PATIENT

Manny Pergola

SPECIES

Feline

BREED

Not Provided

SEX

Neutered Male

AGE

Not Provided

WEIGHT

Not Provided

INTERPRETED BY

Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS

IMAGING PERFORMED BY

Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS

HOSPITAL NAME

Newton Veterinary Hospital

REFERRING VET

Dr. Chan

INVOICE

13132

DATE

01/13/26

PRESENTING CLINICAL SIGNS

Collapse. ↓ Temp ↓BP ↓ HR

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	--	180	0.35	1.9	0.5	18	41
FELINE CARDIAC PARAMETERS	**LA/AO** (M-mode)	**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	>2.5	2.3	2.2		1.3	0.70	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							

EPSS: 0.9

Cardiac Presentation

This patient presents with severe volume overload on all four chambers with mitral and tricuspid insufficiency. Poor contractility was noted. Smoke was noted in all four chambers especially in the left and right atria with an early clot formation in the base of the right atrium. A moderate amount of pleural effusion was noted. This is most consistent with dilatative cardiomyopathy or end stage unclassified cardiomyopathy with left and right-sided heart failure.

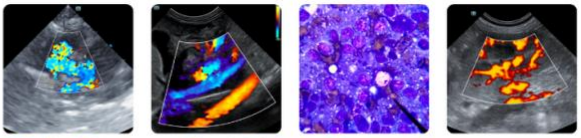
Urinary System

The **urinary bladder**, trigone, and pelvic urethra to a depth of 3.0 cm presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized, and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 4.56 cm in length. The right kidney measured 4.56 cm in length.

Adrenal Glands

The bilateral **adrenal glands** were not visualized.



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Spleen

The **spleen** was mildly enlarged with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner. The spleen measured 1.2 cm width.

Liver

The **liver** was uniform with coarse architecture. The gallbladder revealed minor excessive debris. The hepatic veins and vena cava were dilated consistent with passive congestion from right-sided failure.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

Free Abdomen

A moderate to mild amount of ascites were noted.

ULTRASONOGRAPHIC FINDINGS

- Left and right-sided heart failure- Myocarditis should be considered in this patient such as Bartonella and other infectious agents.
- Age-related renal changes.
- Scalloping spleen.
- Dilated hepatic veins/vena cava.
- Minor excessive gallbladder debris.
- Age-related pancreatic changes.
- Abdominal ascites.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Plavix therapy is indicated. Pimobendan 0.30 mg/kg BID, ACE inhibitor 1.5 mg/kg SID, LASIX 12.5 mg BID, monitoring BUN and creatinine, blood pressure and body temperature are all indicated. Broad spectrum antibiotics such as Azithromycin may be appropriate. Reduction of LASIX dose may be warranted after 36-48 hours depending upon radiographs and basal respiratory rate. Patient is at risk for sudden death. Recheck echo in one month or earlier depending upon clinical signs.

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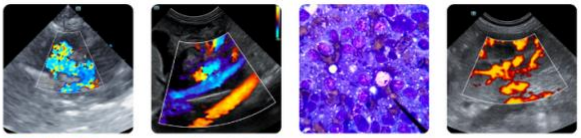

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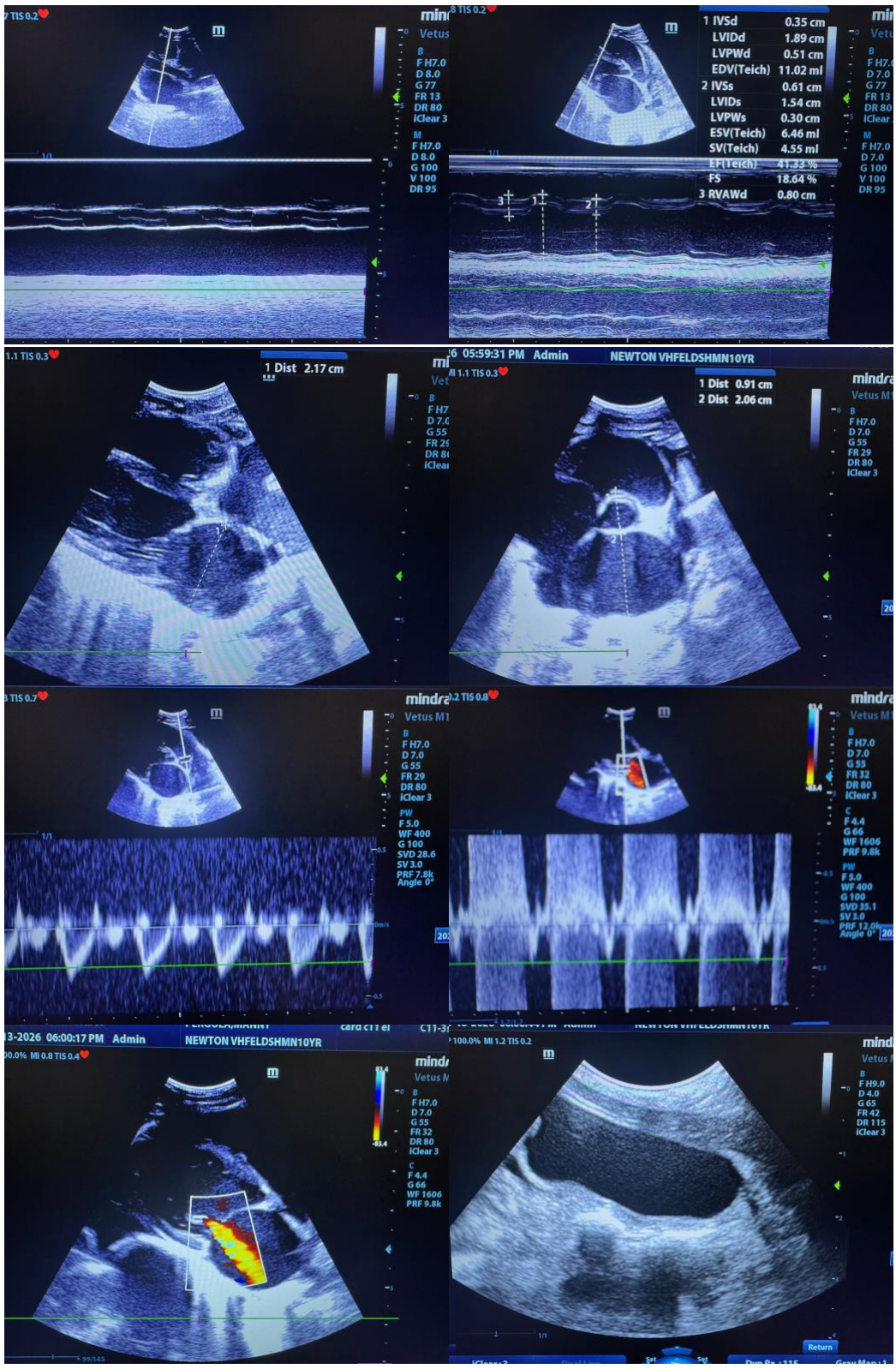

