



PATIENT

Dusty Goto

SPECIES

Feline

BREED

DSH

SEX

Male

AGE

9 Years 8 Months

WEIGHT

10 pounds

INTERPRETED BY

R. McKenzie Daniel,
 DVM, DABVP (Canine
 / Feline Practice)

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Animal Paradise
 Hospital

REFERRING VET

Dr. Elshafie

INVOICE

14954

DATE

04/08/26

PRESENTING CLINICAL SIGNS

HX of renal dz assess cardiomegaly. Rad report bilateral chronic degen nephropathy, urinary bladder distention, mild gaseous dilation of the small intestine, mild generalized cardiomegaly, non regen anemia.

Abnormal PE/Chem/CBC/UA Results: alt-477 bun-46 ca-123 cre-3.9 hct-29.5 hgb-9.7 t\$-5.8 fpl-abnormal. t4-4.1 ft4-100 tsh<0.03

ULTRASONOGRAPHIC EXAMINATION OF THE HEART & ABDOMEN

FELINE CARDIAC PARAMETERS	BODY WEIGHT (lbs)	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	10.0	NM	0.52	1.34	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	--	1.3	1.5		1.0	1.1	--
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 and structure. 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 overt MR on doppler. The **left ventricle** presented normal free wall and septal thicknesses with a linear contour. The **myocardium** presented mild to moderate echogenic remodeling consistent with expected age-related change and potential myocardial fibrosis. Mildly prominent papillary muscle. **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 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 3.0 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 change were noted.

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The area of the aortic trifurcation was free of pathology.

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Borderline subnormal size and normal margination was present in the left kidney. 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 symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 2.3 cm in length.

SEX

Male

Subnormal size and normal margination was present in the right kidney. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate to significant loss of corticomedullary border demarcation expected for the age of the patient. No evidence of pelvic dilation was present. The right kidney measured 2.3 cm in length. A nonobstructive right kidney renolith was present measuring 0.58 cm width.

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Adrenal Glands

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The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.36 cm width.

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The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.44 cm width.

Spleen

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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

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.

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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 was empty with no signs of ileus, obstruction or foreign material.

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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 ileus, obstruction or foreign material.

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



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Pancreas

The pancreas was normal in size and symmetrical contour with isoechoic mildly heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

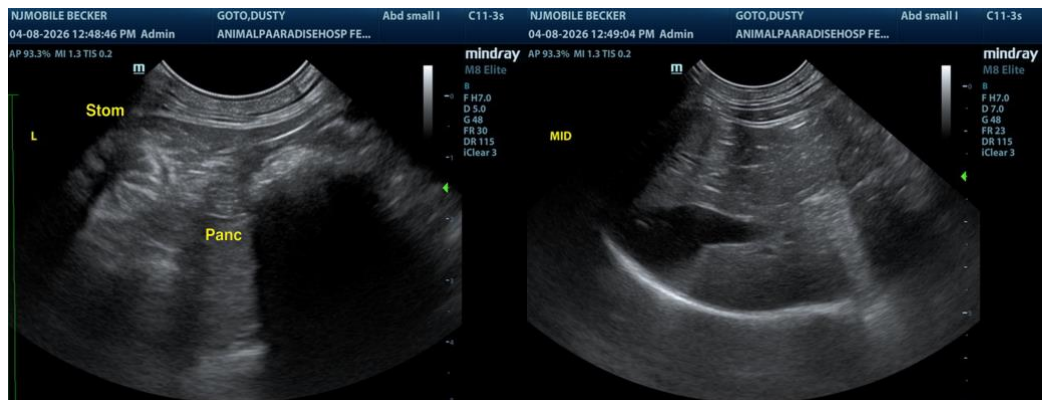
ULTRASONOGRAPHIC FINDINGS

- Overall normal cardiac structure/function with myocardial remodeling.
- Chronic degenerative renal changes more prominent in the right kidney with subnormal renal size and nonobstructive right kidney renolith.
- Sonographically unremarkable liver- consistent with benign hepatopathy.
- Normal gallbladder.
- Mild heterogeneous remodeled pancreas.
- Normal gastrointestinal tract.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of clinical issues such as overt cardiomegaly, left or right heart chamber enlargement, LV systolic dysfunction or HCM criteria. No indication for cardiac medication. Echocardiographic monitoring is recommended for further assessment with recheck suggested in six months, sooner if clinical signs arise or if concerned for progressive radiographic cardiomegaly. Cardiac anesthetic risk is considered mild. If 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.

