


PATIENT PRESENTING CLINICAL SIGNS

Jackson Sukhdeo

History: Presented as weak and lethargic for past 2 days. Vomited at least 1x. Losing weight over past couple weeks. (2.5kg loss since last weight in March 2022). History of idiopathic chylothorax since 2020, has been managed on Rutin and thought doing well. Patient is severely jaundiced. meds: Buprenorphine 0.02mg/kg IV BID, Cerenia 1mg/kg SID, Metronidazole 8mg/kg IV BID, Cefazolin 22mg/kg IV TID

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: please see attached rads and labs hr 156, RR 24

BREED

DSH

SEX

MN

AGE

7yr

WEIGHT

5.1kg

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN AND HEART

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		215	0.56	1.5	0.55	63.3	96.6
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	1.34	1.45	1.2	1.9	1.45		

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 fluid was noted or extra cardiac pathology in the visible planes. Scant to minor free pleural fluid was noted with subjective increased echogenicity of pericardial tissues.

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 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.

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Kelly Reschny

HOSPITAL NAME

 Beattie Pet Hospita;
 Stoney Creek

REFERRING VET

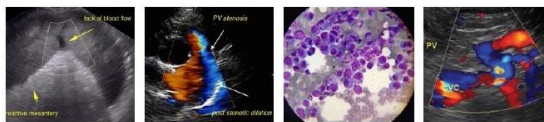
Dr. Mellish

INVOICE

11337ag

DATE

08/10/2022



PATIENT

Jackson Sukhdeo

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 4.2 cm in length. The right kidney measured 4.5 cm in length.

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The area of the aortic trifurcation was free of pathology.

Adrenal Glands

BREED

DSH

No overt pathology in the area of the left adrenal gland. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.36 cm width.

Spleen

SEX

MN

The spleen exhibited subtle parenchyma heterogeneity. 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 0.76cm in width at the level of the hilus.

AGE

7yr

Liver

WEIGHT

5.1kg

The liver presented moderately to markedly increased in size. The parenchyma of the liver was subjectively increased in echogenicity compared to the spleen and renal cortices. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was mildly distended in size with primarily anechoic luminal content. Minor dilation of the cystic biliary duct was present.

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained minor retained anechoic fluid with no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.20 cm in width.

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The small intestine presented intact yet generalized prominent wall layering with prominent muscularis layer. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The small intestine wall measured 0.3 cm in width.

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Stoney Creek

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

Pancreas

The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic to generalized hyperechoic reactivity / inflammation. No overt evidence of neoplasia.

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Free Abdomen

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Mild volume peritoneal free fluid was present.

ULTRASONOGRAPHIC FINDINGS

DATE

08/10/2022

- Normal echocardiogram
- Moderate to marked hepatomegaly with parenchyma hyperechogenicity



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- Subjective distended gallbladder without evidence of post hepatic obstruction-suspect cholangitis/cholecystitis
- Generalized thickened small bowel walls, suggestive of inflammatory enteropathy-inflammatory vs neoplastic
- Hypoechoic to prominent pancreas-suggestive of concurrent pancreatitis even with normal spec fPL
- Mild volume peritoneal and suspect scant to minor pleural free fluid

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

BREED

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Assuming normal clotting status and using a 25g needle and with vit K pretreatment, hepatic FNA for cytology is warranted. A fructosamine level if clinically applicable as well as a GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Pending additional diagnostics aggressive medical therapy for cholangiohepatitis, pancreatitis and/or triad disease with monitoring of BG levels and potential insulin therapy if clinically applicable +/- feeding tube placement would be reasonable. If possible concurrent peritoneal effusion analysis cytology +/- C/S could be considered for further assessment. A recheck sonogram recommended pending clinical response to therapy.

