



PATIENT

Yoda Bihler

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

6 Years

WEIGHT

17.9 Pounds

PRESENTING CLINICAL SIGNS

Pet has been lethargic, softer stools and is crying out. Sedation for scan: Gabapentin 50mg/ml 3mls @1p; Torb 3.2mg IV and Diazepam 3.2mg IV @3p
Abnormal PE/Chem/CBC/UA Results: Glucose 145 (130L); Mono0.05 (0.07 L)

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		167	0.33	1.76	0.35	38	71.5
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	1.25	1.31	1.3	1.0	0.75	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							

INTERPRETED BY

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DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

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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 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

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 changes were noted.

Normal size and margination were 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



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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 4.2 cm. The right kidney measured 4.1 cm.

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The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.43 cm. The right adrenal gland measured 0.32 cm.

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Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The spleen measured 1.0 cm in width at the level of the hilus. 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

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 gallbladder was non-distended in size containing anechoic content. The gallbladder walls were sonographically unremarkable without evidence of overt inflammatory criteria. The subjective cystic biliary duct appeared to be mildly dilated, containing anechoic content and extending caudally into mild proximal common bile duct dilation, which did not appear to extend caudally to the level of the duodenum. Common bile duct dilation measured 0.40 cm in diameter. Anechoic content present in the common bile duct without evidence of mucus or calculi.

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The stomach contained a mild amount of ingesta/chyme. Pylorus wall measured 0.31 cm.

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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. Jejunum wall measured 0.22 cm. Duodenum wall measured 0.24 cm. Ileocolic wall measured 0.41 cm. Minor evidence of reactive mesentery noted around the ileocolic junction.

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Normal visible colon wall layers were present with mild generalized colonic distention containing non-formed feces, consistent with reported soft stool to diarrhea. Descending colon wall measured 0.20 cm.

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.

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Free Abdomen

No evidence of omental lymphadenopathy or peritoneal free fluid.

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ULTRASONOGRAPHIC FINDINGS

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- Overtly normal cardiac structure and function
- Mild non-obstructive cystic biliary and proximal common bile duct dilation



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- Suspect mild colitis

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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No evidence of structural or functional cardiomyopathy as a contributing factor to the patient's clinical signs. Although non-specific, the mildly dilated cystic biliary and proximal common bile duct, which was not consistent with post-hepatic obstruction, may potentially be indicative of mild dilation owing to past episodes of cholangitis. Potentially, this may cause episodes of low-grade lethargy and anorexia. However, without reported hepatic enzyme elevations or evidence of cholestasis, this finding is non-specific.

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Fresh fecal analysis to assess for parasitic ova/giardia +/- GI panel to include PLI, TLI, cobalamin and folate to assess for or rule out occult small intestinal disease could be considered. Overall, no overt evidence of cardiac or significant abdominal or visceral pathology. Empirical supportive care for colitis may be considered if clinically indicated.

