



PATIENT
Patches Boudrow

PRESENTING CLINICAL SIGNS

History: Presented for limping left forelimb. Radiographs showed loss of cardiac silhouette. No murmur. No respiratory issues. Started furosemide (since discontinued). Aspiration of chest fluid after study revealed chylous fluid. *Sedated with torbugesic for study.

SPECIES
Feline

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.

BREED
DMH

Left ventricle: The LV diameter is normal with adequate myocardial function. The LV wall thicknesses are largely normal. There is a diffusely hyperechoic endocardium consistent with mild fibrosis. The papillary muscles are mildly remodeled and hyperechoic.

SEX
Female Spayed

Left atrium: The left atrium is normal in dimension. No obvious spontaneous contrast or thrombi seen.

AGE
9 years

Mitral valve: The mitral valve is normal in structure and mobility. No obvious systolic anterior motion is seen.

Aortic valve/aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. No aortic insufficiency.

WEIGHT
13.5lbs

Right ventricle: Normal right ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension.

Right atrium: The right atrium is normal in dimension.

Tricuspid valve: The tricuspid valve appears normal with no tricuspid regurgitation.

Pulmonic valve/pulmonary artery: The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. Normal RVOT velocity; laminar flow.

Pericardium/other: No pericardial effusion noted. Pockets of pleural effusion. No obvious cardiac masses.

INTERPRETED BY

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 170bpm.

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

2-Dimensional Measurements

Doppler Measurements

| | |
|--------------------|------|
| Ao diam (cm) | 0.9 |
| LA diam (cm) | 1.1 |
| LA:Ao (Swe) | 1.2 |
| IVS thickness (cm) | 0.53 |
| LVID diastole (cm) | 1.66 |
| PW thickness (cm) | 0.51 |
| LVID systole (cm) | 0.90 |
| FS (%) | 46 |

| | |
|----------------|------|
| PV Vmax (m/s) | 0.85 |
| AoV Vmax (m/s) | NM |
| MR Vmax (m/s) | NA |
| TR Vmax (m/s) | NA |
| TR PG (mmHg) | NA |

IMAGING PERFORMED BY
Pamela Harrigan,
RDCE

HOSPITAL NAME
East Boston Animal
Hospital

INTERPRETATION OF THE FINDINGS

No obvious cardiac cause for pleural effusion is identified. The cardiac structure and function are overtly normal, with no evidence of a cardiogenic origin. The LV wall thickness is normal and there is no evidence of elevated left or right atrial pressure. No obvious cardiac or extra-cardiac tumors are identified, however 2D ultrasound is largely insensitive for identification of small masses.

REFERRING VET
Dr.Copra

INVOICE
23845

Further diagnostics/treatment are recommended. Submission of the fluid for cytology/culture is recommended if not previously performed. Additionally, full systemic evaluation including lab work, AUS, CT scan, etc. is also recommended.

DATE
4/25/22



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DMH

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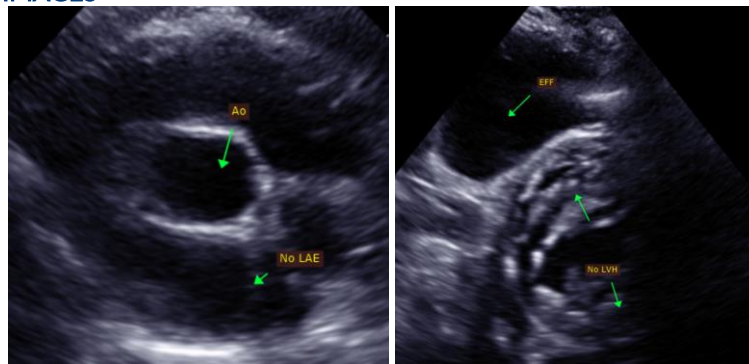
RECOMMENDATIONS

- Given these findings, no medications are indicated.
- Further evaluation of noncardiac causes of pleural effusion is recommended.
- No cardiac contraindication for general anesthesia.
- Monitor for any clinical evidence of cardiac compromise, including respiratory changes and/or signs of a blood clot event (paralysis, neurologic changes, etc.).

PLAN

- Recommend recheck echocardiogram should a murmur, gallop, or signs of cardiac disease develop in the future.

IMAGES



INTERPRETED BY

Maggie Machen
 Lamy, DVM
 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.

Thank you for this referral. This report was generated using transcription software, and minor dictation errors may be present. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

IMAGING PERFORMED BY

Pamela Harrigan,
 RDCS

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East Boston Animal
 Hospital

REFERRING VET

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