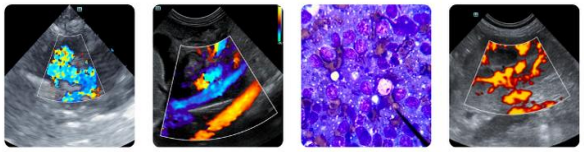


Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT
Adonis Micalizzi

SPECIES
Feline

BREED
DSH

SEX
MN

AGE
6yr

WEIGHT
15.9lb

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

IMAGING PERFORMED BY
Chloe Lowe CVT

HOSPITAL NAME
Newton Veterinary Hospital

REFERRING VET
Dr Hipkin

INVOICE
24989

DATE
06/01/2026

PRESENTING CLINICAL SIGNS

Abdominal pain, ADR, hypoxia, vomiting. Abnormal FPL. Cerenia 1mg/kg, capstar/revolution, buprenex

Abnormal PE/Chem/CBC/UA Results: Glu 209 (stress), Alt 124, Eos 0.04, Plt 84k, pct0.1%, fpL abnormal

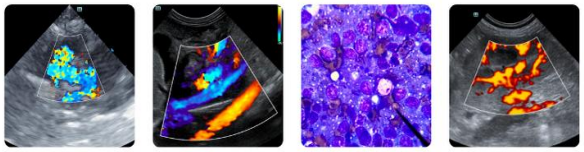
ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN AND HEART

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	15.9lb	NM	0.44	1.7	0.44	50	82
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		1.2	0.7	--
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. 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. No overt 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



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The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild non-dependent particulate sediment. The ureteral papillae were normal. The ureters were not visible, which is normal. No evidence of inflammatory or neoplastic changes was 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 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 4.5 cm in length. The right kidney measured 4.4 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.47 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.53 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. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was subnormal in size with subjective mildly dilated cystic duct and mild gallbladder debris. The common bile duct was normal.

Gastrointestinal

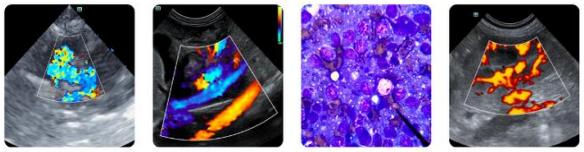
The stomach presented intact wall layering with a normal wall layer ratio. Subjective borderline prominent pylorus wall without evidence of obstruction to pyloric outflow. The lumen of the stomach contained mild non-shadowing ingesta sonographically suggestive of food echogenicity with no signs of obstruction or foreign material. The pylorus wall measured 0.35 cm in width.

The duodenum exhibited intact subjective borderline prominent wall with mild upper duodenal distention with non-shadowing ingesta / chyme. No obstruction to duodenal outflow. The duodenum wall measured 0.32 cm width. The jejunum wall measured 0.23 cm width.

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

Pancreas

The left/right pancreas was prominent in size with mildly swollen asymmetrical contour exhibiting mild non-homogenous hypoechoic parenchyma compared to adjacent omentum.



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Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Normal echocardiogram
- Mild urine sediment
- Mild mildly prominent to swollen non-homogenous hypoechoic pancreas- consistent with subjective mild pancreatitis
- Intact pylorus and duodenum wall with mild non-shadowing gastroduodenal ingesta / chyme
- Mild hepatopathy pattern
- Non-distended gallbladder with subjective mildly dilated non-obstructive cystic duct, mild gallbladder debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Clinical signs secondary to pancreatitis with suspect concurrent upper gastrointestinal inflammation and potential associated metabolic gastroduodenal ileus is probable. No evidence of mechanical gastrointestinal obstruction or significant mural pathology. The hepatopathy and gallbladder debris may suggest primary or secondary low-grade inflammatory hepatobiliary disease or reactive hepatopathy secondary to pancreatitis. No evidence of post-hepatic stasis. Potential emerging triaditis may be a possibility if persistent or recurrent gastrointestinal signs. No evidence of neoplastic criteria.

Supportive care for pancreatitis including hepatogastrointestinal support and clinical monitoring at this stage is indicated. Recheck sonogram recommended if non-responsive or persistent gastrointestinal /clinical signs or evidence of progressive hepatopathy.

