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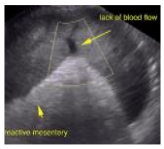
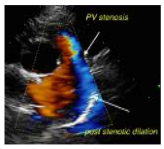
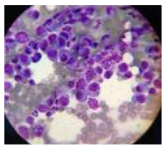
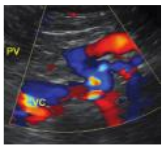





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Treebie Goldstein

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

11yr

WEIGHT

NA

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi CVT

HOSPITAL NAME

VCA Blairstown Animal Hospital

REFERRING VET

Dr. Summers

INVOICE

13680ag

DATE

05/01/2023

PRESENTING CLINICAL SIGNS

Hyporexic, diabetic.

Current meds: Glargine insulin, Cernia, Prednisone (asthmatic), Miratаz

Abnormal PE/Chem/CBC/UA Results: WBC 17.7, Neu 14.5

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN AND HEART

FELINE CARDIAC PARAMETERS	**BODY WEIGHT** (kg)	**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		214	0.51	1.44	0.50	49	84
FELINE CARDIAC PARAMETERS	**LA/AO** (Boon)	**LA/AO HEART BASE** (Sisson)	**LA** 2D 4-chamber long axis AS to FW (Sisson) (cm)		**LVOT VEL.** (m/s)	**RVOT VEL.** (m/s)	**IVRT** (m/)
NORMAL PARAMETER	<1.5	0.88-1.79	0.7-1.7		<1.6	<1.3	40-60
PATIENT	1.2	1.3	1.3		1.0	0.75	
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							

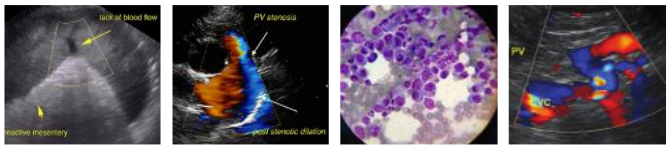
Cardiac Presentation

The echocardiogram in this patient demonstrated normal left atrial size based on 3 separate LA measurements. The cranial and caudal mitral valve leaflets presented normal linear structure and kinetics. The left ventricular septum and free wall revealed normal thicknesses, reduced contractility and mildly reduced left ventricular volume with subjective reduced diastolic filling. Some echogenic remodeling of the septum and free wall was present. This is most consistent with some level of myocardial fibrosis which does not appear to be a functional issue and is suggestive of mild LV myocardial remodeling. The left ventricular outflow tract demonstrated normal laminar flow and subjective structural integrity. The right atrium and auricle revealed increased size and normal 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 fluid was noted. Mild to moderate pleural effusion was present. No cardiac tumors. Ill-defined primarily uniform soft tissue pericardial and caudal thoracic echoes were present, an example measuring ~ 3.5 cm in diameter. The echoes were similar in echogenicity and echotexture to the adjacent cranial abdominal liver.

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral



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

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 minor loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.0 cm in length. The right kidney measured 4.1 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.47 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.51 cm width.

Spleen

The spleen exhibited normal size and contour with minor parenchyma heterogeneity with discrete to subtle hypoechoic micronodular changes. The spleen measured 0.82 cm in width at the level of the mid spleen.

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.

The diaphragm appeared to be overtly intact with the complete liver subjectively present in the abdominal cavity.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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

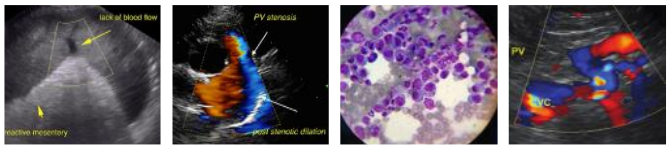
The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

- Overtly normal cardiac structure and function with minor LV myocardial remodeling.



