



PATIENT

Bubba Wechtler

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

11 years

WEIGHT

16.9 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

mildand Park VH

REFERRING VET

Dr. John Shokoff

INVOICE

14244

DATE

7/7/22

PRESENTING CLINICAL SIGNS

Presented for tachypnea on 7/1, chest rads revealed mild pleural effusion with no obvious cause. Placed on Lasix while pending blood work and ProBNP and effusion resolved, but patient still tachypnic. Meds: furosemide 10mgs BID.

Abnormal PE/Chem/CBC/UA Results: Calcium 11.8, CPK 1042, absolute neuts 10,087, neutrophils 779, lymph 17%.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART & ABDOMEN

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		144	0.51	1.47	0.54	53.1	88
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	1.25	1.1	1.1	1.2	1.25	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							

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.



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Urinary System

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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 was noted.

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The area of the aortic trifurcation was free of pathology.

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. A solitary thinly-walled cortical cyst was present in the cranial right kidney. The cranial right kidney cortical cyst measured 0.76 cm diameter. No evidence of pelvic dilation was present. The left kidney measured 4.5 cm in length. The right kidney measured 4.7 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 0.52 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.48 cm width.

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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. The spleen measured 0.82 cm width at the level of the hilus.

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Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. Intermittent thinly-walled intraparenchymal cysts were present. 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

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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 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.

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



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Pancreas

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The pancreas was mildly prominent in size with minor asymmetrical contour exhibiting isoechoic to mildly hypoechoic parenchyma compared to adjacent peripancreatic omentum.

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Free Abdomen

BREED

No overt lymphadenopathy, omental masses, or peritoneal free fluid was present. Subjective increased amount of peritoneal and retroperitoneal fat was present.

DSH

ULTRASONOGRAPHIC FINDINGS

SEX

- Normal echocardiogram
- Mild chronic renal changes with right kidney cortical cyst
- Intermittent benign hepatic cysts
- Mildly prominent to hypoechoic pancreas

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Overtly normal cardiac structure and function without clinical issues such as left or right heart chamber enlargement, LV systolic dysfunction, or overt clinical pulmonary hypertension. No obvious evidence of free pleural fluid or evidence of cardiac or pericardial neoplastic criteria. The cardiac presentation was not consistent with an underlying cardiogenic cause of the tachypnea. Consideration for primary lower airway disease i.e., Inflammation, infectious, etc., is likely Indicated. No indication for cardiac medications is evident.

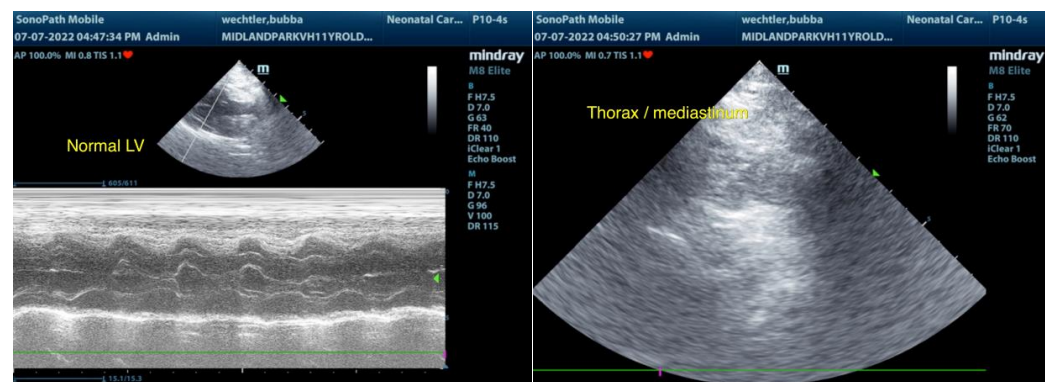
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Largely mild geriatric abdomen without evidence of significant visceral pathology. Potential for low-grade pancreatitis is possible if evidence of cranial abdominal or subxiphoid discomfort on palpation or if previous or current clinical signs which may suggest pancreatitis. Correlation with a Spec fPL could be considered.

