


PATIENT

Redford Turner

PRESENTING CLINICAL SIGNS

Trouble breathing, not eating well, vomiting, lethargic. Trichomonas foetus/blagburni RealPCR Positive as kitten. Current meds: Clavamox drops 1ml BID

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: MCHC 36.1, Neu 1.05, Eos 0.12

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN AND HEART
BREED

Himalayan

SEX

MN

AGE

7yr

WEIGHT

NA

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		216	0.54	1.2	0.48	54	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	1.0	1.2	1.5	1.4		
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)

IMAGING PERFORMED BY

Jessica Miller, RDMS

HOSPITAL NAME

Lake Hopatcong AC

REFERRING VET

Dr Navarro

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DATE

08/08/2023

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. No overt MR present on Doppler. 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. The 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. Normal measured LVOT velocity was present. 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. No overt TR present on Doppler. 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). Normal measured RVOT velocity was present. 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



PATIENT	
Redford Turner	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 mild non-dependent hyperechoic sediment. The sediment may indicate cellular debris / protein, crystalline debris, lipid, or mucus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.
SPECIES	
Feline	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 3.3 cm in length. The right kidney measured 3.9 cm in length.
BREED	
Himalayan	The area of the aortic trifurcation was free of pathology.
SEX	Adrenal Glands
MN	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.54 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.49 cm width.
AGE	Spleen
7yr	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.
WEIGHT	Liver/Gallbladder
NA	The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Normal vascular volume. 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 common bile duct was mildly dilated to the level of the duodenal papilla. No evidence of calculi or mucus. The common bile duct measured 0.26 cm diameter.
INTERPRETED BY	Gastrointestinal
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	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 gastric body wall measured 0.24 cm in width.
IMAGING PERFORMED BY	
Jessica Miller, RDMS	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. The duodenum wall measured 0.24 cm width. The jejunum wall measured 0.20 cm width. The ileocolic wall measured 0.36 cm width.
HOSPITAL NAME	Normal visible colon wall layers were present with apparent formed feces in lumen.
Lake Hopatcong AC	Pancreas
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The pancreas exhibited variable prominent size with minor capsule asymmetry and mildly non-homogenous to hypoechoic parenchyma.

Free Abdomen

SPECIES

Feline

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

BREED

Himalayan

ULTRASONOGRAPHIC FINDINGS

- Normal echocardiogram.
- Minor urinary bladder sediment.
- Sonographically unremarkable GI tract.
- Mildly prominent non-homogenous/hypoechoic pancreas- suspect potential mild pancreatitis.
- Mild non-obstructive common bile duct dilation-possible low grade cholangitis.

SEX

MN

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

7yr

No evidence of structural or functional cardiomyopathy or HCM criteria, left or right heart chamber enlargement, LV systolic dysfunction or clinical pulmonary hypertension. The cardiac presentation indicates that the respiratory abnormalities are non-cardiogenic in origin. Primary lower airway disease may be considered. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology. No indication for cardiac medications.

WEIGHT

NA

Assessment for evidence of cranial abdominal/subxiphoid discomfort on palpation which may allude to low grade pancreatitis is recommended. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended to assess for occult pancreatic disease.

INTERPRETED BY

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

Empirically as needed GI support and therapy for low grade pancreatitis would be reasonable. Sonographic reassessment is recommended if persistent/progressive GI signs and/or weight loss.

IMAGING PERFORMED BY

Jessica Miller, RDMS

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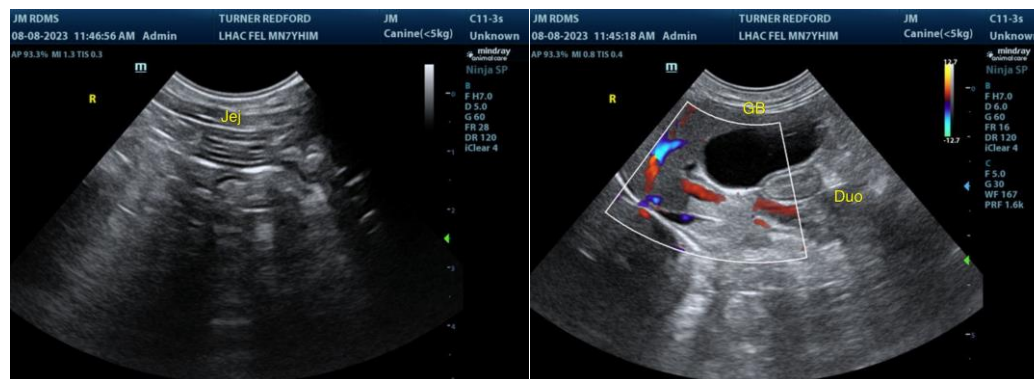
Dr Navarro

