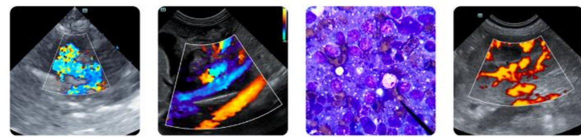


PATIENT

Marla Castellano

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

14 yrs

WEIGHT

11 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

All Creatures Denville

REFERRING VET

Dr. Ashmore

INVOICE

10904

DATE

5/21/26

PRESENTING CLINICAL SIGNS

Wellness exam check up
Abnormal PE/Chem/CBC/UA Results: Pending

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	11 lbs.	NM	0.38	1.3	0.38	48	83

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	-	1.2	1.3	-	0.8	-

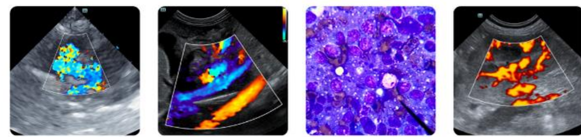
Adapted from June Boon,Veterinary Echocardiography,1998
Sisson D et al. JVIM 1991; 5: 232, Jacobs et al. Am J Vet Res 1985; 46:1705

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size 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

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild nondependent particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.



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The area of the iliac trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and indistinct corticomedullary border demarcation were noted. 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. A subtle hyperechoic corticomedullary band, consistent with a medullary rim sign, was present. This is a nonspecific finding seen in both normal and abnormal kidneys. It may be associated interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and FIP. However, it is a nonspecific finding. The left kidney measured 3.0 cm in length. The right kidney measured 3.2 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

The spleen exhibited overall normal size with primarily symmetrical contour, measuring 0.9 cm width at the level of the mid spleen. Non-capsule deforming, nonhomogeneous splenic nodule was present, measuring 1.4 cm in diameter.

Liver/ Gallbladder

The liver presented subjectively mild borderline hepatomegaly. Normal hepatic vascular volume was present. There were no visualized hepatic masses or nodules. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing primarily anechoic content with moderate congealed gallbladder debris with no evidence of wall edema. The common bile duct was not definitively visualized.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained ingesta, fluid, 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. Example of small intestinal wall width measured 0.23 cm.

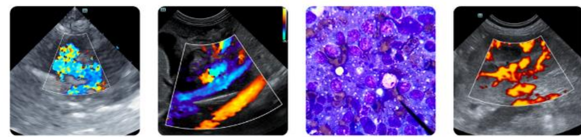
Normal visible colon wall layers were present with formed feces in lumen.

Pancreas

The pancreas was not definitively visualized owing to peritoneal effusion and increased peripancreatic omental artifact.

Free Abdomen

Generalized nonhomogeneous, indistinctly nodular omentum was noted. No obvious swollen mesenteric lymphadenopathy or definitive omental mass was visualized. Significant volume, mildly echogenic, peritoneal effusion was present.



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ULTRASONOGRAPHIC FINDINGS

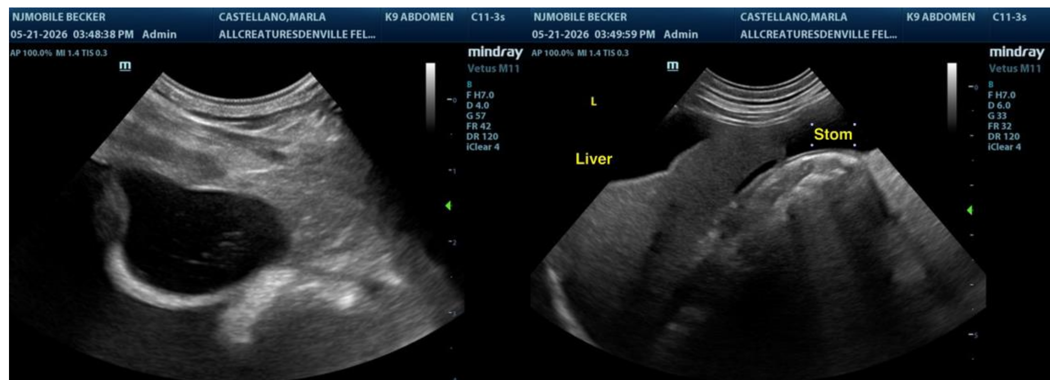
- Normal cardiac structure / function
- Significant volume mildly echogenic peritoneal effusion
- Generalized nonhomogeneous indistinctly nodular omentum
- Non-congested borderline hepatomegaly
- Splenic nodule
- Chronic renal changes with indistinct nonspecific medullary rim sign

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of structural or functional cardiomyopathy as a cardiogenic cause of the peritoneal effusion. Correlation with pending lab work and urinalysis is recommended.

Assuming no subnormal albumin that would diminish oncotic pressures to the point of causing free fluid, no evidence of passive congestion with hepatic vasculature or vena cava or significant, diffuse hepatic disease as well as no evidence of intestinal mural disease or other pathology that would be responsible for an effusion of this nature, lymphatic obstruction owing to carcinomatosis and lymphomatosis or similar is of primary concern.

Recommend abdominocentesis, rapid cytospin and rapid slide preparation of the sediment to conserve the integrity of the cells would be recommended in order to optimize the cytological interpretation. Culture of the fluid can also be considered if any suspicion of inflammatory elements is noted. FIP is technically a potential; therefore, FIP titers on the fluid may be considered if clinically indicated or pending fluid analysis; however, given the age of the patient FIP is less likely. Carcinomatosis, lymphomatosis are the primary differentials.



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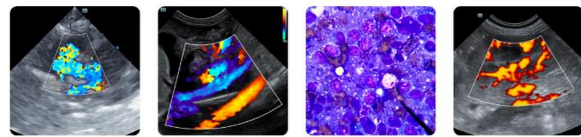

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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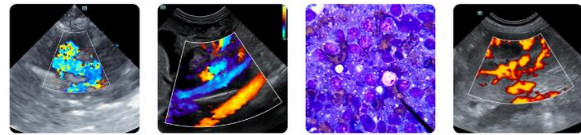

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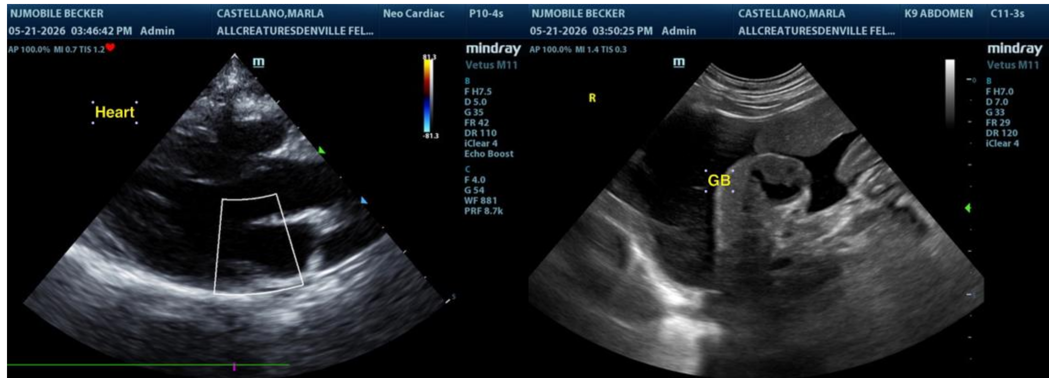

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@sonopath.com