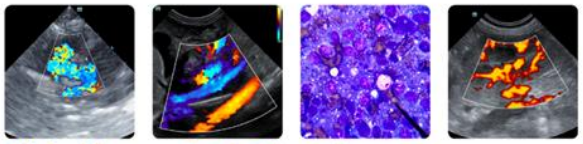


PATIENT

Rascal Byrnes

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

11

WEIGHT

16.5

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal Hospital

REFERRING VET

Dr Maniar

INVOICE
24985

DATE
06/01/2026

PRESENTING CLINICAL SIGNS

sneezing

Abnormal PE/Chem/CBC/UA Results: TP 10.3 Glob 7.3

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN AND HEART

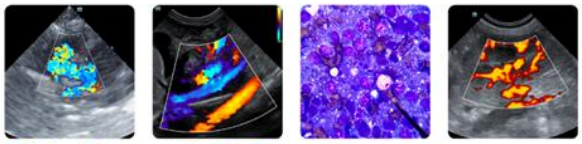
FELINE CARDIAC PARAMETERS	**BODY WEIGHT**	**HR** (BPM)	**IVSd** (cm)	**LVIDd** (cm)	**LVWd** (cm)	**FS** (%)	**EF** (%)
NORMAL PARAMETER	------	150-240	0.3-0.6	1.0-2.1	0.25-0.6	35-67	80-100
PATIENT	16.5	211	0.46	1.6	0.5	59	92
FELINE CARDIAC PARAMETERS	**LA/AO** M-Mode	**LA/AO HEART BASE** (Sisson)	**LAD** 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	--	1.25	1.4		--	1.1	--
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 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. 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

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 no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.



PATIENT

Rascal Byrnes

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

11

WEIGHT

16.5

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal Hospital

REFERRING VET

Dr Maniar

INVOICE
24985

DATE
06/01/2026

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. The left kidney measured 4.6 cm in length. The right kidney measured 4.7 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

Spleen

The spleen was borderline enlarged in size with maintained symmetrical capsule contour. Subtle non-homogenous micronodular splenic parenchyma. No definitive mass. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The spleen measured 1.1 cm in width at the level of the mid spleen.

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 non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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 exhibited segmental thickened mid-abdomen intestine consistent with jejunum location exhibiting altered to indistinct / loss of wall layer detail. Thickened small intestine measured up to 0.49-0.50 cm in width. Concurrent non-thickened small intestine exhibiting maintained wall layer ratio measured 0.24 cm in width.

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

Pancreas

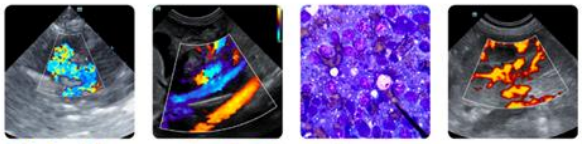
The area of the pancreas was sonographically normal.

Free Abdomen

No evidence of peritoneal effusion was present.

Mildly enlarged, hypoechoic mid to cranial abdomen jejunal lymph nodes were present. The lymph nodes exhibited symmetrical to rounded margination with abnormal width: length ratio (>0.5). The enlarged lymph nodes were bordered by echogenic to reactive mesentery. The mesenteric root lymph nodes measured 1.9 cm length and 1.5 cm width.

ULTRASONOGRAPHIC FINDINGS



PATIENT

Rascal Byrnes

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

11

WEIGHT

16.5

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal Hospital

REFERRING VET

Dr Maniar

INVOICE
24985

DATE
06/01/2026

Primary

- Normal cardiac structure / function
- Borderline / mild splenomegaly with non-homogenous subtle micronodular parenchyma
- Segmentally thickened small intestine exhibiting altered to indistinct/ loss of wall layering
- Mild hypoechoic swollen jejunal lymphadenopathy
- Age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of structural or functional cardiomyopathy as a contributing factor to the patient's respiratory signs. No indication for cardiac medications.

Although sampling is required for further clarification, primary concern for emerging multicentric splenic, segmental intestine and lymphatic neoplasia is indicated given subtle micronodular splenic parenchyma, segmental thickened intestine with altered to indistinct / loss of wall layering and hypoechoic swollen mesenteric lymphadenopathy. Underlying inflammatory /infectious disease not excluded yet thought less likely.

Further assessment may include assuming normal clotting status, using a 25g needle, splenic and lymph node FNA cytology +/- protein electrophoresis. Recheck retroviral status could be considered in conjunction with thoracic radiographs if not done. Respiratory and as needed gastrointestinal support is indicated. Biopsies may be required for a definitive diagnosis.