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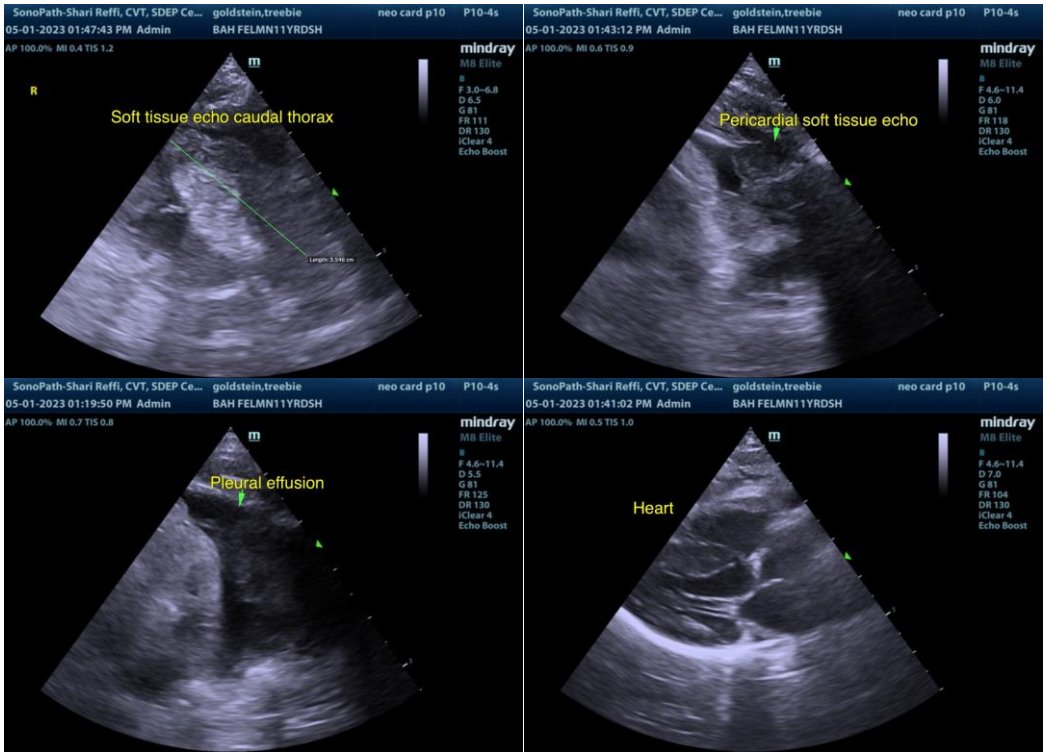
- Normal left atrium.
- Non-cardiogenic pleural effusion.
- Pericardial to intra-thoracic soft tissue echoes.
- Normal splenic size exhibiting subtle micronodular parenchyma.
- Otherwise sonographically unremarkable abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The subtle splenic parenchyma changes were non-specific with considerations including age related benign nodular to lymphoid hyperplasia, however early infiltrative neoplasia i.e., lymphoma or mast cell neoplasia cannot be entirely ruled out. Correlation with pending splenic cytology is suggested.

Considerations for the pleural effusion may include infectious/inflammatory disease, primary pulmonary pathology, neoplasia or other without evidence of congestive heart failure. A small to lobar diaphragmatic hernia is considered an unlikely differential as the liver appeared to be overtly normal within the abdominal cavity. Thoracocentesis with pleural effusion analysis cytology +/- C/S with concurrent FNA cytology of pericardial to thoracic soft tissue echoes is warranted for further clarification. Thoracic CT is likely ideal for further assessment.



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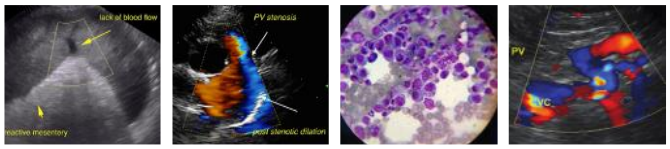

