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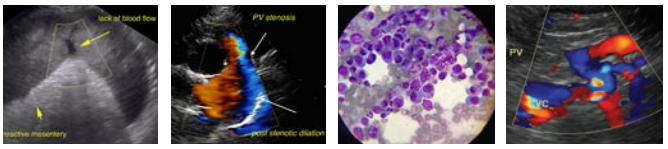


PATIENT

Tatiana Pilkington

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

9 Years

WEIGHT

9.62 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Bergen County VC

REFERRING VET

Dr. Laurel Gess

INVOICE

24871

DATE

8/24/21

PRESENTING CLINICAL SIGNS

Weight loss, little/no appetite, mild dyspnea (new). Rads - R/O poss. cranial abdominal mass; Thorax - wide heart/silhouette. Current meds: mirtazapine, Pepcid. R/O tumor, pericardial effusion. Abnormal PE/Chem/CBC/UA Results: CBC - WNL, Chem: WNL. T4 - WNL. FELV/FIV (-). U/A: hematuria, R/O secondary to cysto. USG: 1.041.

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		NM	0.35	1.7	0.4	38.2	71.9
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	1.36	1.3	1.22		NM	0.8	NM

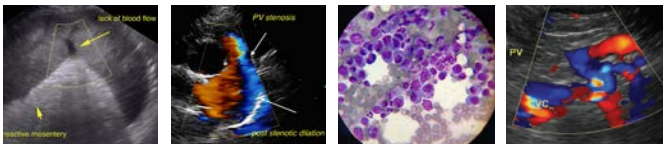
Adapted from June Boon,Veterinary Echocardiography,1998
Sisson D et al. JVIM 1991; 5: 232, Jacobs et al. Am J Vet Res 1985; 46:1705

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 subjective normal laminar flow and subjective structural integrity. The **right atrium** and auricle revealed overall size, structure and content with potential for minor, likely non-clinical cardiac tamponade. **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). Severe, subjectively cellular pericardial free fluid was present. No overt evidence of concurrent free pleural fluid. A moderately size, non-homogeneous mass lesion was noted within the pericardial space, primarily adjacent to the heart apex and left ventricle. The mass lesion measured approximately 3.1 cm x 2.3 cm and exhibited potential lobulation. Non-specific potential tissue or possible fiber noted associated with the right auricle.

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 were noted.



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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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.2 cm. The right kidney measured 3.3 cm.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.56 cm. The right adrenal gland measured 0.51 cm.

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 0.81 cm in width.

Liver

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. The gallbladder was non distended in size with mild, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation. The caudal vena cava was sonographically unremarkable without evidence of congestion measuring 0.49 cm diameter.

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.

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.

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.

Free Abdomen

No evidence of ascites or lymphadenopathy.

PRIMARY FINDINGS

- Overtly normal cardiac structure and function with possible minor compensated cardiac tamponade
- Significant subjectively cellular pericardial effusion with intrapericardial non-homogeneous mass lesion to lesions

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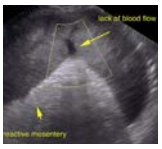
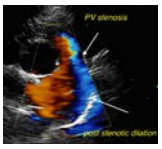
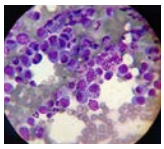
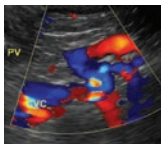

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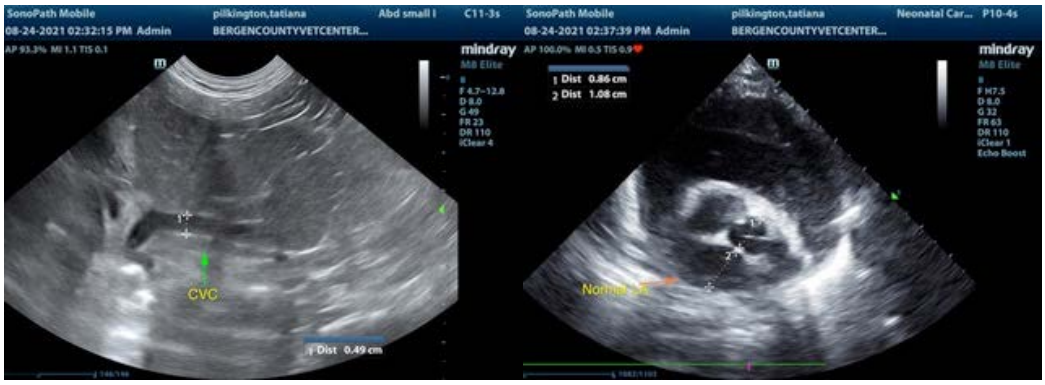
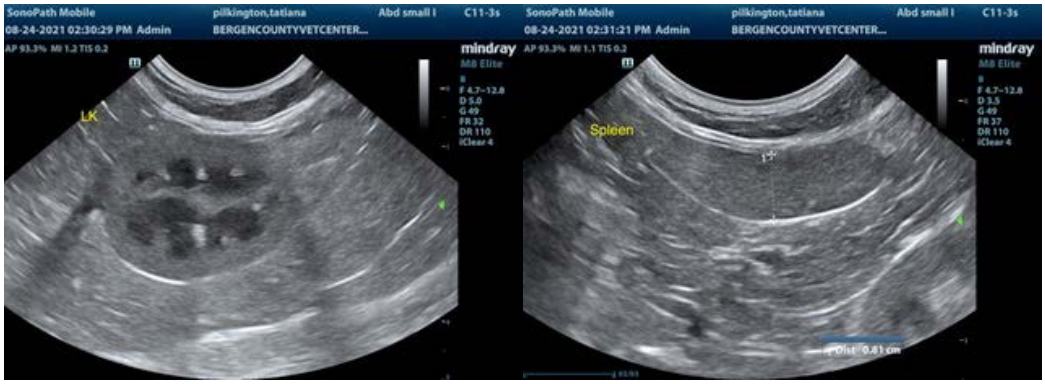
SECONDARY FINDINGS