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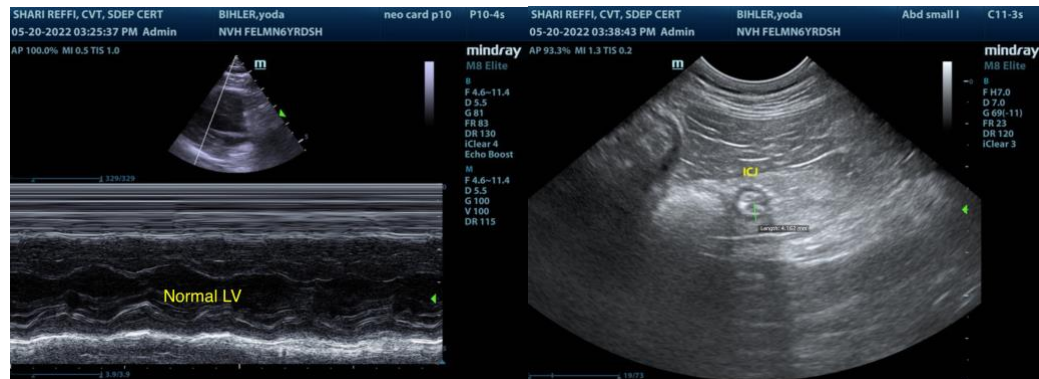
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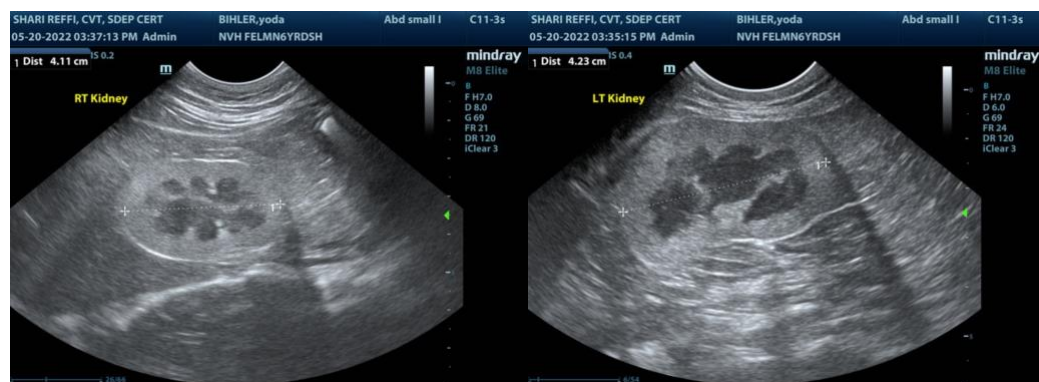
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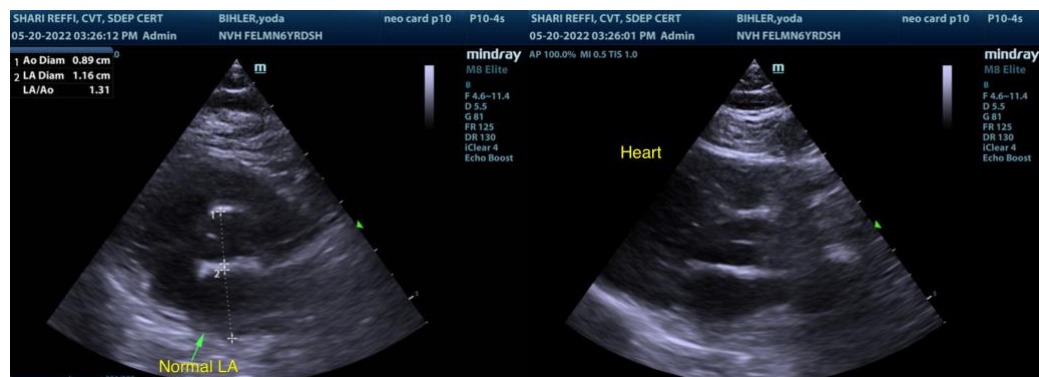
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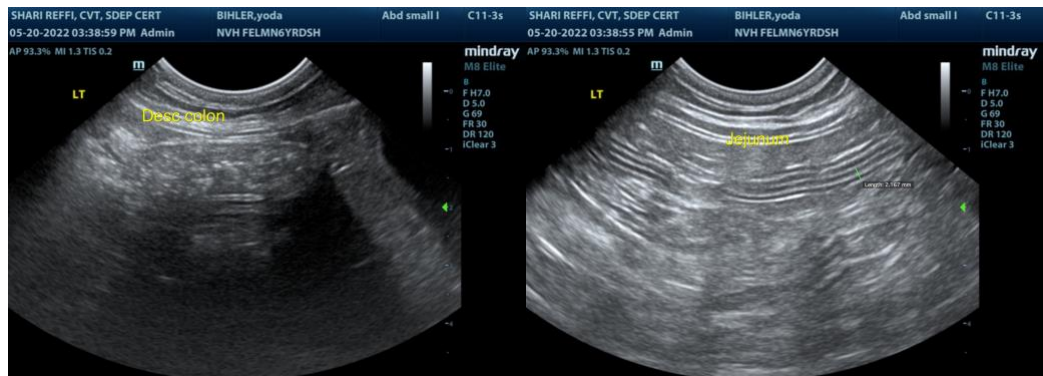
