



PATIENT PRESENTING CLINICAL SIGNS

Maisey Emerson

History: Harsh sound on each lung field , noise from the trachea upon palpating Not improved much on Convenia injection, Harsh sound in both lung fields, eating but picky, upon palpating the trachea, noise elicited meds: Clavaseptin 62.5mg q12h

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: X-Ray 3 view chest approved , revealed bronchial pattern and elevated trachea with possible atelectasis or cranial mediastinal mass or pulmonary tumor

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ULTRASONOGRAPHIC EXAMINATION OF THE HEART & ABDOMEN

SEX

Intact Female

AGE

5 Years

WEIGHT

2.85 kg

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	--	228	0.52	1.54	0.45	49	83.5
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	1.2	1.2	1.25	1.1	0.97	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

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

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. Primarily anechoic urine was present in the lumen. Mild

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Kelly Reschny

HOSPITAL NAME

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Dr. Williams

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PATIENT

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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.

SPECIES

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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 pyelectasia. The left kidney measured 3.2 cm in length. The right kidney measured 3.95 cm in length.

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Adrenal Glands

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

SEX

Intact Female

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.25 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 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 with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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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.

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The small intestine exhibited intact wall layering and without evidence of overt mural hypertrophy yet segmental to generalized propensity for mildly prominent muscularis layer. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The small intestinal wall measured 0.26 cm.

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

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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

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No overt lymphadenopathy or peritoneal effusion was present.

Other



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The uterus exhibited mild subjective prominent size. Subjective mild heterogeneous to cystic endometrium noted. No overt evidence of uterine intraluminal fluid present. The uterus body measured 0.63 cm in width.

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No overt pathology noted in the left or right ovaries.

BREED

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ULTRASONOGRAPHIC FINDINGS

SEX

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- Normal echocardiogram
- Prominent to subjective cystic uterus- suspect cystic endometrial hyperplasia, no overt pyometra
- Mild urinary bladder sediment- cellular debris/protein, minor crystalline debris or mucus possible
- Intact small bowel walls with subjective propensity for segmental to generalized mildly prominent muscularis layer- nonspecific

AGE

5 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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An obvious pulmonary abnormality, i.e., overt mass, nodule, lymph node or other pulmonary pathology was not definitively evident yet potentially could be overlaid with aerated lung, which can make small pulmonary lesions difficult to visualize. The overall cardiac presentation, which was overtly normal and without clinical issues, such as LV systolic dysfunction, left or right heart chamber enlargement or overt clinical pulmonary hypertension was not consistent with cardiogenic harsh lung sounds or other respiratory abnormalities. No indication for cardiac medications. Lower-airway sampling may be required for further assessment.

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Although non-definitive, given the lack of reported gastrointestinal signs in this patient, the small intestine exhibited subtle mural changes, which may suggest underlying inflammatory enteropathy. Continued monitoring for the development of gastrointestinal signs or weight loss would be reasonable. If these clinical signs are noted, a GI panel to include PLI/TLI/Cobalamin/Folate could be considered.

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Urinalysis +/- culture and sensitivity, if evidence of inflammatory cells, is suggested.