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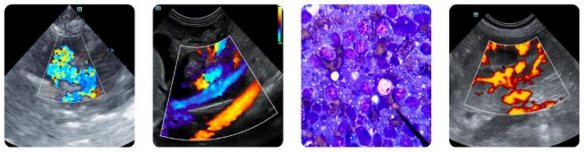

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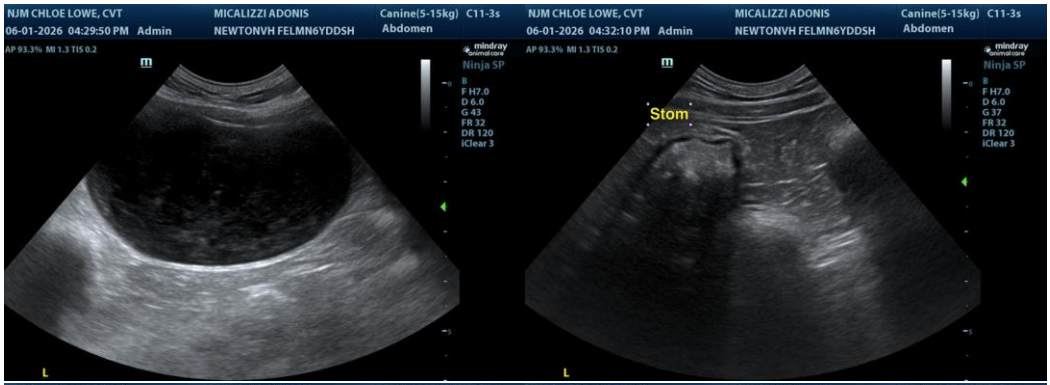

