



PATIENT

Scout Hart

SPECIES

Feline

BREED

DMH

SEX

Neutered Male

AGE

11 years

WEIGHT

11.3 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Tranquility VC

REFERRING VET

Dr. Jones

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DATE

9/28/21

PRESENTING CLINICAL SIGNS

Grade I/VI murmur. Rad: Cardiomegaly vs other. Hx of coughing/asthma, renal dz. No current meds
Abnormal PE/Chem/CBC/UA Results: 9/21/21- BUN 49, Crea 3.1, Na 15.9, K 3.1, Amyl 1435, PSL 30, HCT 28%, USG 1.025, 2+prot, UPC 0.6. TODAY 9/28/21 PCV 15%, T 96.3, low BP

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		174	0.65	1.42	0.65	40.8	75
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	1.1	1.2	1.0	0.9	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 mild, subjective IVS and LV free wall increased thicknesses without evidence of increased left ventricle volume. 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). Scant **pericardial** free fluid was present without overt evidence of concurrent free pleural fluid, although potential for mild free pleural fluid cannot be definitively excluded. No overt evidence of masses in the cranial **mediastinum or pericardial regions** was noted.



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Urinary System

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The urinary bladder, trigone, and cystourethral junction 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.

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The bilateral kidneys maintained a normal 1:3 cortex / medulla ratio. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney was subnormal in size with asymmetrical margination, likely owing to cortical infarctions, measuring 2.3 cm in length. The right kidney measured 3.3 cm in length.

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Adrenal Glands

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The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.38 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.37 cm width.

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Spleen

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The spleen was subnormal in size likely owing to volume contraction. 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 0.53 cm width.

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Liver/ Gallbladder

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The liver exhibited generalized enlargement with multifocal, variably sized, isoechoic to nonhomogeneous nodular mass lesions. Some of the nodular mass lesions appeared to mildly distort the hepatic capsule without evidence of parenchymal escape. An example measured 2.9 cm x 2.0 cm. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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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.

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The visualized small intestine was sonographically unremarkable to the level of the ileocolic junction. A mildly nonhomogeneous mass effect noted at the level of the ileocolic junction, measuring 3.5 cm x 2.7 cm, was present. Concurrent, mild reactive peri ileocolic reactive mesentery was present.

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



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Pancreas

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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 were evident.

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Free Abdomen

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Mild to moderate peritoneal free fluid was present. No overt lymphadenopathy was noted.

DMH

ULTRASONOGRAPHIC FINDINGS

SEX

Primary Findings

Neutered Male

- Mild IVS and LV free wall hypertrophy
- Normal left atrium
- Ileocolic mass effect
- Multifocal hepatic nodular mass lesions
- Mild peritoneal and scant pericardial free fluid - confirmed hemoabdomen

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mild hypertrophic changes associated with the IVS and LV free wall may be owing to volume contraction and thus pseudohypertrophy. Screening blood pressure is recommended to rule out systolic hypertension. Regardless, the normal left atrium size indicates that the risk of future complications is low.

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The primary finding in this case includes ileocolic mass lesion with multifocal hepatic nodular mass lesions most consistent with probable multicentric neoplasia such as adenocarcinoma or other, and concurrent confirmed hemoabdomen consistent with some degree of intraabdominal bleeding, assuming normal coagulation panel. If the coagulation panel is normal, ultrasound guided FNA of the liver, as well as the ileocolic mass lesion, may be considered with potential for oncology consult. However, a very guarded to potential unfavorable prognosis is likely indicated.

