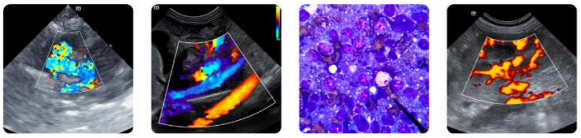



**PATIENT**

Luna Reck

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

7 years

**WEIGHT**

10 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Rebecca Hamilton

**HOSPITAL NAME**

All Creatures Denville

**REFERRING VET**

Dr. Ashmore

**INVOICE**

10914

**DATE**

5/26/26

## PRESENTING CLINICAL SIGNS

Weight loss of 2 pounds. occ. Vomiting- 2X weekly. Hx of bronchitis. No current meds
Abnormal PE/Chem/CBC/UA Results: ALB 2.4 (LN 2.5) PSL 27 (HN 26), USG 1.061

## 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 | 10 lbs. | 232 | 0.33 | 1.55 | 0.36 | 60 | 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 | - | 1.2 | 1.3 | | 1.3 | 1.1 | - |

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. 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.

The area of the iliac trifurcation was free of pathology.

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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 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 3.7 cm in length. The right kidney measured 3.6 cm in length.

## *Adrenal Glands*

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.38 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.31 cm width.

## *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.

## *Liver/ Gallbladder*

The liver was subjectively normal in size, structure, and contour. Normal hepatic vascular volume was present. 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 primarily anechoic content with mild gallbladder debris. 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. The duodenum wall measured 0.26 cm width. The jejunum wall measured 0.21 cm width.

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

## *Pancreas*

The visualized pancreas exhibited normal size, symmetrical contour, mild isoechoic nonhomogeneous parenchyma with left to right limb dilated pancreatic duct and possible, indistinct, nonmineralized pancreatic duct mucus.

## *Free Abdomen*

Focal, mildly prominent to enlarged mesenteric node was present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). The lymph node measured 1.9 cm x 0.5 cm. No evidence of peritoneal effusion was noted.

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## ULTRASONOGRAPHIC FINDINGS

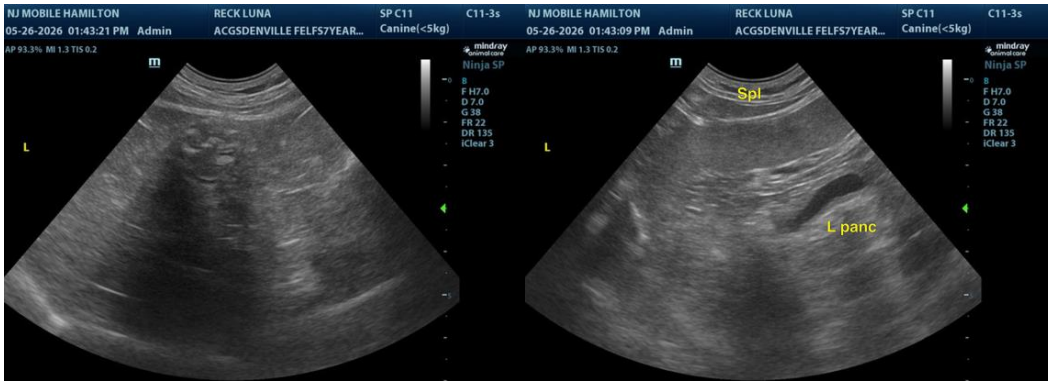
- Sonographically unremarkable empty gastrointestinal tract
- Suspect chronic pancreatitis
- Mild gallbladder debris
- Normal cardiac structure / function
- Intermittent, primarily mild mesenteric lymphadenopathy

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

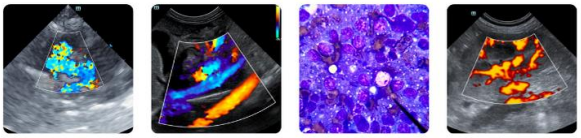
A full GI panel to include PLI/TLI/Cobalamin/Folate for further correlation with the pancreas and assess for nonstructural intestinal disease as a contributing factor to the weight loss is recommended. Three-view chest radiographs to rule out intrathoracic or esophageal pathology are suggested if not recently done. If clinically indicated, assessment of caloric plane or for a competitive eating environment is indicated. Gastrointestinal support and empirical therapy for suspect chronic pancreatitis with clinical monitoring would be appropriate.

The gallbladder debris is nonspecific yet may be associated with nonobstructive cholestasis or mild hepatobiliary inflammation, given the short half-life of hepatic enzymes in cats. Monitoring of liver enzymes is suggested.

The mild mesenteric lymphadenopathy suggests reactive hyperplasia or lymphadenitis criteria, with emerging neoplastic or metastatic lymphadenopathy felt less likely, yet not excluded.



