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Clinical Sonography & Telecytology
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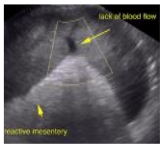
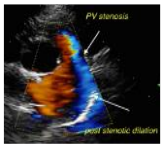
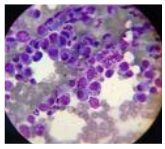
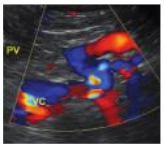





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Boo Vivian

SPECIES

Feline

BREED

Burmese

SEX

MN

AGE

6

WEIGHT

13

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Maniar

INVOICE

14615

DATE

8/13/22

PRESENTING CLINICAL SIGNS

abnormal proBNP, fever, lethargic hx of dietary indiscretion, ate rabbit bedding does have hx of eating plants toilet paper

ULTRASONOGRAPHIC EXAMINATION OF THE HEART & ABDOMEN

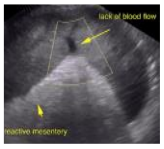
CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (Boon method)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.3	28-40	40-100	<0.6
PATIENT		2.6		1.94	42	77.7	0.55
CANINE CARDIAC PARAMETERS	**HR** (BPM)	**AV VMAX** (m/s)	**PV MAX** (m/s)	**BODY WEIGHT** (kg)	**LA** 2D short axis Base view (cm)	**LVIDd** Avg; 2D and m-mode short axis (cm)	**LVIDs** Avg; 2D and m-mode short axis (cm)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6				
PATIENT	NM		0.60		1.7	1.32	0.54

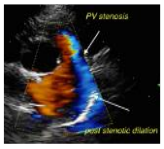
Cardiac Presentation

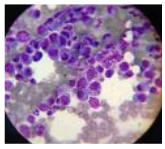
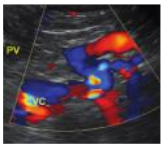
The echocardiogram in this patient demonstrated borderline to mild increased **left atrial** size based on 2 separate LA measurements. The cranial and caudal **mitral** valve leaflets presented normal linear structure and kinetics. The **left ventricular** septum and free wall revealed normal thicknesses, adequate contractility and normal left ventricular volume with potential minor echogenic remodeling of the septum and free wall. The **left ventricular outflow** tract demonstrated subjective normal laminar systolic flow and structural integrity. The **right atrium** and auricle revealed borderline to mild increased size with normal content. No evidence of LA or RA spontaneous contrast, or evidence of masses. **Tricuspid** valvular assessment demonstrated adequate linear morphology and kinetics. Mild to possible moderate TR was present on doppler. The **right ventricle** was mildly enlarged in size compared to the LV with normal 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. 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 contour were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. Subtle uniform nonspecific increased cortex echogenicity was present. The left kidney measured 4.1 cm in length. The right kidney measured 4.4 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.34 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.32 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. The spleen measured 0.7 cm width at the level of the hilus.

Liver/ Gallbladder

The liver presented subjectively mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with 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. No evidence of gastric distention owing to retained ingesta, fluid, 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 mechanical small intestinal obstructive pattern or overt foreign material. The duodenum wall measured 0.23 cm width. The jejunum wall measured 0.22 cm width.

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

Pancreas

The left pancreatic limb was normal to mildly prominent in size with symmetrical contour and mild hypoechoic parenchyma compared to adjacent nonreactive or inflamed omentum.

Free Abdomen

No omental masses, lymphadenopathy, or peritoneal effusion were noted.

