


PRESENTING CLINICAL SIGNS

DATE History: Presented ADR with mild dyspnea last week. Elevated BNP. Pleural effusion noted - thoracocentesis performed. Started on furosemide 6.25 mg BID, pimobendan 1.25 mg BID, and clopidogrel 18.75 mg SID. History of CKD (Cr 5.3 prior to starting cardiac therapy), hypertension (managed with amlodipine 2.5 mg SID), and diabetes (receiving glargine).

1/4/22

PERFORMED BY:

Loetitia Saint-Jacques, RVT, LVT

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

INTERPRETED BY

Keith Blass, DVM, MS, DACVIM (Cardiology)

There is mild left atrial dilation. The mitral valve is normal. Left ventricular wall thickness is normal. Left ventricular internal dimensions are normal. Left ventricular systolic function is hyperdynamic. The aorta and aortic valve are normal. Right atrial and right ventricular dimensions are normal. The tricuspid valve is normal. The pulmonary artery and pulmonic valve are normal. No shunting lesions are visualized. Mild pericardial effusion is present. No cardiac masses are seen. Pleural effusion is present.

PATIENT

Boots Elsinger

IVSd - 5.6 mm
 LVPWd - 5.0 mm
 LVIDd - 18.8 mm
 LVIDs - 8.2 mm
 FS - 56%
 LVOT - 1.14 m/s
 RVOT - 1.12 m/s

SPECIES

Feline

ASSESSMENT/RECOMMENDATIONS
BREED

DSH

This examination demonstrates mild dilation of Boots' left atrium, with differentials for this finding including a restrictive cardiomyopathy (RCM), atrial myopathy, and cardiac thyrotoxicosis. Given the presence of mild left atrial dilation, it's possible that Boots' pleural and pericardial effusions could be cardiogenic in origin, however, a different cause cannot be ruled out, especially if the characteristics of the pleural fluid are not consistent with a cardiogenic origin (modified transudate).

SEX

Repeat thoracocentesis appears to be warranted given the continued presence of pleural effusion, and a sample of effusion should be submitted for analysis.

MN

A T4 level is recommended. A recheck renal/electrolyte profile is present.

AGE

16 y

Boots' cardiac medications appear to be appropriate given the possibility of CHF being present, though whether his furosemide dose needs to be adjusted will depend on how he is doing clinically and what his kidney values are after the medications were started.

WEIGHT

19.2 lb

Recheck radiographs are recommended in one week. A recheck echocardiogram is recommended in 6 months.

HOSPITAL NAME

VCA Feline AH

REFERRING VET

Dr. Fleming



DATE

1/4/22

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Keith Blass, DVM,
MS, DACVIM
(Cardiology)



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.

PATIENT

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.

Boots Elsinger

Keith Blass, DVM, MS, DACVIM (Cardiology)

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631-804-5754

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