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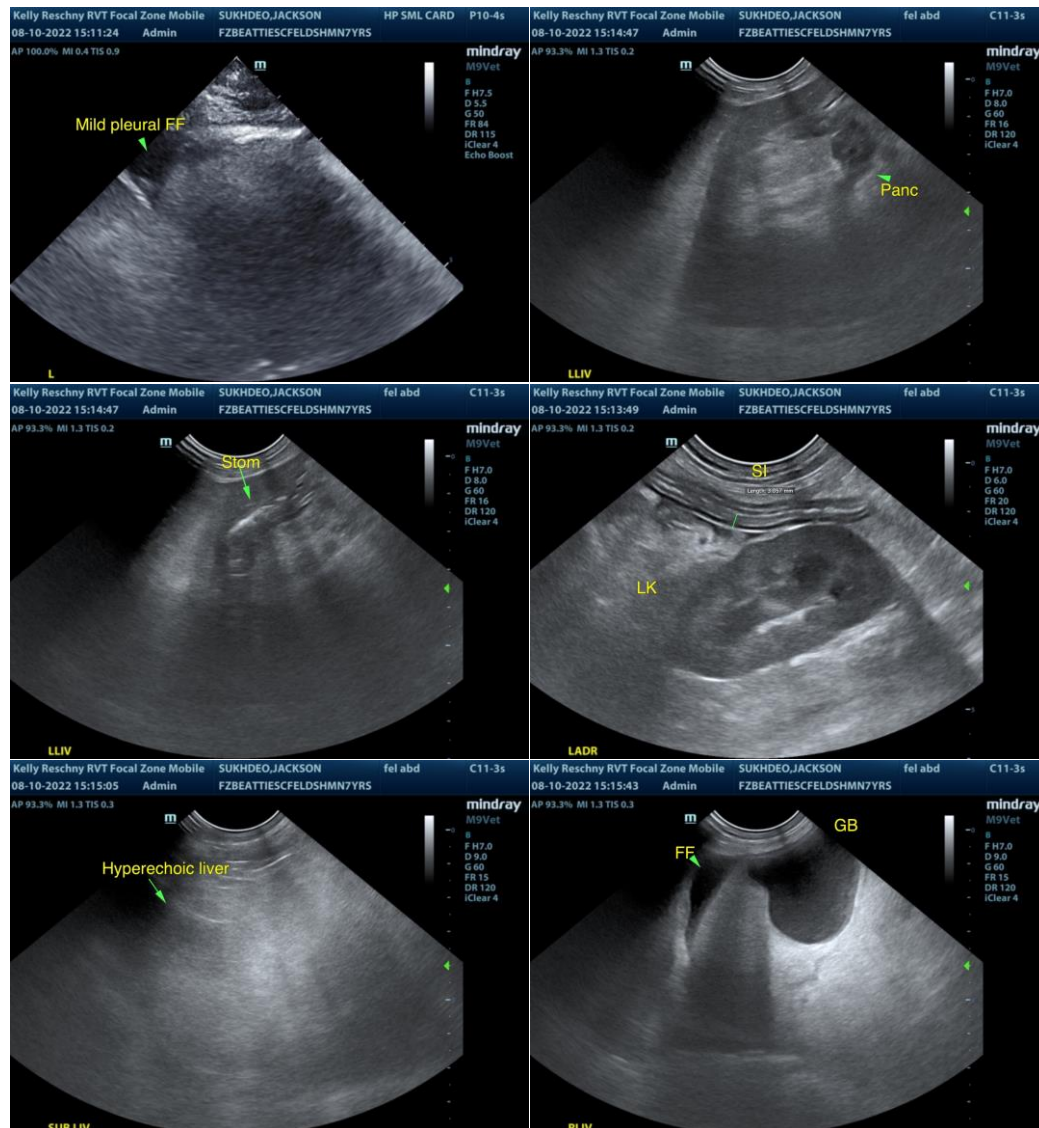
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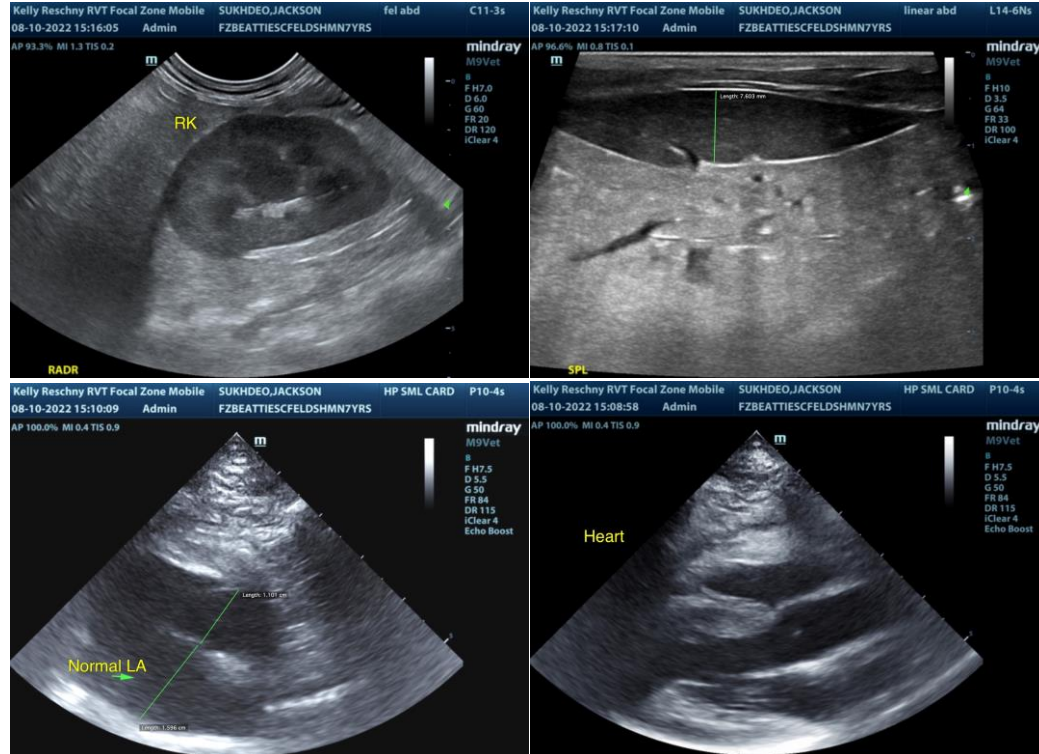
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com