


**PATIENT**

Goober Cordero

**PRESENTING CLINICAL SIGNS**

History: not eating for 2 days; rad report shows potential mass cranial abdomen and pleural effusion. On gabapentin 100mg today; mirtazapine 7.5 mg, 1/4 tablet given last night

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN AND HEART**
**BREED**

DSH

**SEX**

MN

**AGE**

14yr

**WEIGHT**

9.8lb

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		217	0.39	1.55	0.36	53.9	54
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	1.1	1.36	1.2	1.0	0.85		
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 was noted. Mild to moderate volume free pleural fluid was present. 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 moderate nondependent particulate sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

Normal size and margination was 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Diane McFadden

**HOSPITAL NAME**

Whippany VH

**REFERRING VET**

Dr. Cordero

**INVOICE**

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<b>PATIENT</b>	pelvic dilation was present. The left kidney measured 3.6 cm in length. The right kidney measured 3.85 cm in length.
Goober Cordero	The area of the aortic trifurcation was free of pathology.
<b>SPECIES</b>	<b>Adrenal Glands</b>
Feline	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.62 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.39 cm width.
<b>BREED</b>	<b>Spleen</b>
DSH	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.
<b>SEX</b>	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 0.92 cm in width at the level of the hilus.
MN	
<b>AGE</b>	<b>Liver</b>
14yr	The liver exhibited potential for mild enlargement with symmetrical capsule contour. Nonhomogeneous to mildly hyperechoic parenchyma was present. No evidence of hepatic masses or nodules. The hepatic and portal vasculature were normal in appearance without signs of congestion.
<b>WEIGHT</b>	The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with mild dependent mildly hyperechoic debris. The cystic and common bile ducts were normal.
9.8lb	<b>Gastrointestinal</b>
<b>INTERPRETED BY</b>	The stomach presented moderate hypoechoic mural hypertrophy in the area of the fundus and body extending into the area of the gastric antrum.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	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.
<b>IMAGING PERFORMED BY</b>	Normal visible colon wall layers were present with apparent formed feces in lumen.
Diane McFadden	<b>Pancreas</b>
<b>HOSPITAL NAME</b>	The pancreas was not definitively visualized owing to regional perigastric omental pathology/infiltration.
Whippany VH	<b>Free Abdomen</b>
<b>REFERRING VET</b>	Regional to generalized perigastric nonuniform to hypoechoic nodular mesentery with likely gastric lymphadenopathy was present.
Dr. Cordero	Small pockets of scant peritoneal free fluid was present.
<b>INVOICE</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
11350ag	<ul style="list-style-type: none"> <li>• Normal echocardiogram</li> <li>• Extensive gastric mural mass with regional perigastric to cranial abdominal mesenteric infiltration</li> <li>• Nonhomogeneous to hyperechoic liver</li> <li>• Non cardiogenic pleural and mild peritoneal free fluid</li> </ul>
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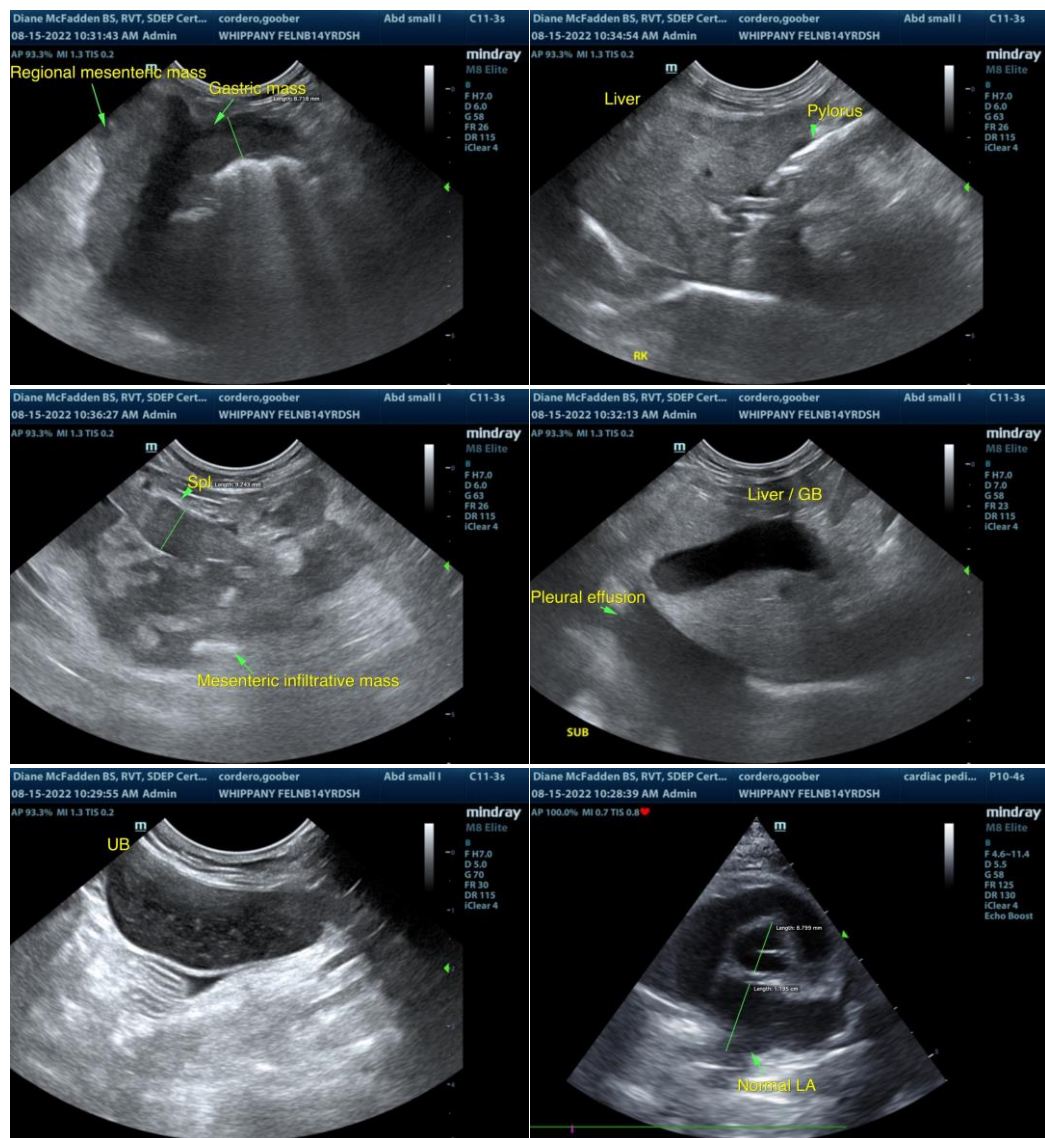
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Although sampling is required for further assessment the gastric mass and concurrent infiltration to concurrent cranial mesenteric mass is consistent with high grade neoplasia such as lymphoma with perigastric lymphomatosis. The noncardiogenic pleural effusion although nonspecific is suspected to be secondary to lymphatic obstruction with potential for thoracic metastasis. Assuming normal clotting status an ultrasound guided FNA of the gastric mass and regional perigastric mesentery +/- pleural effusion analysis cytology and/or C/S if clinically indicated is recommended. However, this case appears to be non-surgical and an unfavorable prognosis is indicated.