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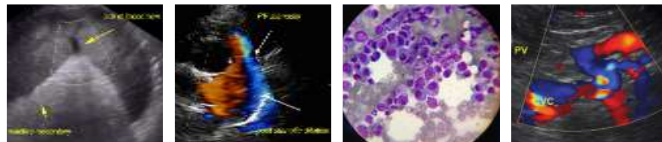
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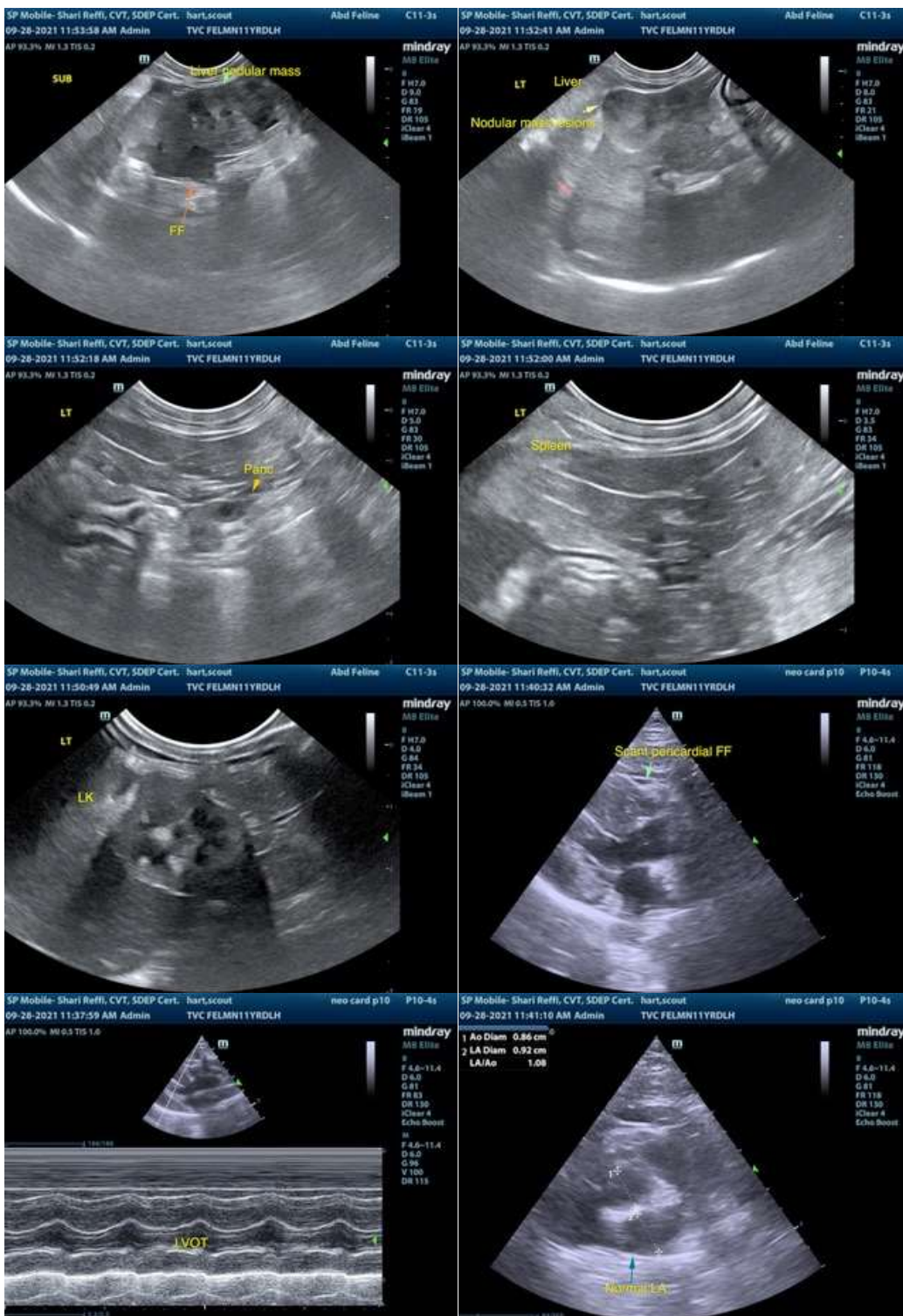
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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.

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