Correlation with urinalysis and suggested screening culture/sensitivity and UPC level for renal staging is recommended. The hepatopathy although nonspecific may suggest benign inflammatory criteria in conjunction with ALT elevation. Chronic pancreatitis is suspected if concurrent clinical or gastrointestinal signs. Assuming normal clotting status, hepatic FNA cytology could be considered primarily to assess for inflammatory cell type. Potential mild triad disease may be a consideration if concurrent gastrointestinal signs.





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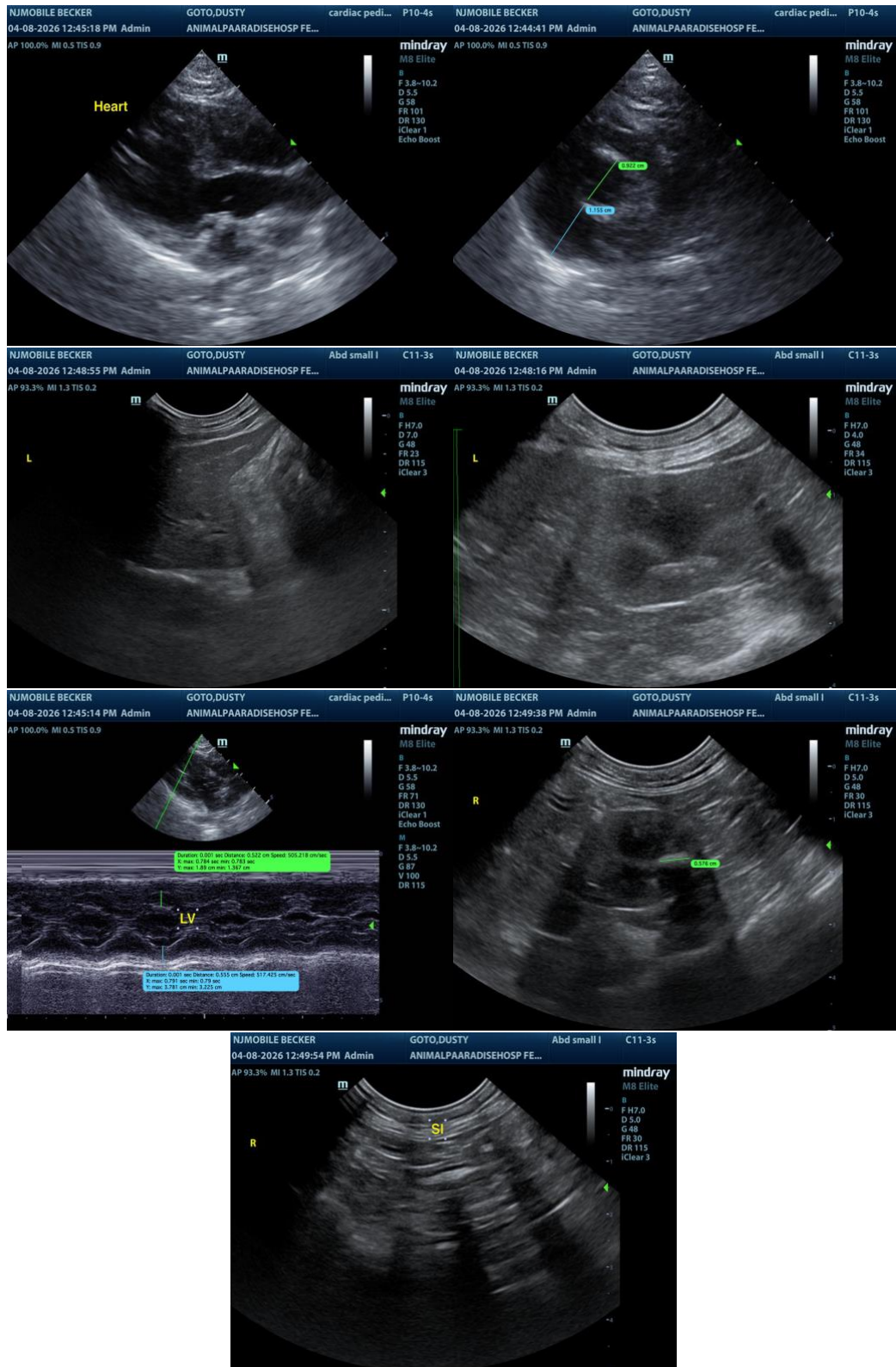
Dr. Elshafie

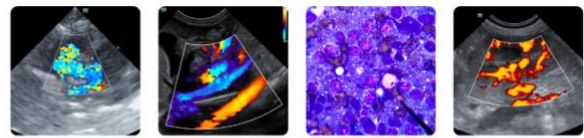
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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