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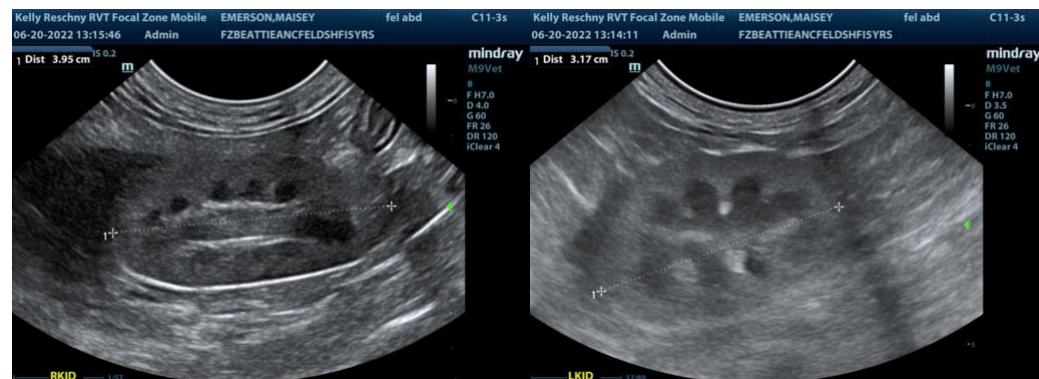
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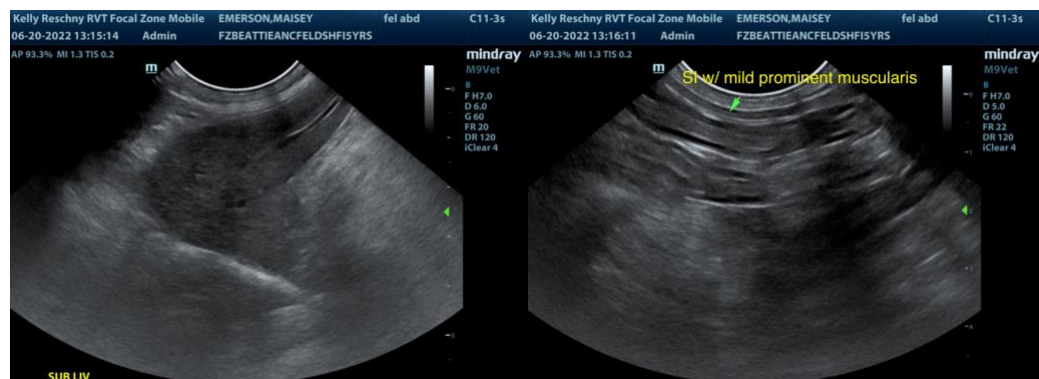
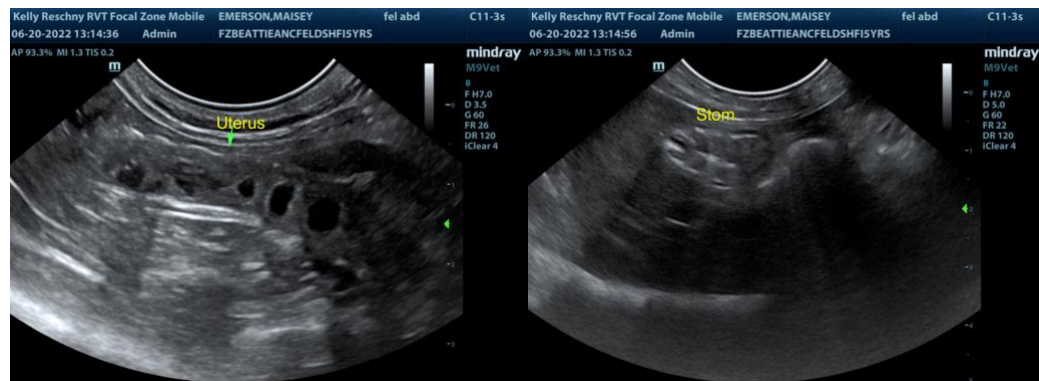
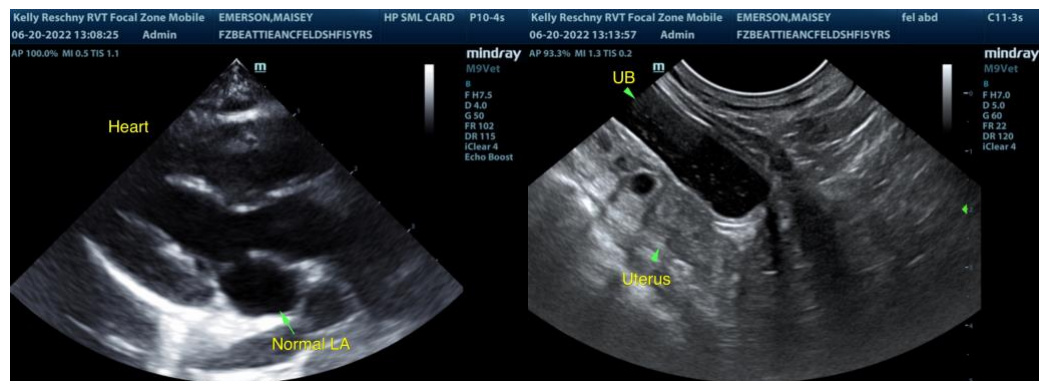
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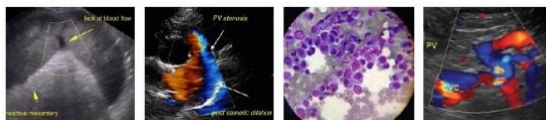
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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