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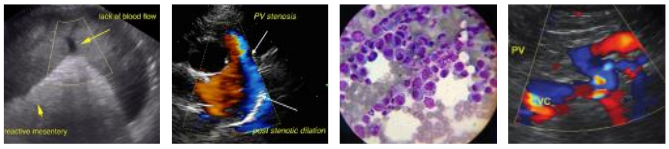

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ULTRASONOGRAPHIC FINDINGS

- Borderline to mild biatrial enlargement
- Normal LV with minor asymmetrical LV endocardium
- TR
- Mild pancreatitis pattern
- Overtly normal gastrointestinal tract - no evidence of mechanical obstruction or overt gastrointestinal foreign material
- Nonspecific subjective mild hepatomegaly

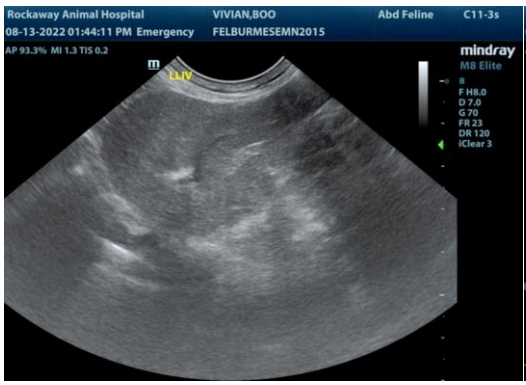
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

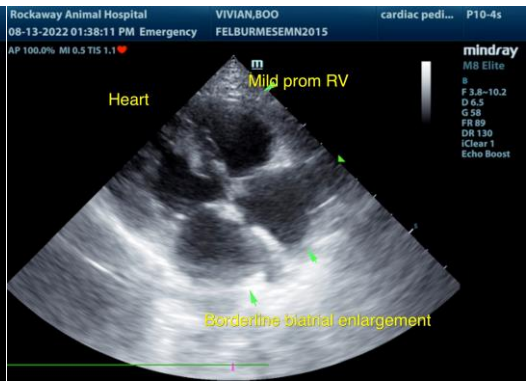
Overall, the cardiac presentation is likely compensated without overt sonographic evidence of CHF, the borderline to mild biatrial enlargement In the face of normal LV thickness may suggest emerging unclassified cardiomyopathy. Potential for possible myocarditis, given the fever, cannot be definitively excluded. No evidence of endocarditis. Without evidence of pleural or pericardial effusion, and assuming no evidence of pulmonary edema on three view chest radiographs, no indication for cardiac medications at this stage. The measured TR Velocity of 2.6 m/s was not overtly consistent with clinical pulmonary hypertension. However, serial sonographic monitoring is required for further prognosis. Recheck echocardiogram is suggested in 4-6 months, sooner if clinical signs consistent with CHF, malignant arrhythmias, etc., arise.

Potential for gastroenteritis, enterotoxemia, or infectious gastroenteritis, is possible if GI signs are present. Some contribution to the patient's clinical signs owing to mild pancreatitis suspected.

The subjective mild hepatomegaly was nonspecific yet not overtly consistent with neoplastic criteria. Mild reactive hepatomegaly is possible. Correlation with full CBC/Chemistry panel and urinalysis is suggested.

As-needed gastrointestinal support and empirical therapy for low-grade pancreatitis would be reasonable.





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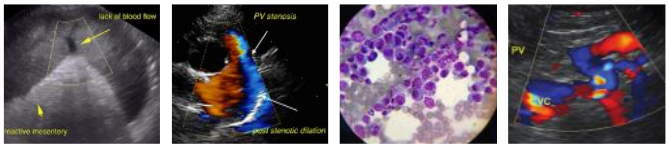

