

PATIENT

Katie Ramsay

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

5 Years

WEIGHT

4.8 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Beattie PH Stoney
 Creek

REFERRING VET

Dr. Wittenrich

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DATE

05/19/26

PRESENTING CLINICAL SIGNS

Has not been eating for the past 2 days, since her appointment on Saturday. The only item she will consume is a liquid tube treat (Delectables). The owner is giving her 2-3 of these per day. On admit, P is quiet with a newly diagnosed low grade murmur, nothing noted under the tongue, Current Medications: Clavamox drops, Ampicillin, Maropitant, Buprenorphine, Pantoprazole and Vitamin B12.

Abnormal PE/Chem/CBC/UA Results: PHOS 0.8, K 2.8 (increased to 3.4 with treatment), UA shows RBC >50/HPF, rod bacteria

ULTRASONOGRAPHIC EXAMINATION OF THE HEART & ABDOMEN

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	4.8	245	0.41	1.3	0.41	53	87
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	--	1.1	1.2		1.0	1.0	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 normal **left atrial** dimension 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



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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 change were noted.

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Normal size and margination was 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 4.6 cm in length. The right kidney measured 3.7 cm in length.

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Adrenal Glands

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No obvious visualized pathology in the areas of the left and right adrenal glands. The left adrenal gland subjectively measured 0.30 cm width. The right adrenal gland subjectively measured 0.46 cm width.

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Spleen

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The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Solitary well demarcated hyperechoic nodule was present measuring 0.44 cm in diameter. 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 or neoplastic changes were not noted. The hyperechoic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

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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 overall nonthickened wall and subtle altered intestinal wall layer ratio owing to subjectively propensity for borderline prominent muscularis layer yet without evidence of thickened intestine wall or loss of wall layering to the level of the colon. The small intestine wall measured 0.25 cm wall width.

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Normal visible colon wall layers were present with formed fecal matter.

Pancreas

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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 overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

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- Normal cardiac structure/function.
- Empty gastrointestinal tract exhibiting nonthickened gastrointestinal wall, subjective borderline prominent segmental to generalized intestinal muscularis layer.
- Normal area of the pancreas.
- Solitary small hyperechoic splenic nodule- suggestive of benign criteria, i.e. myelolipoma.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Overall, no evidence of cardiac or definitive abdominal visceral pathology as an obvious contributing factor to the patient's clinical signs. No evidence of gastrointestinal mechanical/metabolic ileus or pancreatitis. The subjective borderline prominent intestinal muscularis layer without evidence of intestinal wall thickening is nonspecific with potential for patient variant, yet possible emerging to low grade, nonspecific enteropathy is possible. Three view chest radiographs are suggested, if not done, to rule out thoracic pathology as a contributing factor.

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Given cobalamin supplementation, a spec fPL or baseline GI panel to include PLI, TLI, cobalamin and folate to assess for occult to nonstructural intestinal disease or low-grade pancreatitis, which may present sonographically normal, may be considered. Gastrointestinal support is indicated with clinical monitoring. Sonographic reassessment is recommended if persistent or non-responsive gastrointestinal signs or evidence of weight loss. Monitoring of the benign splenic nodule for evidence of progression is recommended.

