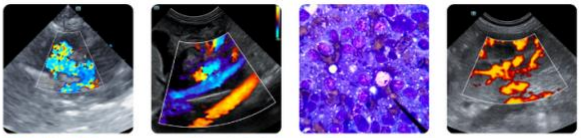


PATIENT

Loki Ingrey

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

10 Years 7 Months

WEIGHT

13.8 Pounds

INTERPRETED BY

Tam Mengine, DVM, DABVP (canine/feline practice)

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Black River VH

REFERRING VET

Dr. Kelly Vex

INVOICE

36405

DATE

3/27/26

PRESENTING CLINICAL SIGNS

- BCS 7/9
- Chronic vomiting, weight loss (rads attached)
- Grade 2/6 heart murmur
- Current Medications: Prednisolone 2.5mg SID-improvement but not resolution of symptoms (Gabapentin)
- Abnormal PE/Chem/CBC/UA Results: K+-2.6; CBC/Chem/T4/feline triple-WNL

ULTRASONOGRAPHIC EXAMINATION OF THE HEART & ABDOMEN

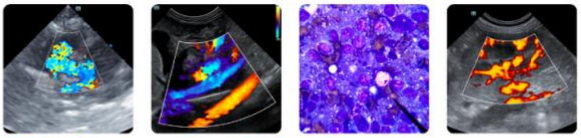
FELINE CARDIAC PARAMETERS	**BODY WEIGHT** (kg)	**HR** (BPM)	**IVSd** (cm)	**LVIDd** (cm)	**LVWd** (cm)	**FS** (%)	**EF** (%)
NORMAL PARAMETER	------	150-240	0.3-0.6	1.0-2.1	0.25-0.6	35-67	80-100
PATIENT	6.3	210	0.4	1.8	0.3	50	NM
FELINE CARDIAC PARAMETERS	**LA/AO** (m-mode long axis)	**LA/AO HEART BASE** (Sisson)	**LAD** LA MAX 4 Chamber		**LVOT VEL.** (m/s)	**RVOT VEL.** (m/s)	**IVRT** (m/)
NORMAL PARAMETER	<1.5	1.6	0.7-1.7		<1.6	<1.3	40-60
PATIENT	1.1	1.2	1.4		0.8	0.7	48

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 **left atrium** is of normal size with no evidence of spontaneous echocardiographic contrast or thrombus formation. The **left ventricle** is normal in diameter with normal wall thickness and demonstrates good systolic function. Ventricular septum diastolic wall measurements are within normal limits. The **right atrium** is subjectively of normal size and **right ventricle** dimensions, and systolic function are subjectively normal. The **mitral, tricuspid, aortic** and **pulmonary valves** all exhibit normal appearance and function. The **main pulmonary artery** appears normal. There is no evidence of pulmonary hypertension. There is no evidence of pericardial or pleural effusion, and no masses are seen.

Urinary System



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The urinary bladder is moderately distended with anechoic urine. A small amount of echogenic luminal sediment is present, which is freely movable. The ureteral papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted. Urethra visualized to 3.0 cm

The kidneys are of normal size and shape and exhibit appropriate corticomedullary differentiation with a normal 1:3 cortex to medulla ratio. There is no evidence of nephrolithiasis, mineralization, pyelectasia, cystic change or hydronephrosis. The proximal ureter is not visible (normal). The left kidney is 4.0 cm in length. The right kidney is 4.0 cm in length.

Adrenal Glands

The adrenal glands are both identified in their normal locations. They are normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland height is 3.5 mm at the caudal pole. The right adrenal gland height 5.0 mm at the caudal pole.

Spleen

The spleen is of appropriate size and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal. Thickness at the splenic hilus is normal at 9.7 cm.

Liver

The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is moderately distended with anechoic contents and a small amount of freely moveable echogenic sludge. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal

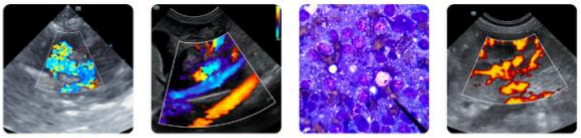
The stomach is empty. The gastric wall is subjectively normal in thickness, and exhibits appropriate wall layering, but cannot be accurately measured due to normal deviations of the rugal folds. The pylorus is of normal appearance.

The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness, up to 1.5 mm, with intact wall layering. The ileocecal junction is visualized and appears normal.

Pancreas

The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.



