


PATIENT

Percy Mandelbaum

PRESENTING CLINICAL SIGNS

Presented lethargic, anorexic, dehydrated. Rads show ascites

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: Blood work 4/7/23 during well visit. Alk Phos 116 otherwise WNL UA SG: 1.047

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN AND HEART
BREED

DSH

SEX

FS

AGE

10.5yr

WEIGHT

10lb

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		196	0.42	1.3	0.41	43	78.5
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	1.35	1.3	1.3	0.8		
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							

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

Marsh AH

REFERRING VET

Dr. Milwicki

INVOICE

13691ag

DATE

05/02/2023

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. No overt MR present on Doppler. 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. The 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. Normal measured LVOT velocity was present. 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. Mild TR present on Doppler. 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). Normal measured RVOT velocity was present. 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 – cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with a solitary small dependent cystic calculus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.



PATIENT	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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Bilateral areas of pinpoint medullary mineral were present. The left kidney measured 3.5 cm in length. The right kidney measured 4.1 cm in length.
Percy Mandelbaum	
SPECIES	
Feline	The area of the aortic trifurcation was free of pathology.
BREED	
DSH	Adrenal Glands The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.49 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.52 cm width.
SEX	
FS	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. The spleen measured 0.80 cm in width at the level of the hilus.
AGE	
10.5yr	Liver/Gallbladder The liver was mildly enlarged exhibiting normal hepatic vascular volume and without evidence of congestive criteria. Several discrete hypoechoic to non-homogenous nodules were present, an example measured 1.2 cm in diameter. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.
WEIGHT	
10lb	
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R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	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 primarily intact wall layering with 1:3 muscularis/mucosa ratio. An ill-defined non-homogenous mass was present at the level of the ileocolic junction measuring ~ 3.0 cm in diameter. Normal visible colon wall layers were present with apparent formed feces in lumen.
IMAGING PERFORMED BY	
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Marsh AH	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.
REFERRING VET	
Dr. Milwicki	Free Abdomen Moderate volume echogenic peritoneal effusion was present with generalized non-homogenous subtly nodular omentum.
INVOICE	
13691ag	ULTRASONOGRAPHIC FINDINGS
DATE	<ul style="list-style-type: none"> • Normal echocardiogram. • Mild TR. • Moderate volume mildly echogenic peritoneal effusion-non cardiogenic. • Non-specific yet suspicious hepatic nodules.
05/02/2023	



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- Ill defined mass at the subjective level of the ileocolic junction.
- Generalized non-uniform/subtly nodular omentum.

Secondary findings

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- Small dependent cystic calculus.
- Bilateral chronic renal changes, possible minor caudal left kidney cortical infarct.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

BREED

DSH

Given no evidence of cardiac disease, no reported subnormal ALB levels which would diminish oncotic pressure to the point of causing free fluid as well as the ill-defined ileocolic mass, discretely nodular omentum and suspicious hepatic nodules, multicentric neoplasia i.e., carcinomatosis/lymphomatosis or similar is of primary concern.

SEX

FS

Abdominocentesis with effusion analysis cytology +/- C/S if evidence of inflammatory criteria is recommended. FIP is technically a potential yet is considered less likely given the age of the patient.