PATIENT

Rascal Byrnes

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

11

WEIGHT

16.5

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

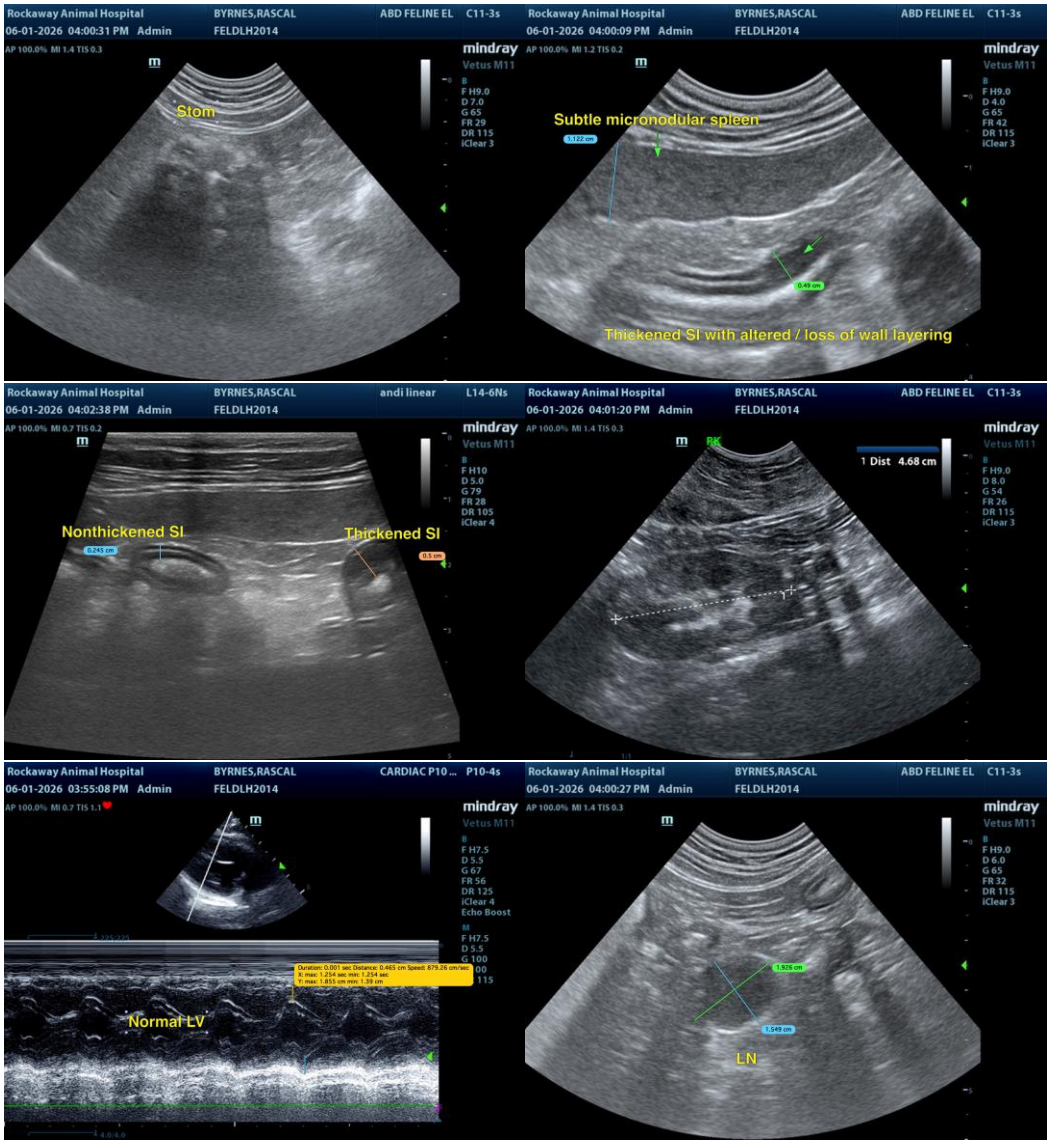
Rockaway Animal Hospital

REFERRING VET

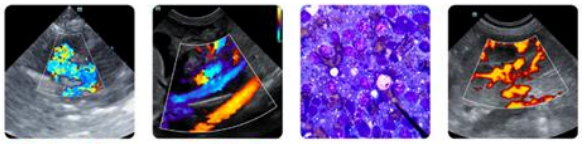
Dr Maniar

INVOICE
24985

DATE
06/01/2026



SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Rascal Byrnes

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

11

WEIGHT

16.5

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

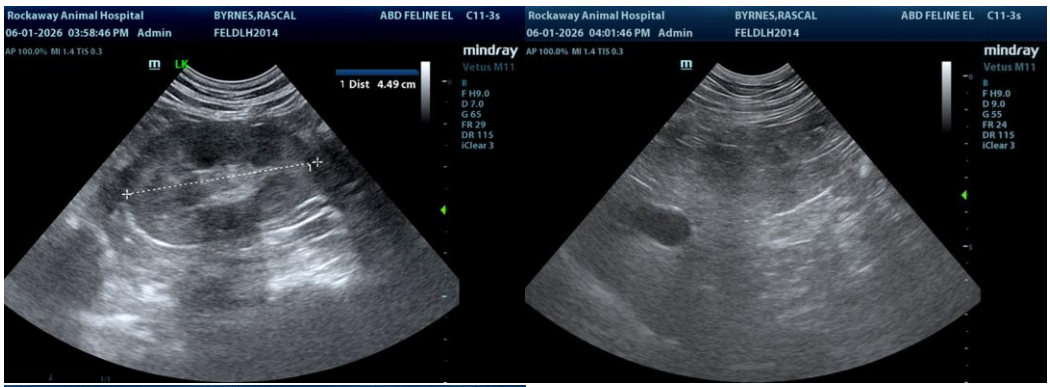
Rockaway Animal Hospital

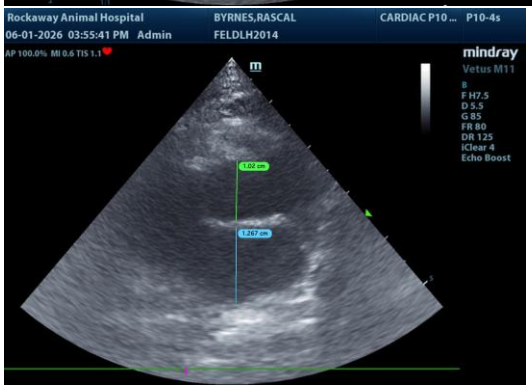
REFERRING VET

Dr Maniar

INVOICE
24985

DATE
06/01/2026





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