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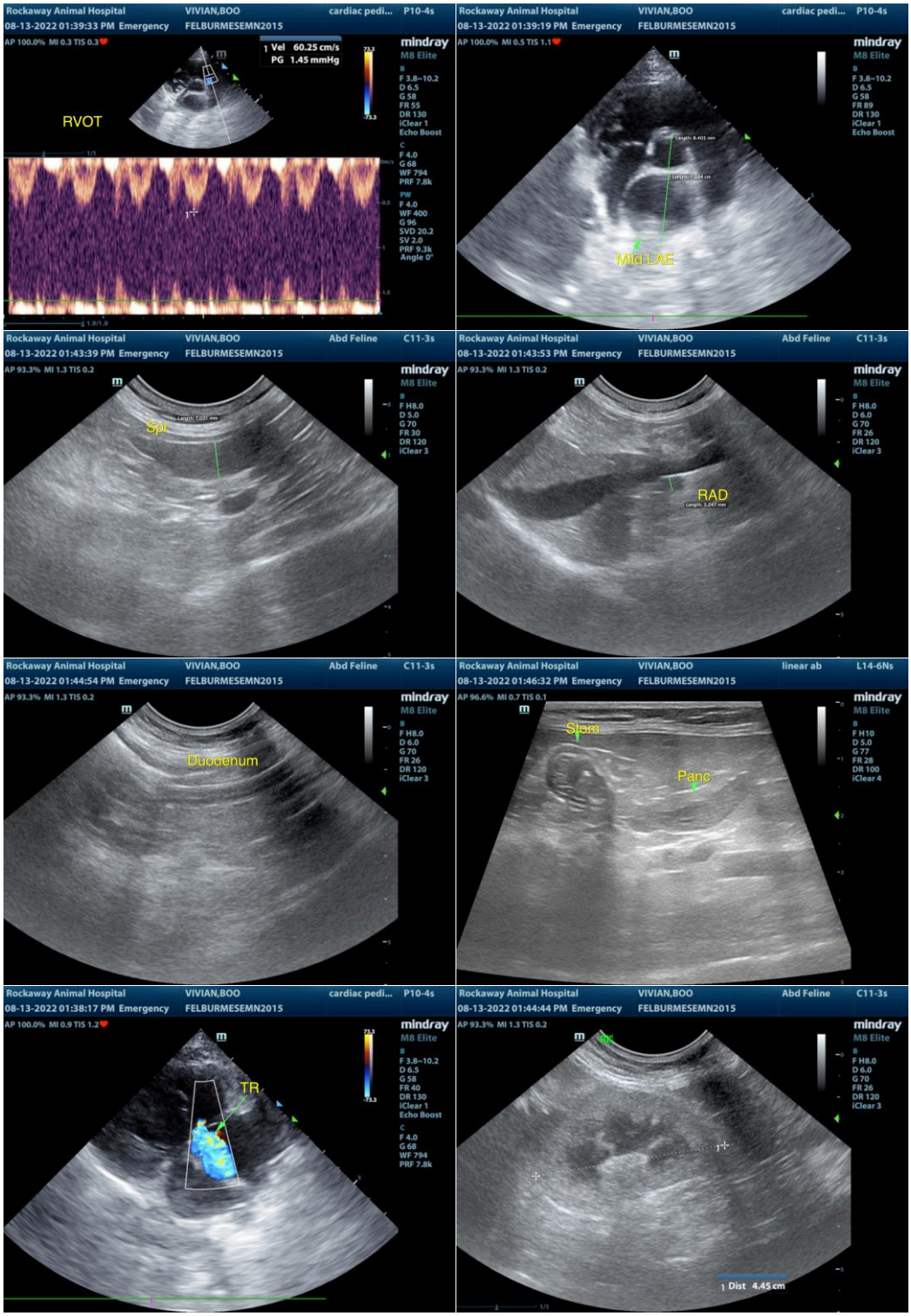

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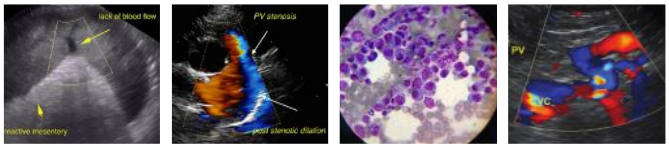

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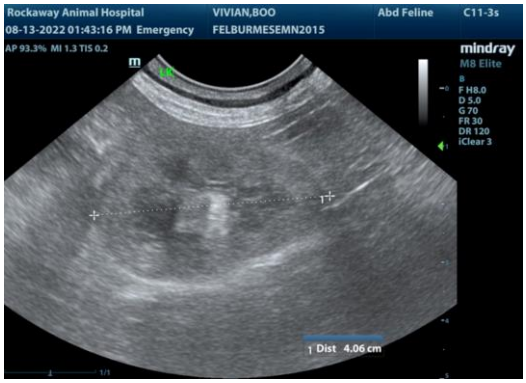

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com