



PATIENT

Suzy Schoelles

SPECIES

Feline

BREED

Tortoiseshell

SEX

Spayed Female

AGE

10

WEIGHT

15

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sharkaway

HOSPITAL NAME

Kew Gardens Animal
Hospital

REFERRING VET

Dr. Bassem

INVOICE

14962

DATE

04/09/26

PRESENTING CLINICAL SIGNS

Heavy breathing/ Moderate Anorexia

Abnormal PE/Chem/CBC/UA Results: Bw- Mildly elevated ALT, ALPK, low cr Difficulty breathing

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	15	NM	0.51	1.8	0.52	40	77
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	--	2.5	2.1		NM	0.8	NM
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 enlarged **left atrial** dimension based on 2 separate LA measurements. No obvious current spontaneous contrast. The cranial and caudal **mitral** valve leaflets presented mild irregular age-related changes with normal kinetics. No definitive MR on doppler although not excluded. The **left ventricular** septum and free wall revealed normal thicknesses, adequate contractility and mild increased left ventricular volume, yet echogenic remodeling of the septum and free wall were noted consistent with some level of **myocardial fibrosis and remodeling**. The **left ventricular outflow** tract demonstrated normal laminar flow and subjective structural integrity. The **right atrium** and auricle revealed subjective mild increased size and normal content. No evidence of masses was noted or chamber overload. **Tricuspid** valvular assessment demonstrated adequate linear morphology and kinetics. No overt TR on doppler. The **right ventricle** was mildly prominent in size compared to the LV with normal chordate structure and free wall thickness. Concurrent RV myocardial remodeling. **Pulmonic** tract assessment revealed normal valve structure, laminar flow, and diameter (approx. 1:1 pa/ao ratio). Normal measured RVOT velocity. No visible **pericardial** or free pleura fluid was noted. Pericardial comet tail artifact was visualized. No obvious cardiac, pericardial or mediastinal tumors in the visible window. Possible tachycardia.

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



PATIENT

Suzy Schoelles

SPECIES

Feline

BREED

Tortoiseshell

SEX

Spayed Female

AGE

10

WEIGHT

15

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sharkaway

HOSPITAL NAME

Kew Gardens Animal
Hospital

REFERRING VET

Dr. Bassem

INVOICE

14962

DATE

04/09/26

sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

Normal size and asymmetrical margination was present in the right kidney with left kidney exhibiting borderline subnormal size. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Cortical infarcts were visualized with no evidence of pyelectasia. The left kidney measured 3.0 cm in length. The right kidney measured 3.5 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.41 cm width.

The right adrenal gland was not definitively visualized.

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.

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. Intermittent noncapsule deforming nonhomogenous cystic intraparenchymal nodules were present with an example measuring 1.4 cm in diameter.

The gallbladder was non distended in size with minor biliary sludge. The common bile duct was dilated and mild tortuous without overt post hepatic obstruction.

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.

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.

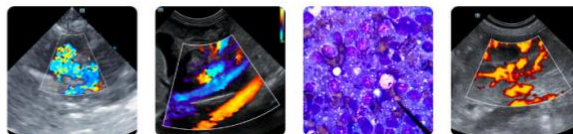
Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

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

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.



PATIENT

Suzy Schoelles

SPECIES

Feline

BREED

Tortoiseshell

SEX

Spayed Female

AGE

10

WEIGHT

15

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sharkaway

HOSPITAL NAME

Kew Gardens Animal
Hospital

REFERRING VET

Dr. Bassem

INVOICE

14962

DATE

04/09/26

ULTRASONOGRAPHIC FINDINGS

- LA/LV enlargement with myocardial remodeling/fibrosis.
- Subjective mild increased RA/RV dimension.
- Possible tachycardia.
- Chronic degenerative renal changes exhibiting cortical infarcts.
- Hepatopathy exhibiting nonhomogenous cystic intraparenchymal nodules- suspect biliary cystadenomas.
- Minor gallbladder debris with nonobstructive common bile duct dilation.
- Possible chronic pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The finding of bilateral enlargement given normal LV wall thickness may suggest unclassified or potentially restrictive cardiomyopathy although burnout or end-stage HCM can have this appearance. Regardless of classification, the degree of LA enlargement indicates the current or future risk of complication such as CHF or thrombotic event is elevated. Respiratory signs secondary to cardiomyopathy or concurrent lower airway disease is possible.