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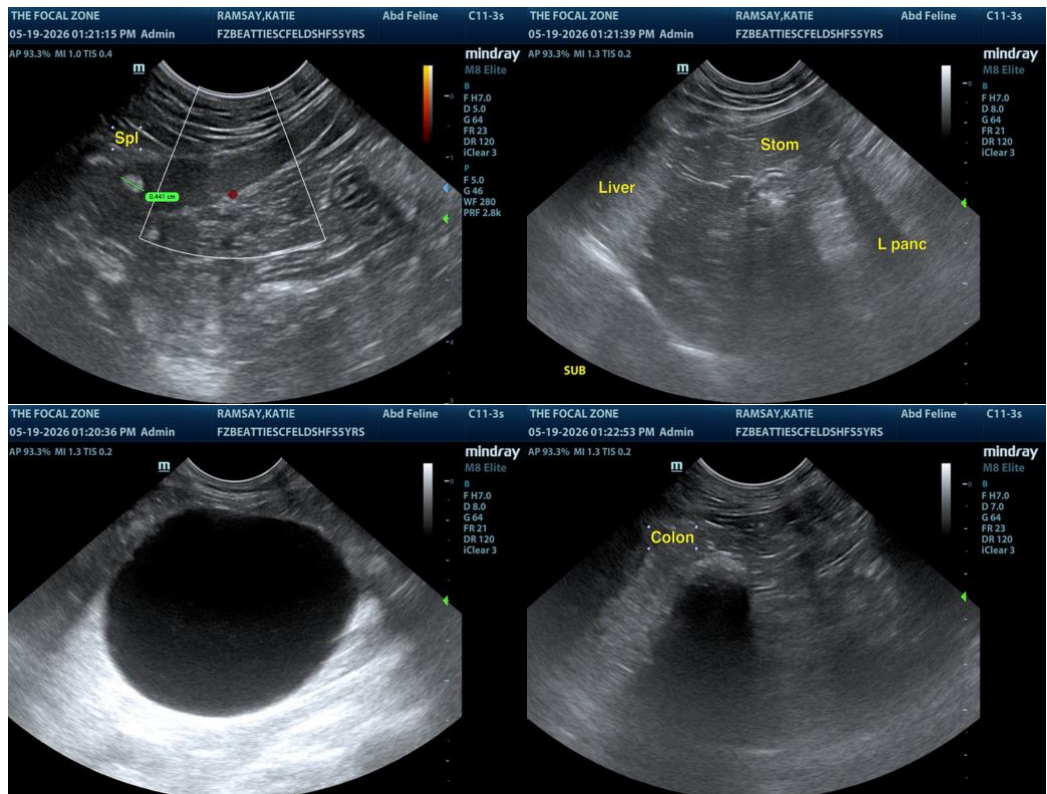
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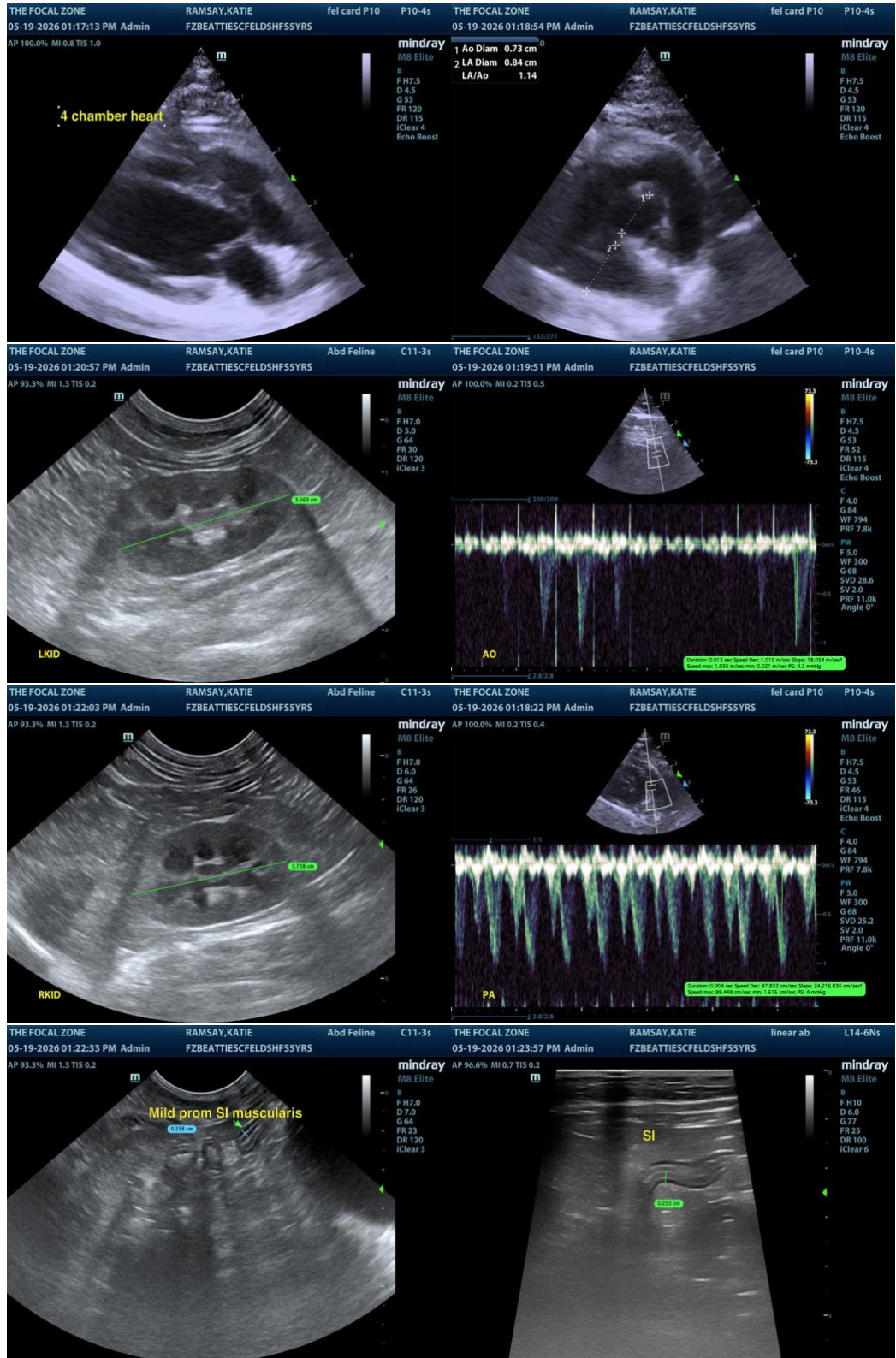
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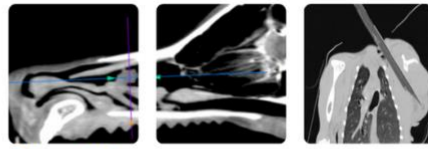
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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