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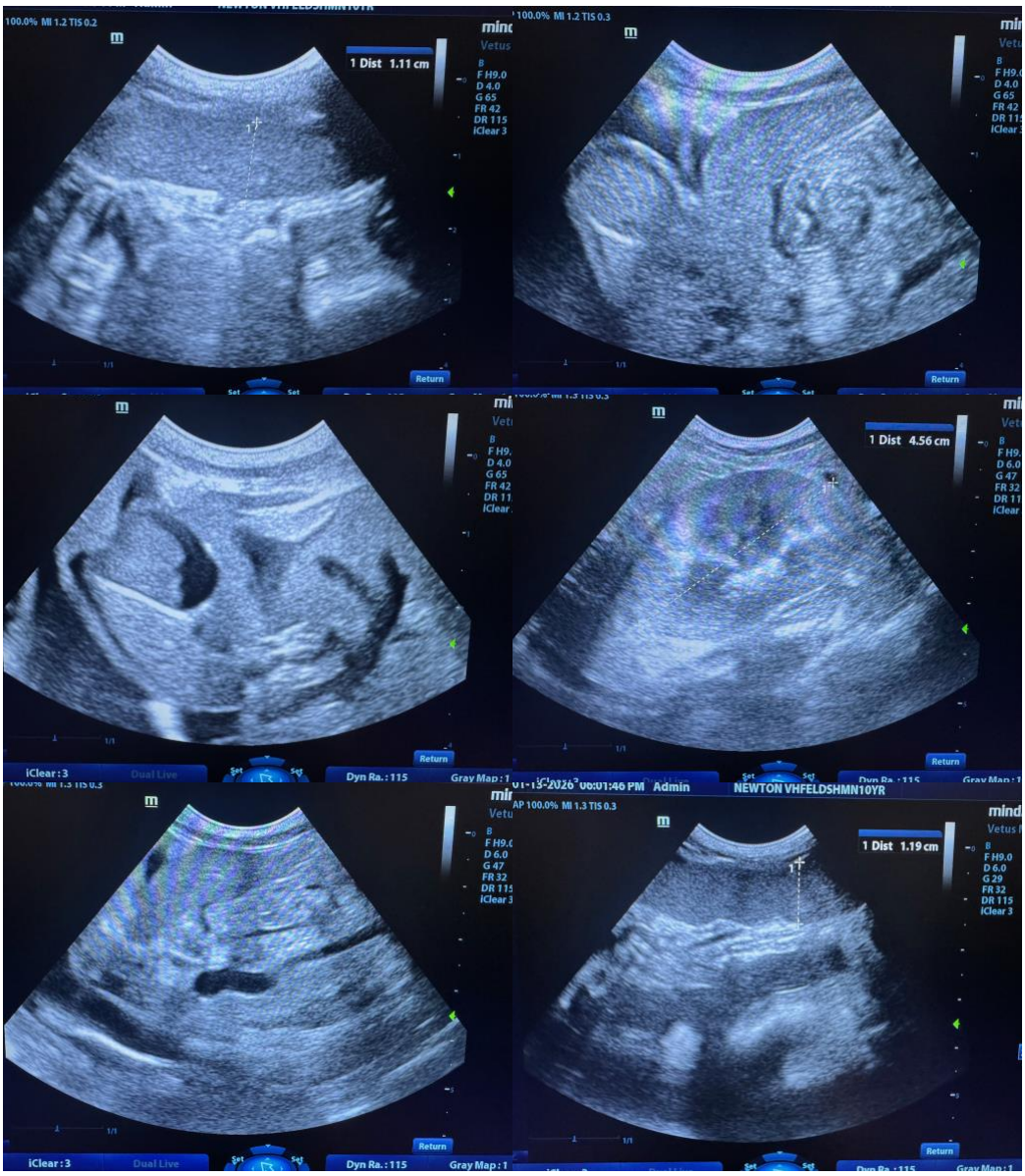
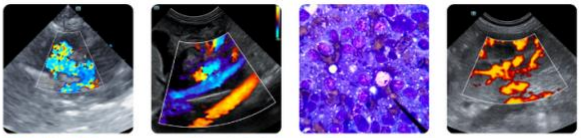


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS,

CEO, Owner, Founder -- SonoPath.com



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