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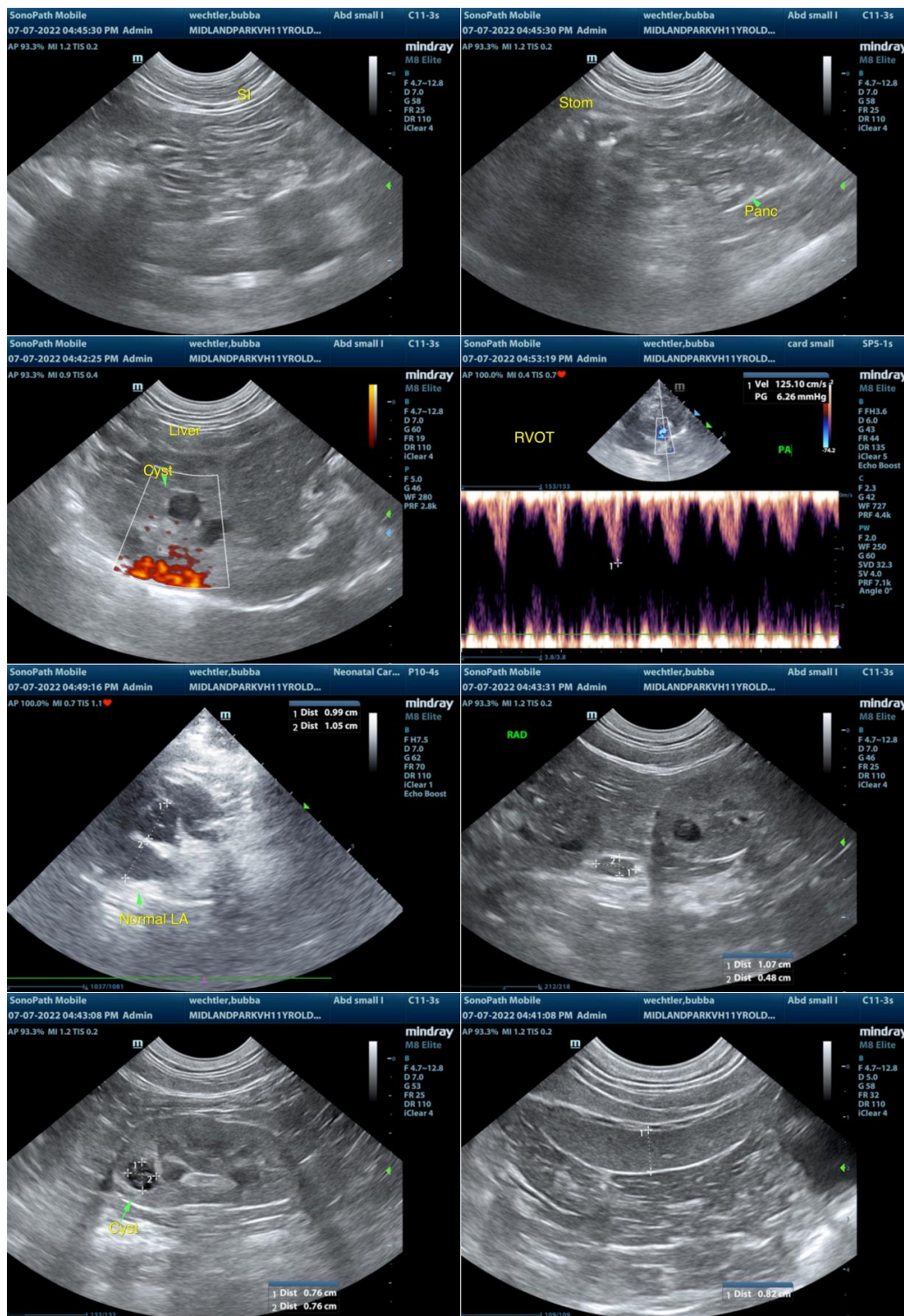
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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