Hospitalization with respiratory support and IV Lasix is recommended if distress is significant. Once stabilized, Lasix 1 to 2 mg/kg PO BID, clopidogrel 75 mg tab ¼ tab PO SID and consideration for off-label Pimobendan 1.25 mg PO BID is indicated. Monitoring of renal parameters, systemic BP and ECG is recommended.

Long-term cardiac prognosis is guarded. Recheck echo is recommended in four to six months, sooner if clinically indicated. Gastrointestinal support and empirical therapy for suspect chronic pancreatitis would be reasonable. Sonographic monitoring of the liver nodules for evidence of progression is recommended.



PATIENT

Suzy Schoelles

SPECIES

Feline

BREED

Tortoiseshell

SEX

Spayed Female

AGE

10

WEIGHT

15

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Sharkaway

HOSPITAL NAME

Kew Gardens Animal
Hospital

REFERRING VET

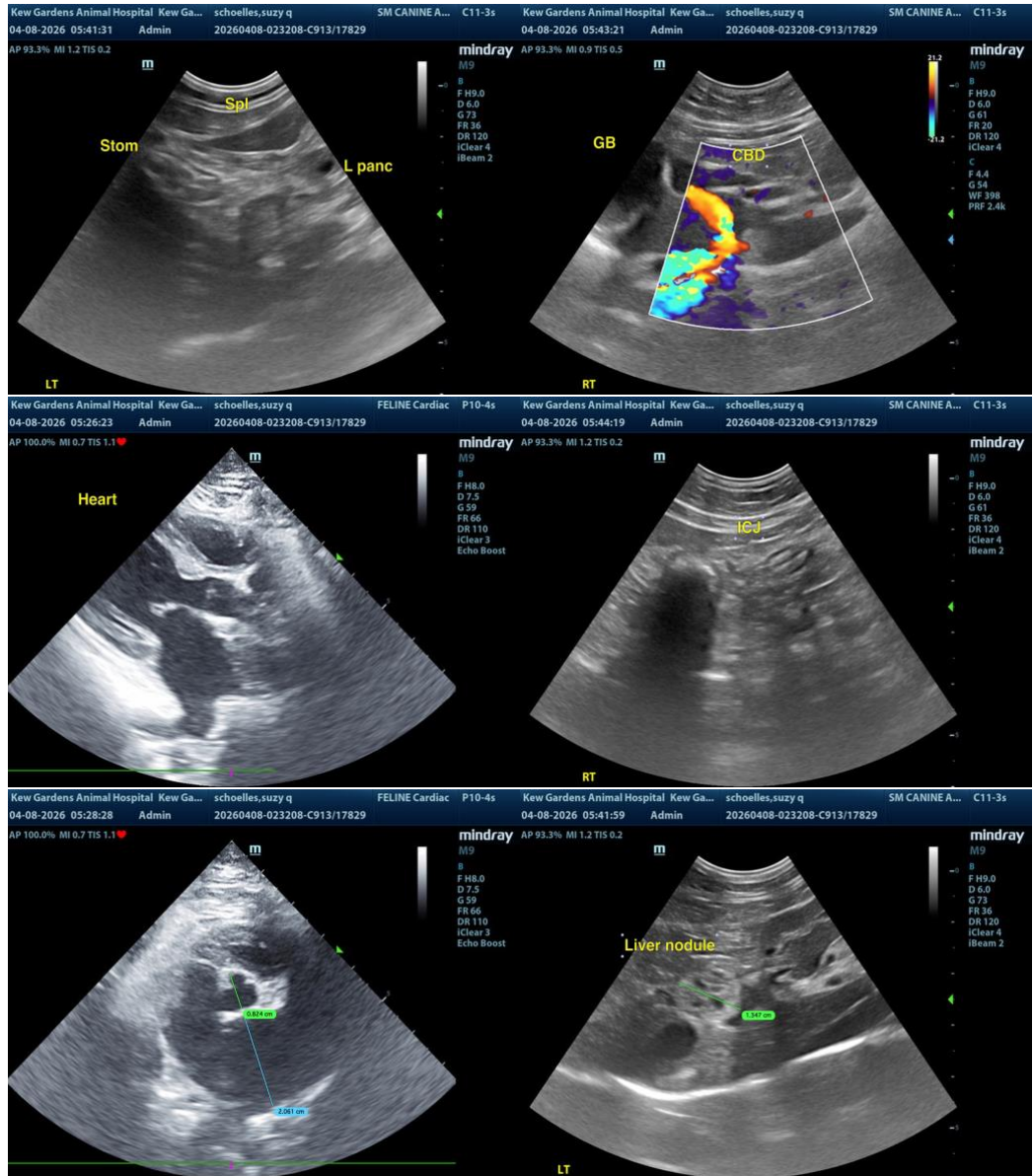
Dr. Bassem

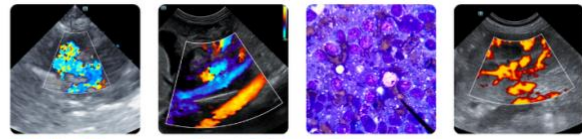
INVOICE

14962

DATE

04/09/26





PATIENT

Suzy Schoelles

SPECIES

Feline

BREED

Tortoiseshell

SEX

Spayed Female

AGE

10

WEIGHT

15

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sharkaway

HOSPITAL NAME

Kew Gardens Animal Hospital

REFERRING VET

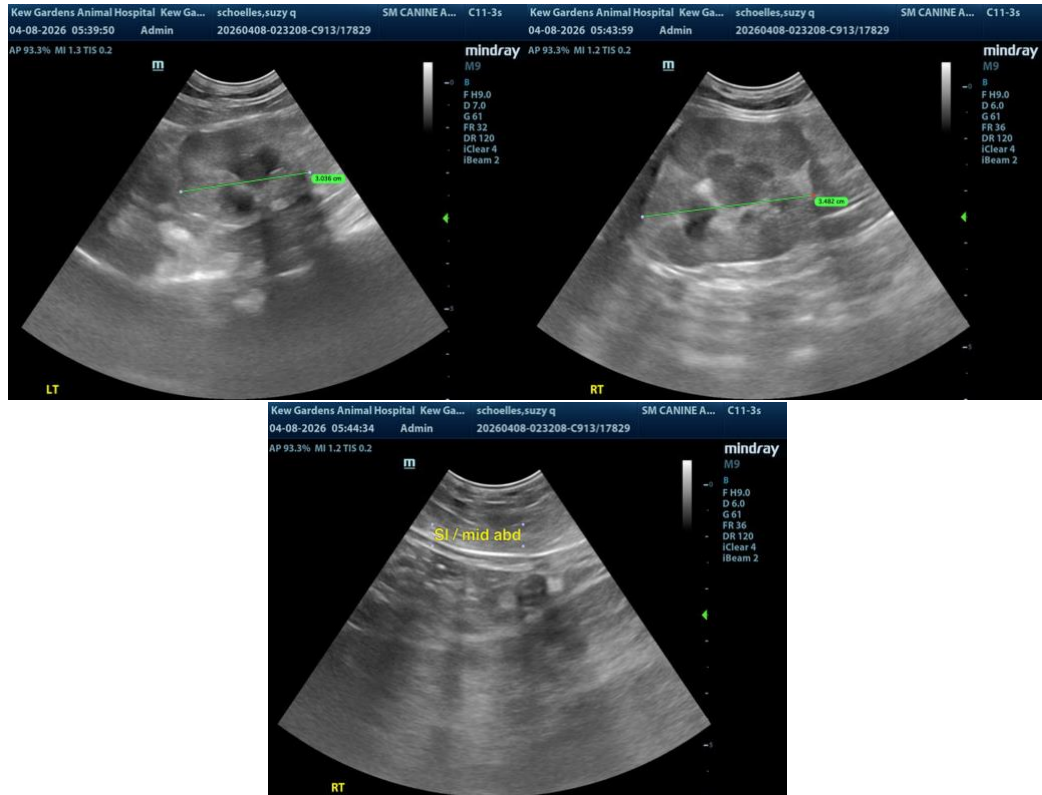
Dr. Bassem

INVOICE

14962

DATE

04/09/26



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