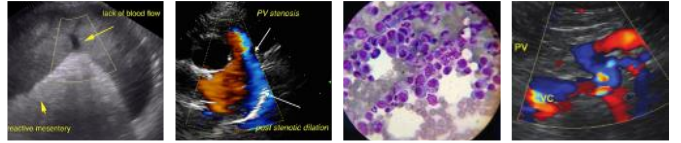
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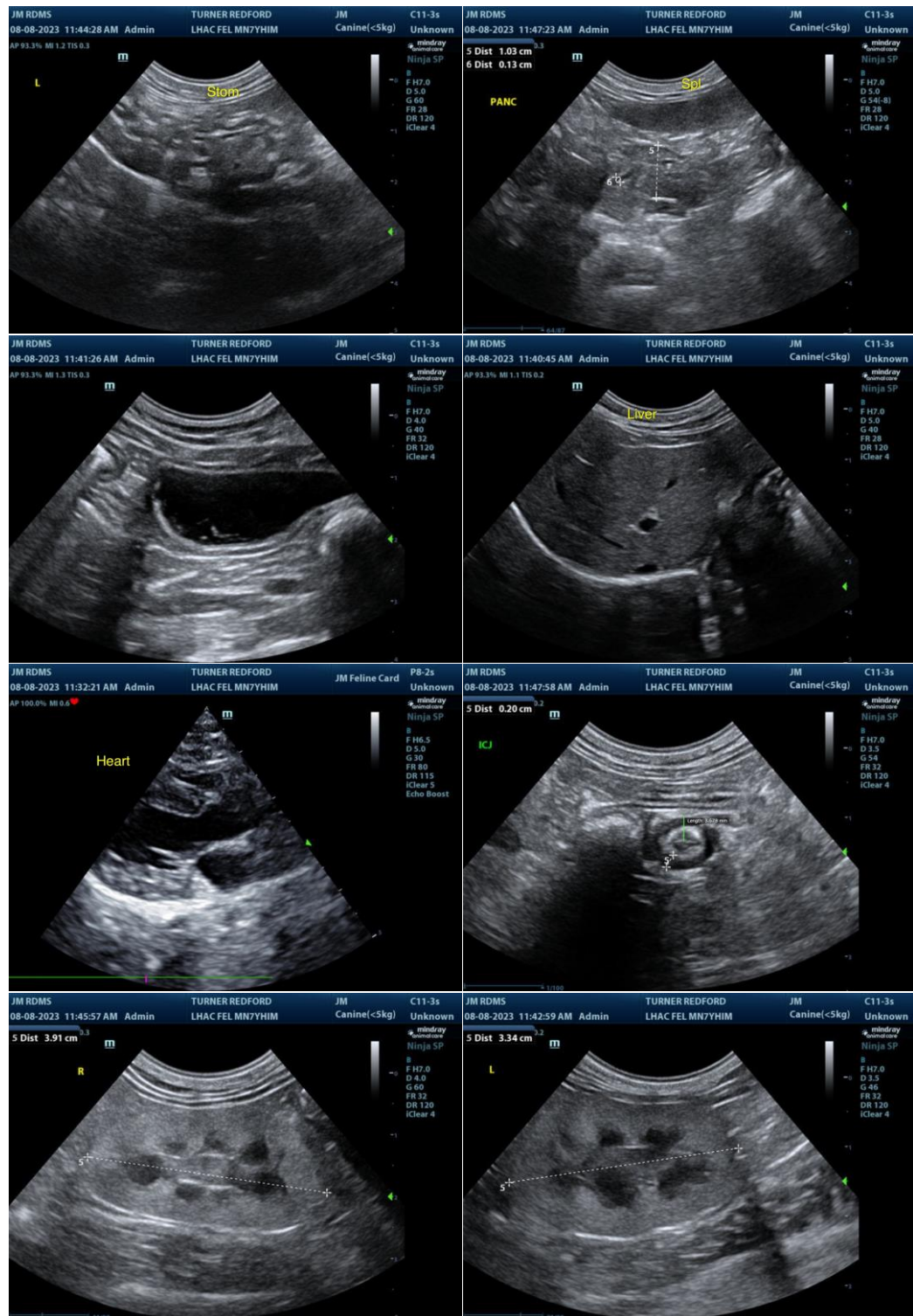
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Feline

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.

BREED

Himalayan

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)

info@sonopath.com

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MN

AGE

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