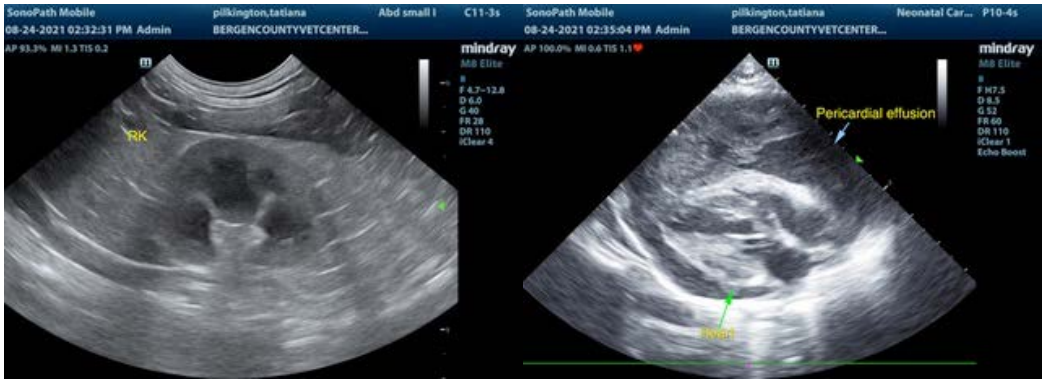
- Mild age related kidneys

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The intrapericardial mass lesion is non-specific with neoplasia favored. Potential for non-neoplastic cellular debris (i.e., hemorrhage or inflammation), though considered less likely. Ultrasound guided pericardiocentesis for fluid analysis, cytology +/- culture and sensitivity recommended. This procedure may also be somewhat therapeutic as far as relieving potential pressure on the heart associated with the amount of pericardial effusion. Referral for thoracic/pericardial CT for further assessment may be considered. However, a very guarded to likely unfavorable prognosis is indicated pending pericardial effusion assessment.







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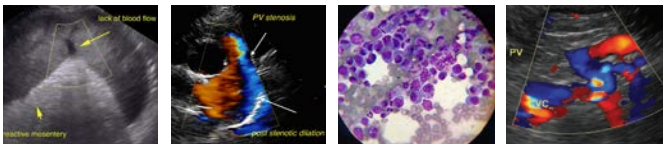

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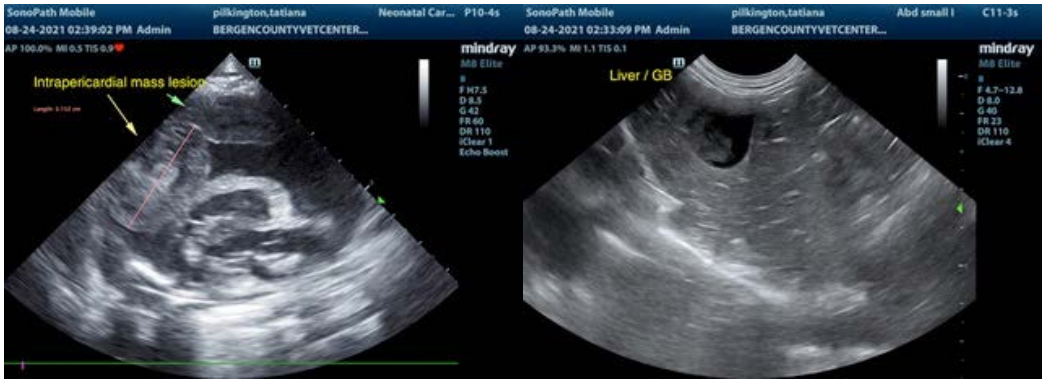

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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