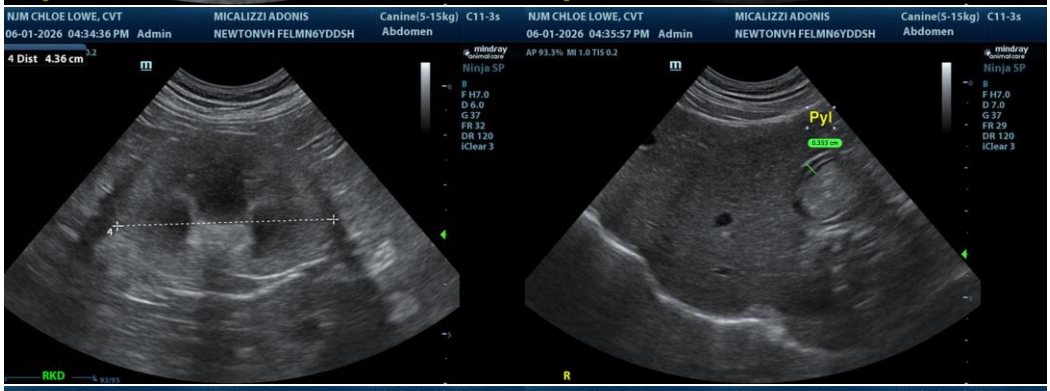

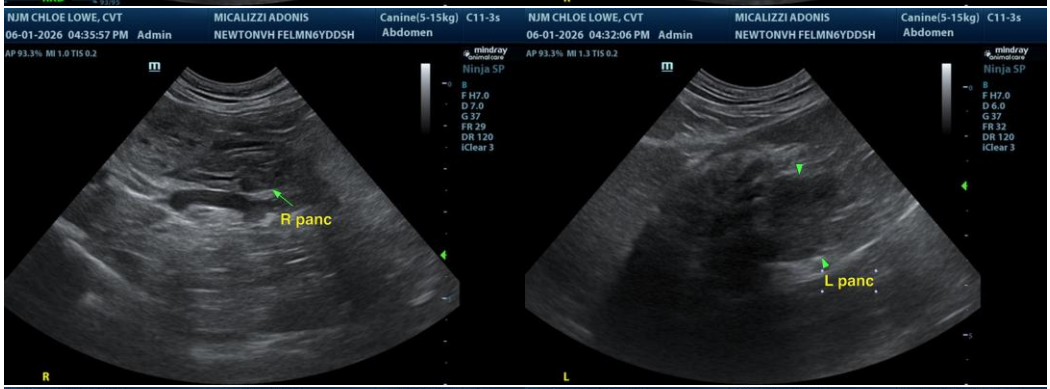

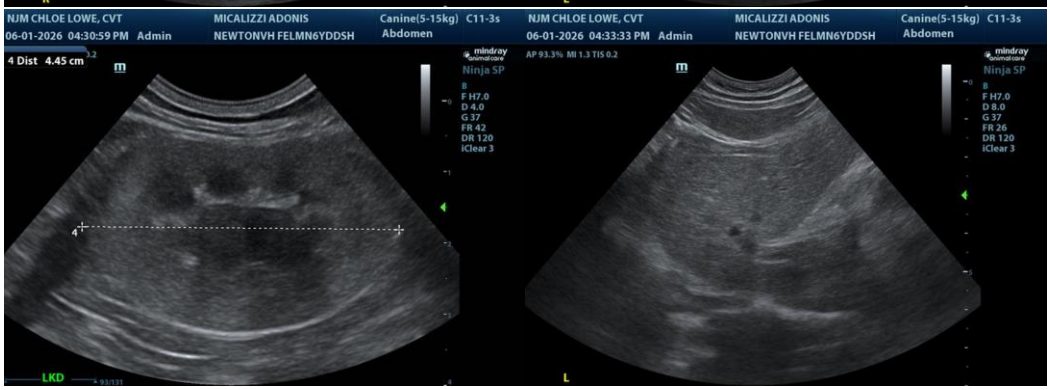

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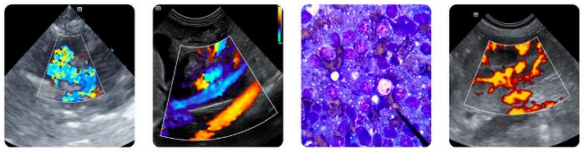

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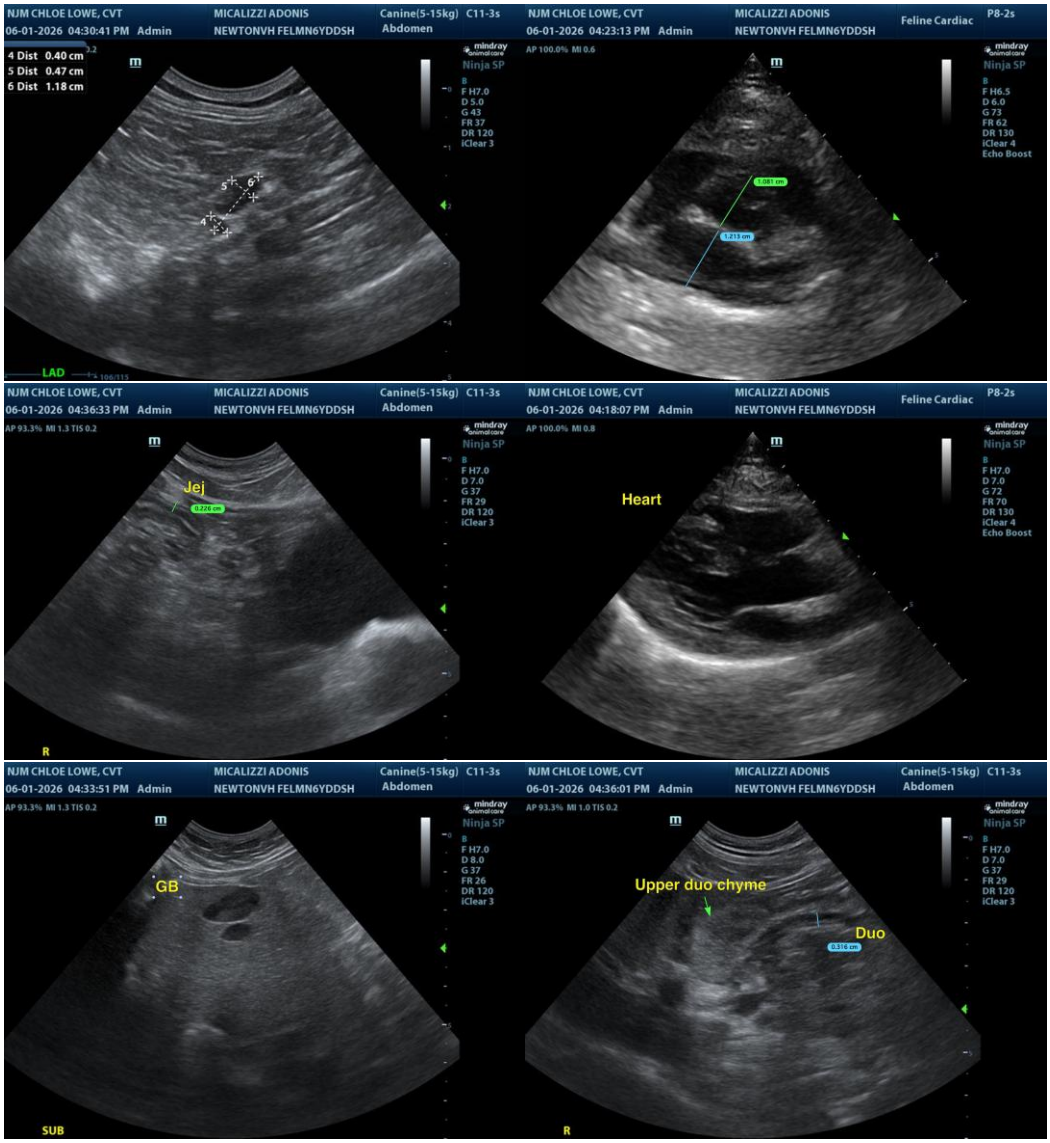

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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