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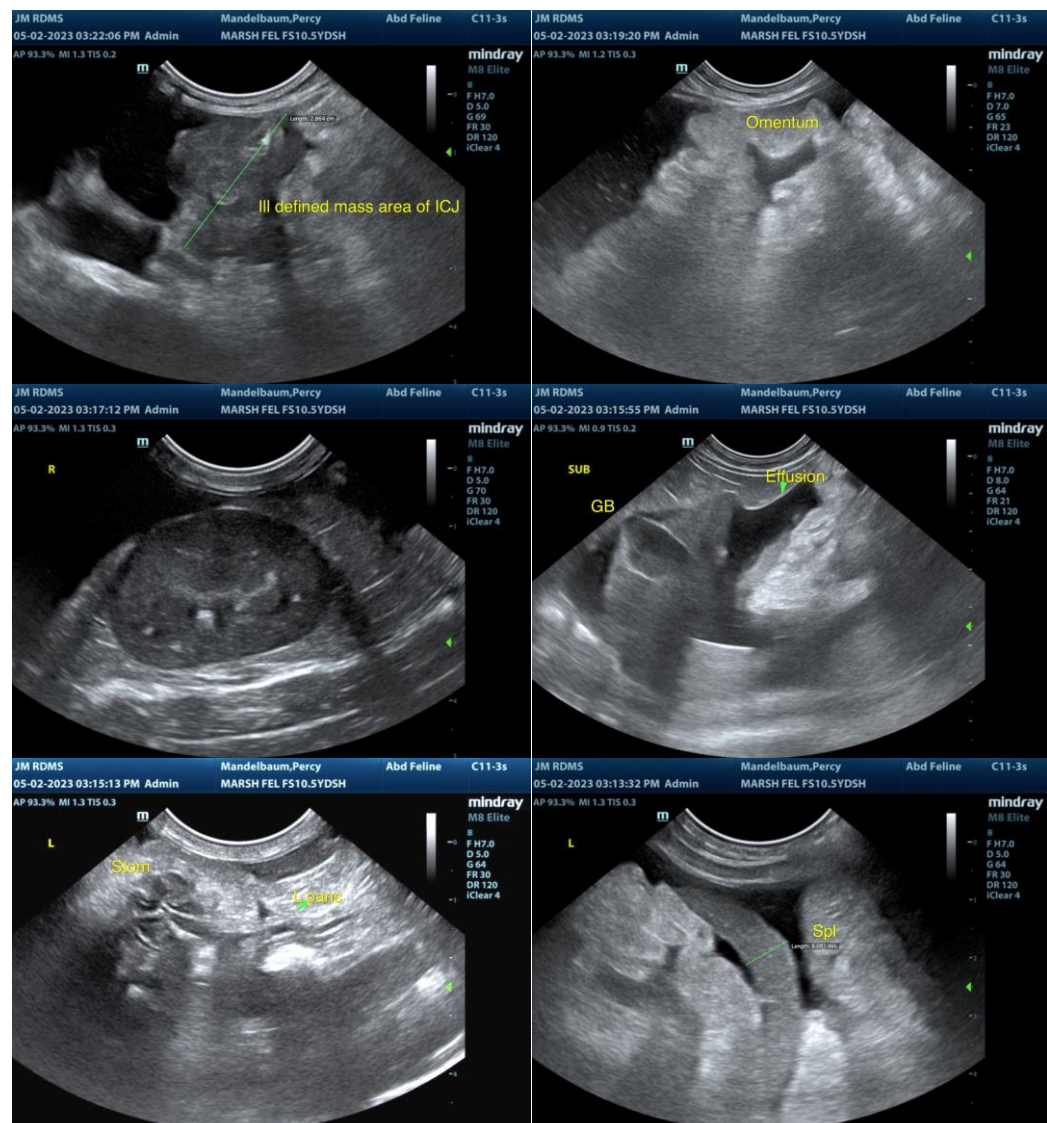
Dr. Milwicki

