



PRESENTING CLINICAL SIGNS

History: Collapsed on 9/14. PE – pitting edema in extremities, peritoneal effusion. Radiographs showed bicavitary effusion. Receiving furosemide 10 mg BID. BNP 464. BUN 74, Cr 3.1.

DATE

9/20/22

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

PERFORMED BY:

Shari Reffi, CVT

INTERPRETED BY

Keith Blass, DVM,
MS, DACVIM
(Cardiology)

There is mild to moderate left atrial dilation. The mitral valve appears normal. Left ventricular wall thickness is normal. Left ventricular internal dimensions appear normal, as does left ventricular systolic function. The aorta and aortic valve are normal. Right atrial and right ventricular dimensions are normal. The tricuspid valve appears normal. The pulmonary artery and pulmonic valve are normal. No shunting lesions are visualized. Very mild pericardial effusion is present. No cardiac masses are seen. A large volume pleural effusion is present. A milder volume peritoneal effusion is present.

LA/Ao – 1.86
IVSd – 3.9 mm
LVPWd – 3.9 mm
RA – 13.4 mm
LVOT – 1.06 m/s
RVOT – 0.89 m/s

PATIENT

Logan Landy

ASSESSMENT/RECOMMENDATIONS

SPECIES

Feline

BREED

Maine Coon Mix

This examination demonstrates mild to moderate dilation of Logan’s left atrium, with differentials for this finding including a restrictive cardiomyopathy (RCM) or atrial myopathy. Given the presence of mild left atrial dilation, it’s possible that left-sided congestive heart failure could be the cause of Logan’s very mild pericardial effusion, however, the absence of right atrial dilation indicates that no clear cause of his pleural and peritoneal effusions is appreciated in the image set. Logan is at risk for the development of an arterial thromboembolism, however, if one formed, it would be very unlikely to cause his bicavitary effusions.

SEX

Thoraco-/abdominocentesis are recommended, and samples of effusions should be submitted for analysis/cytology/culture.

MN

Given that Logan’s pericardial effusion could potentially be cardiogenic in origin, continued use of furosemide appears to be warranted, especially if analysis of his other effusions suggests elevated hydrostatic pressure as a possible cause (ex. modified transudate). I also recommend starting

AGE

Logan on clopidogrel (18.75 mg SID) due to his risk for cardiac thrombus formation.

4 y

Recheck radiographs and a renal/electrolyte profile are recommended in 1 week. A recheck echocardiogram is recommended in 6 months.

WEIGHT

12 lb

HOSPITAL NAME

Fredon AH

REFERRING VET

Dr. Grau



DATE

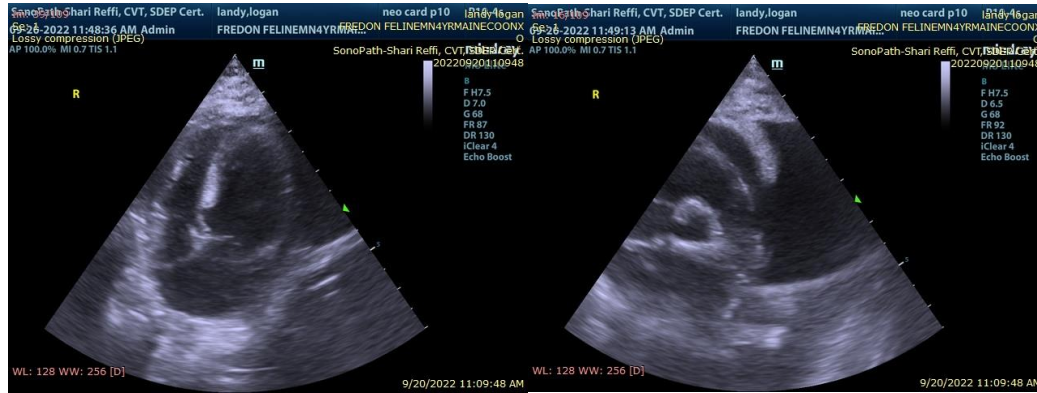
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Keith Blass, DVM, MS, DACVIM (Cardiology)
KeithBlass@gmail.com
631-804-5754