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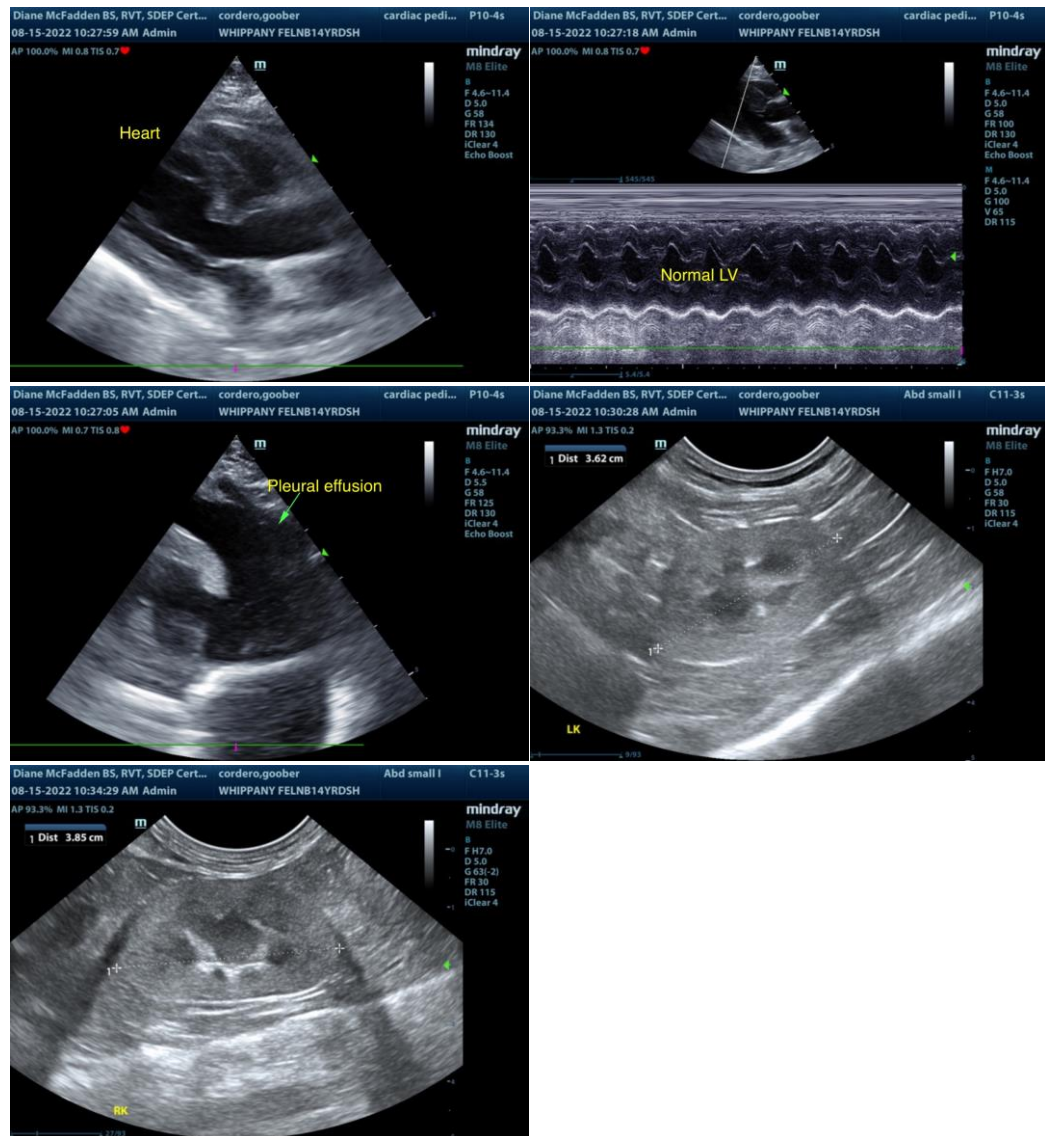
Dr. Cordero

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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