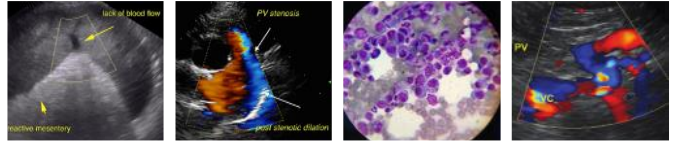
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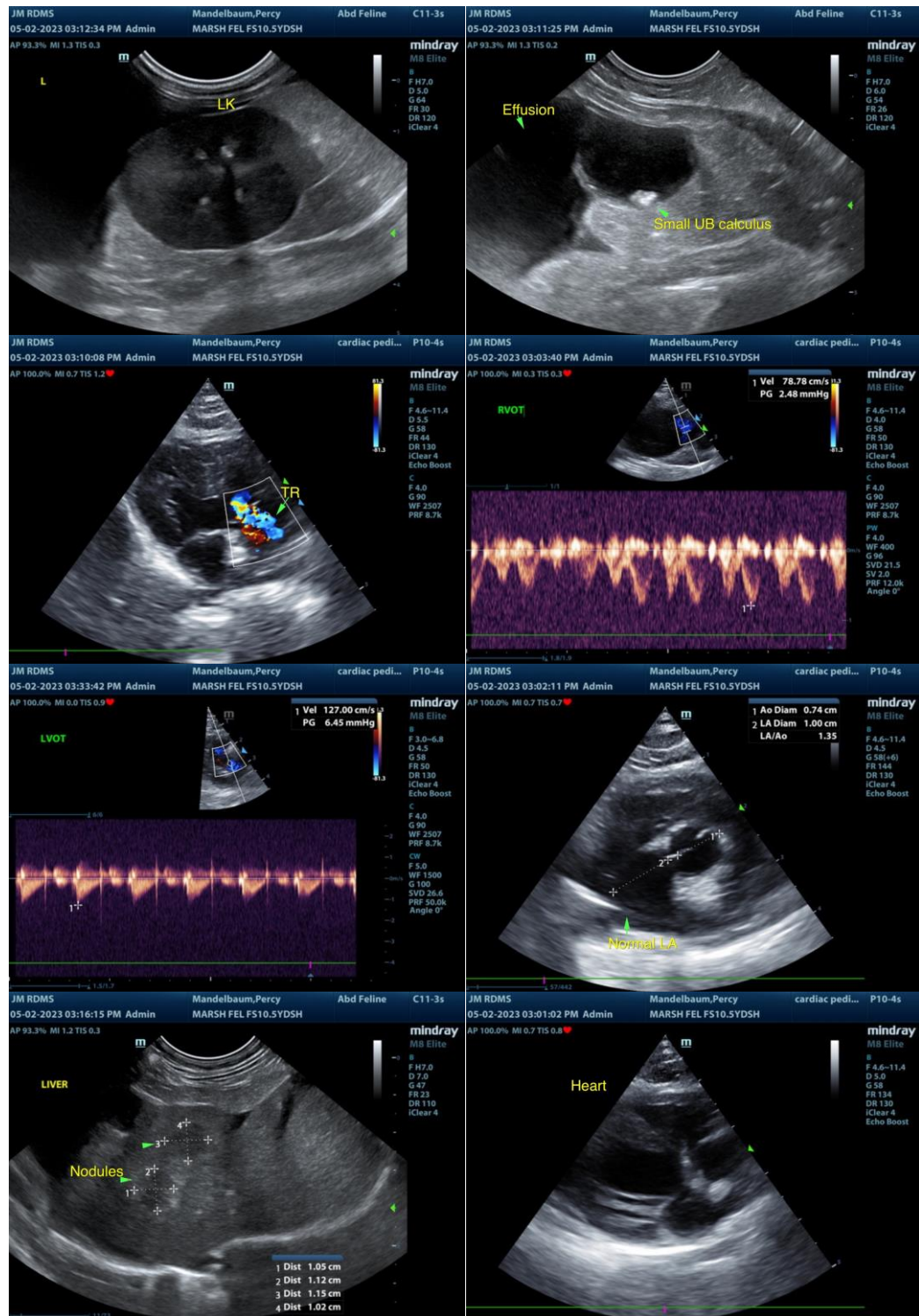
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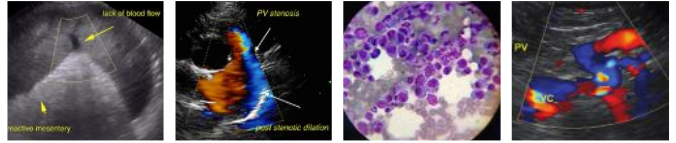
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



PATIENT

can be of any further assistance, please contact me.

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