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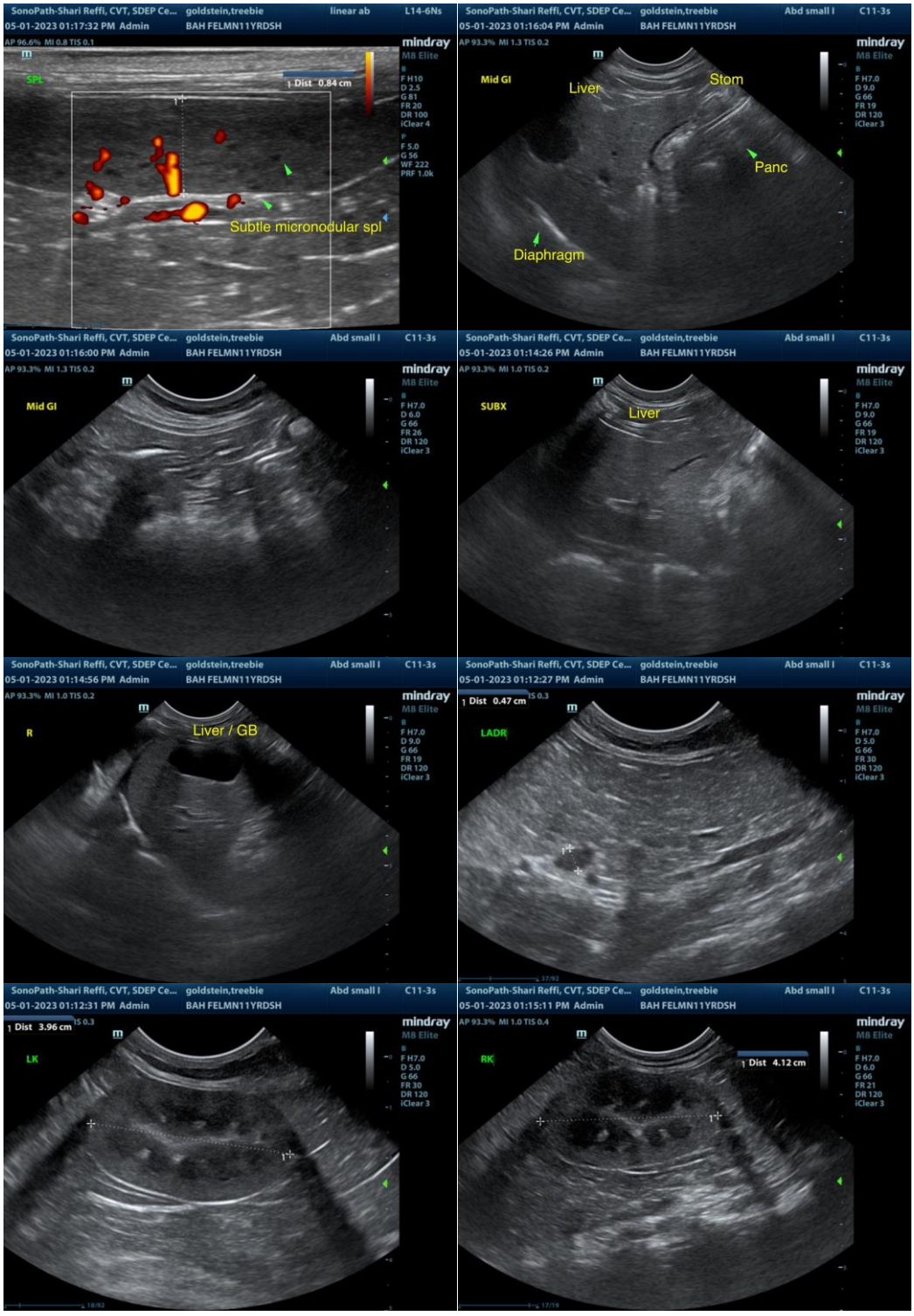

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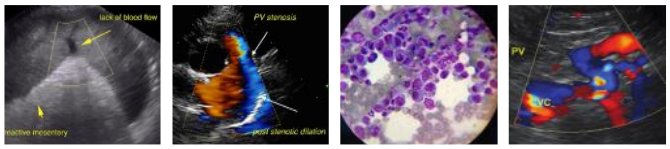

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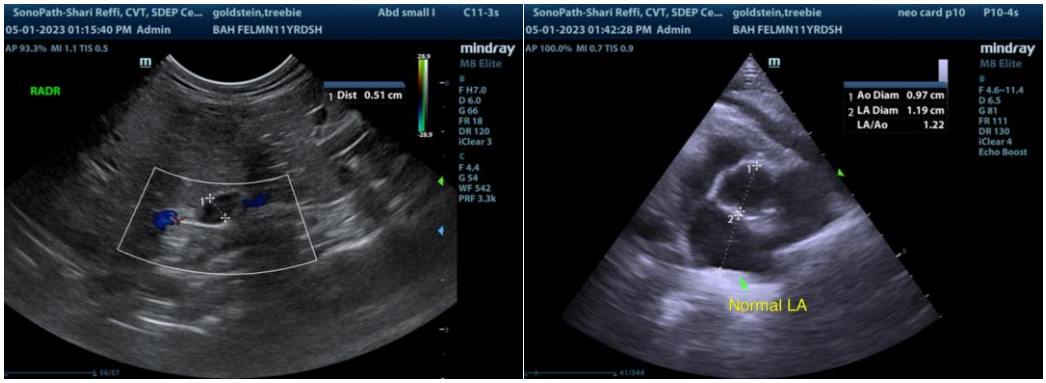

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
mac.daniel@sonopath.com