New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



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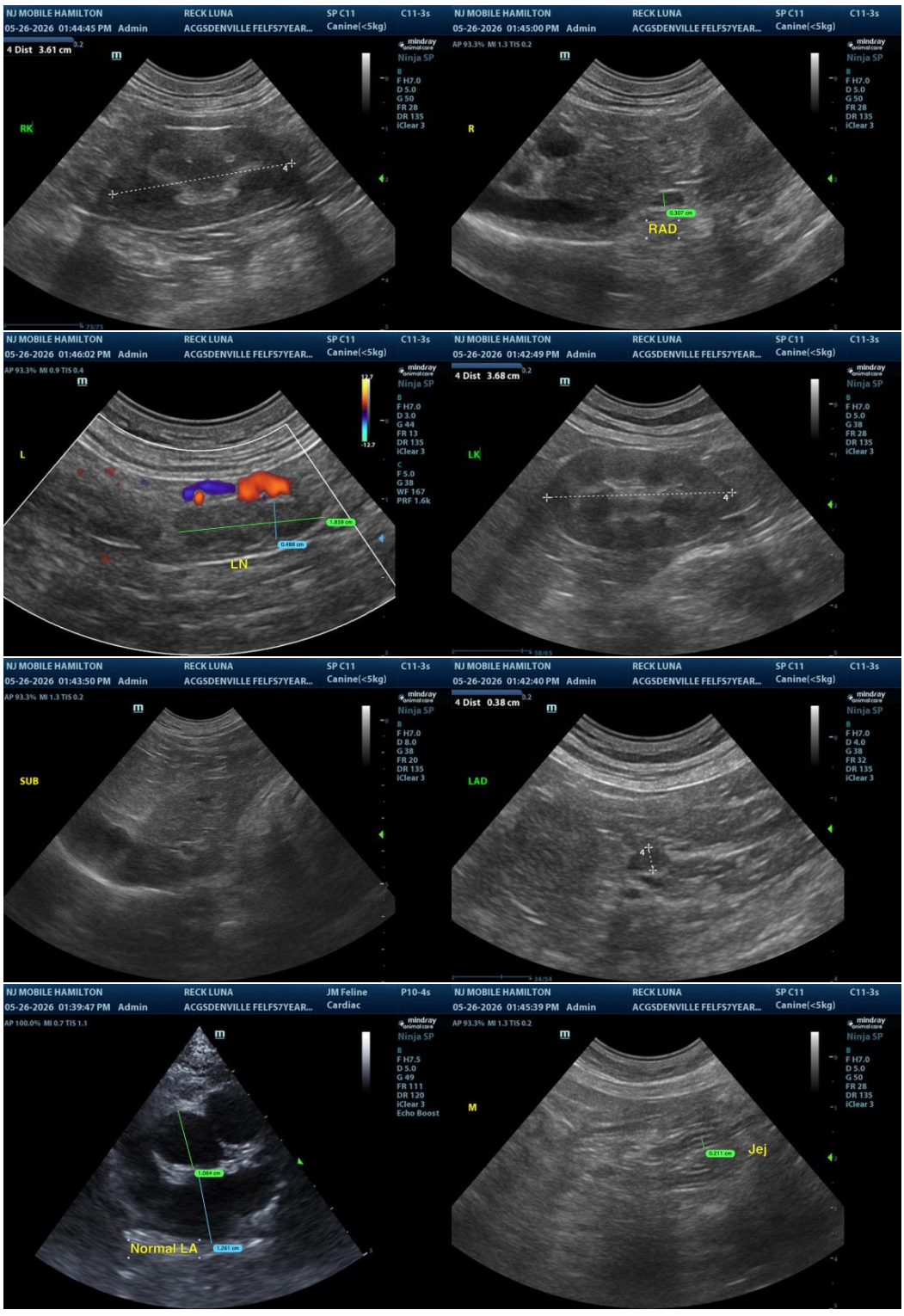

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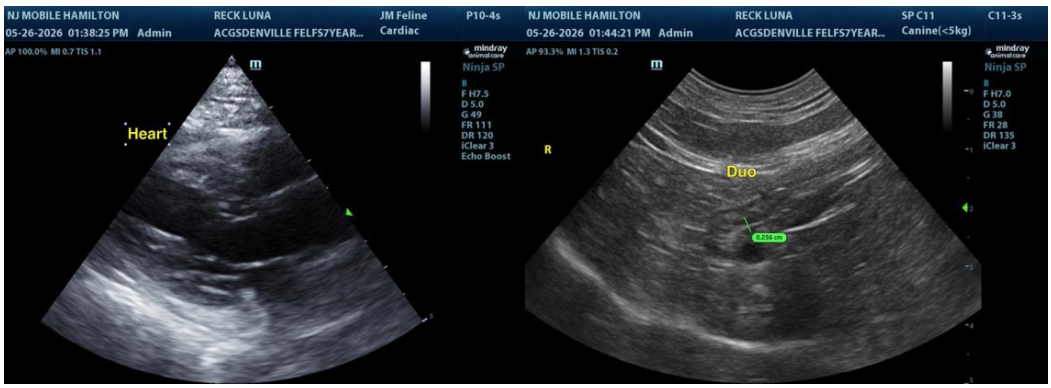


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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