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Free Abdomen

There is no free fluid noted within the abdomen. There is hyperechoic, inflamed omental fat noted in the region of the ileocecocolic junction. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

ULTRASONOGRAPHIC FINDINGS

- Normal feline heart. Presumed innocent murmur
- Inflammation in the region of the ileocecocolic junction of uncertain significance.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

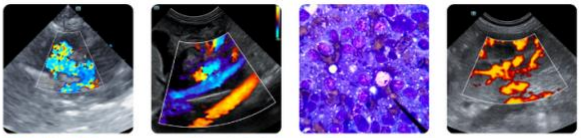
- There is no evidence of cardiac disease on today's ultrasound. Non-cardiac causes of murmur, such as anemia or fever, should be ruled out, and if none are found then the murmur is likely physiologic.
- Like any cat, this patient could develop heart disease in the future, so if the murmur intensity changes or if signs of cardiac disease develop, a recheck echocardiogram would be recommended.

There is no apparent cause for the patient's weight loss and vomiting on today's ultrasound. Given that the patient is currently on corticosteroid therapy, it is possible that this is masking the appearance of underlying infiltrative bowel changes. Steatitis in the region of the ileocecocolic junction is common in cats, and often incidental, but this could also signify the presence of inflammatory disease in the region.

Additional recommendations include:

- fecal parasite testing and empiric fenbendazole treatment
- trials with a novel protein or hydrolyzed diet
- A complete GI panel, or empiric cobalamin supplementation
- Definitive diagnosis would require biopsy, ideally with intra-operative ultrasonographic guidance. Corticosteroid therapy should be stopped for a minimum of 4 weeks prior to biopsies to maximize the likelihood of diagnostic results.

New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



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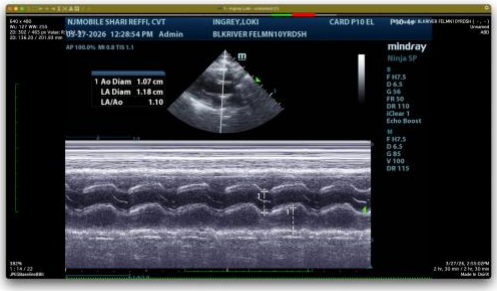
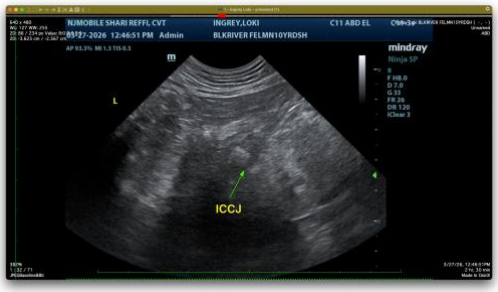
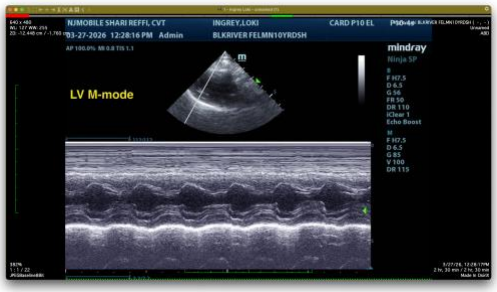
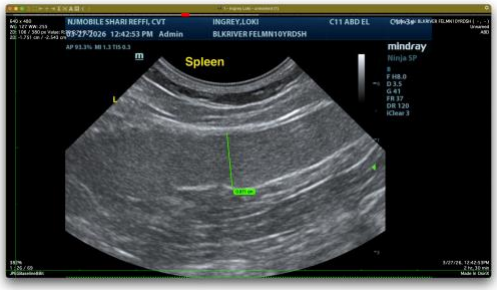
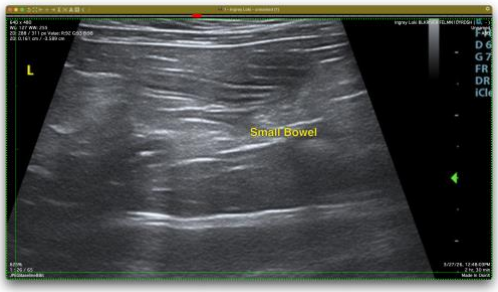
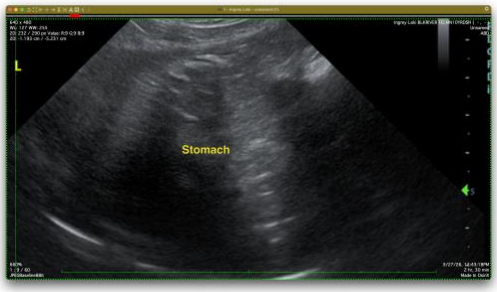








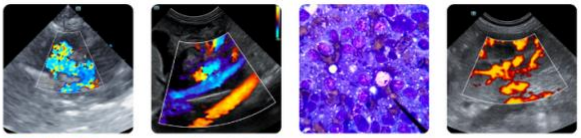




The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Tam Mengine, DVM, DABVP (canine/feline practice)



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