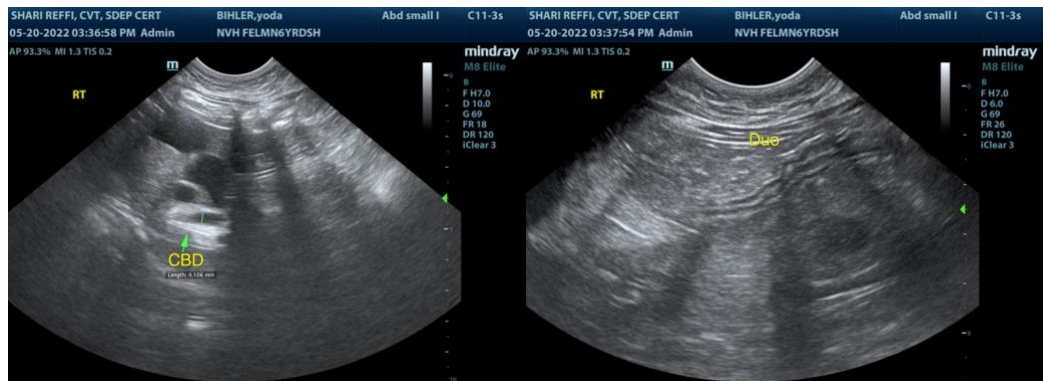
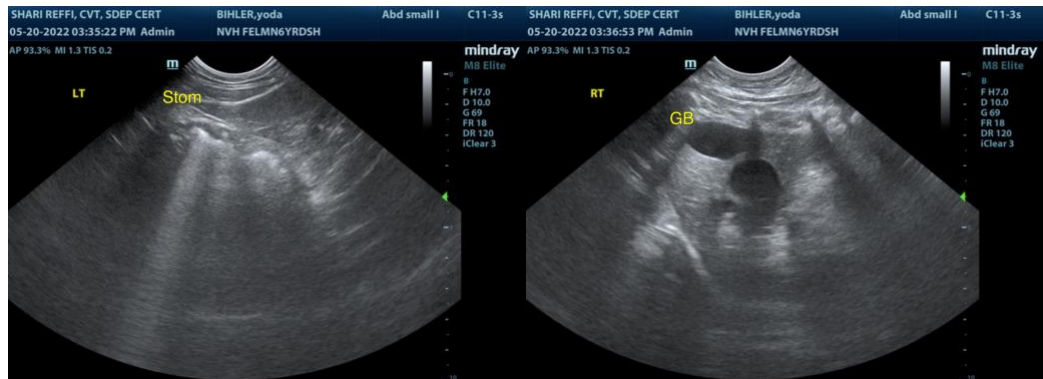
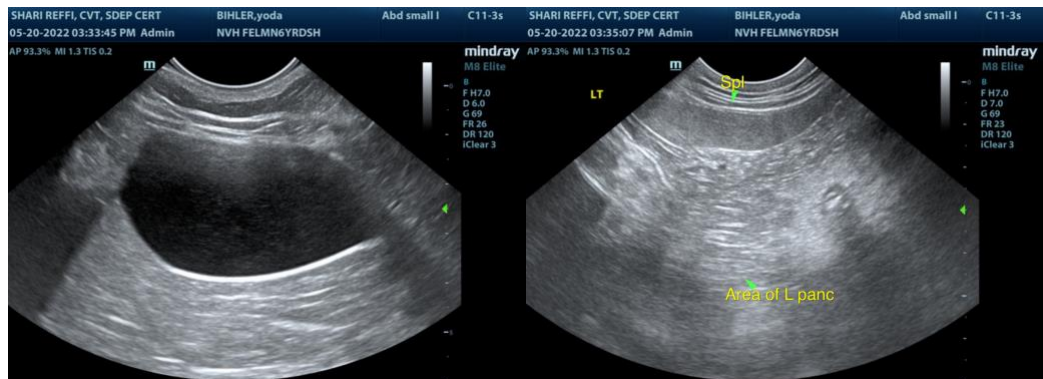
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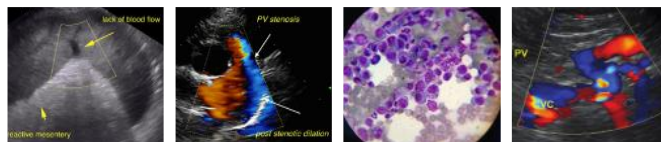
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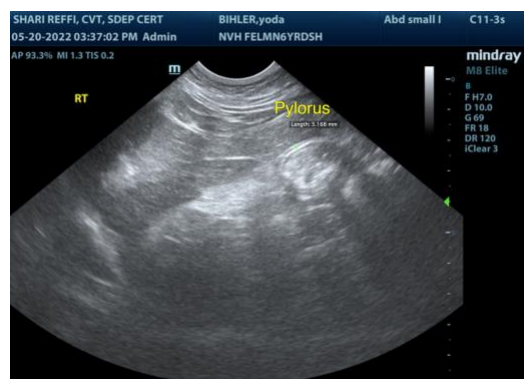
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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