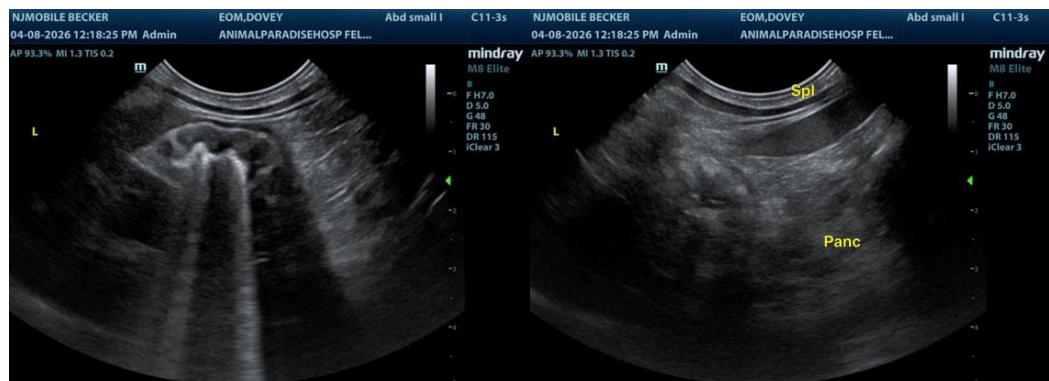
- Normal cardiac structure / function
- Sonographically normal liver – consistent with benign hepatopathy
- Normal gallbladder with mild nonobstructive proximal common bile duct dilation
- Borderline thickened small intestine
- Normal area of pancreas
- Age-related renal changes

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There is no evidence of left or right heart chamber enlargement, LV systolic dysfunction, HCM or other structural cardiomyopathy. A 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.

The elevated ALT and mild nonobstructive proximal common bile duct dilation suggests mild hepatobiliary inflammatory disease i.e., cholangiohepatitis, or similar. In conjunction with borderline thickened small intestine wall, yet without evidence of significant gastrointestinal mural pathology, mild Triaditis may be suspected. Further assessment may include, assuming normal clotting status and using a 25-gauge needle, hepatic FNA cytology and correlation with a GI panel to include PLI/TLI/Cobalamin/Folate despite normal fPL. Three-view chest radiographs and correlation with musculoskeletal / neurological examination to assess for additional or occult disease as a contributing factor to the weight loss may be considered.

There are no anesthetic contraindications. If anesthesia is required, the following protocol is suggested. 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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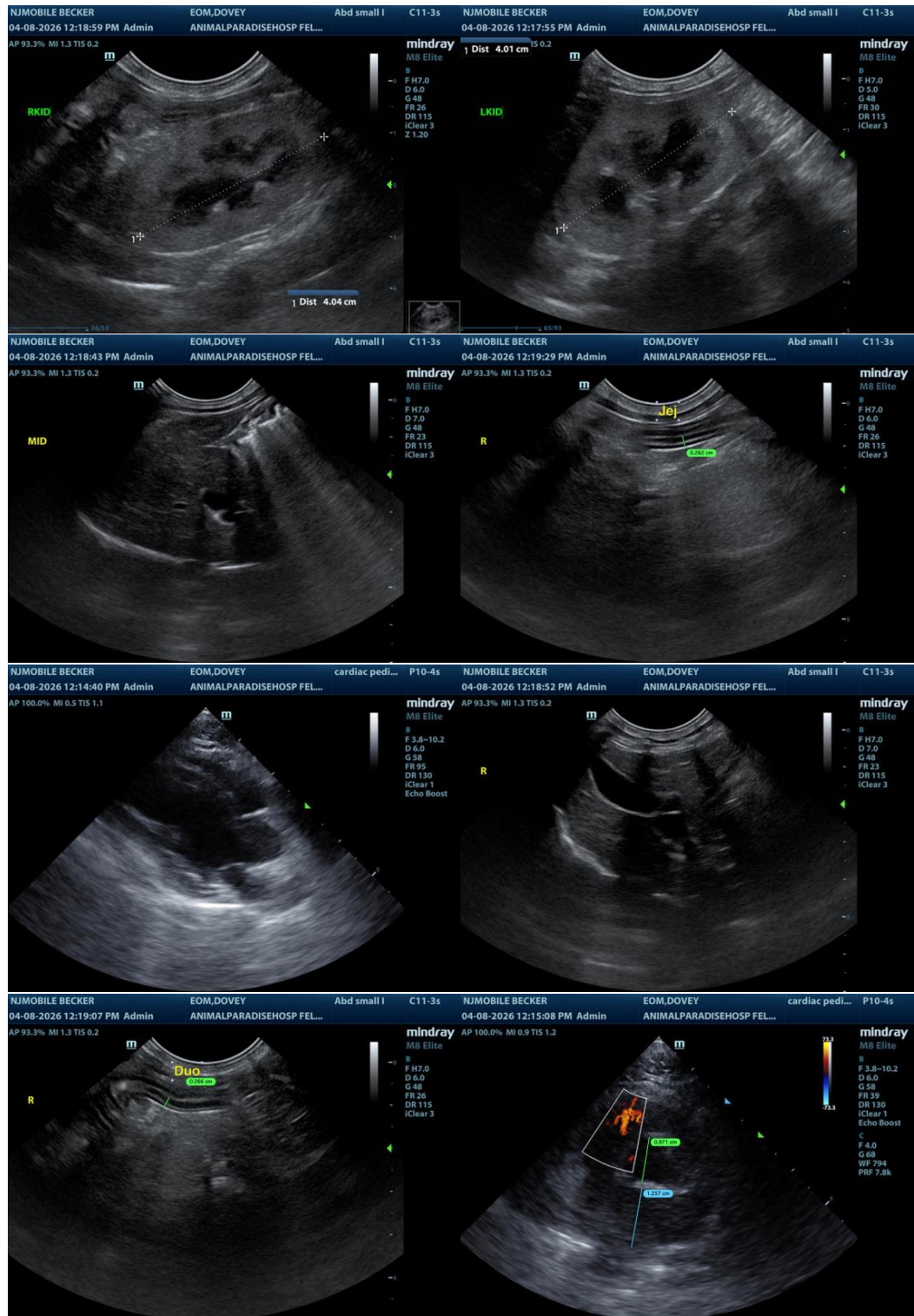
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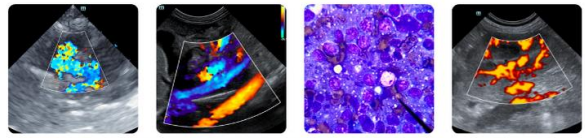
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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[info@sonopath.com](mailto:info@sonopath.com)

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