



PATIENT

Missy Piggy Falco

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

11 Years

WEIGHT

12.9 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Sova AH

REFERRING VET

Dr. Bott-Wentworth

INVOICE

20663

DATE

1/20/23

PRESENTING CLINICAL SIGNS

History: Follow up echo, last one was performed on 4/20/21. Abdominal ultrasound for muscle loss, elevated ALT, help to determine whether primary or secondary leakage. Current meds: Lasix 5.75 mgs, Enalapril 2.5 mgs tab, Clopidogrel 18.75 mgs. Owner will start Denamarin.

Abnormal PE/Chem/CBC/UA Results: ALT 210, Na/K 42, abs lymphs 960, PSL lipase 31.

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	--	136	0.46	2.04	0.46	38	71
FELINE CARDIAC PARAMETERS	LA/AO (Boon)	LA/AO HEART BASE (Sisson)	LA 2D 4-chamber long axis AS to FW (Sisson) (cm)	LVOT VEL. (m/s)	RVOT VEL. (m/s)	IVRT (m/)	
NORMAL PARAMETER	<1.5	0.88-1.79	0.7-1.7	<1.6	<1.3	40-60	
PATIENT	>3.0	3.1	3.0	--	.54	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							

Cardiac Presentation

The cardiac presentation presented normal septal and free wall thicknesses, however, severe left atrial enlargement and periodic bradyarrhythmia and tachyarrhythmias were noted. Pleural effusion was noted, owing to left sided heart failure. "Smoke" was noted in the left atrium. The right atrium was enlarged. The right ventricle was unremarkable. Tricuspid insufficiency was noted. Mitral insufficiency was noted (>4.0 m/s).

Urinary System

The **urinary bladder**, trigone, and pelvic urethra 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 **right kidney** was severely dystrophic and subnormal in size, measuring 2.16 cm. Cortical collapse and remodeling were noted with mild pericapsular inflammatory pattern.

The **left kidney** revealed cortical infarcts and remodeling. Cortical medullary mineralization was present. Mild to moderate degenerative changes were noted. The left kidney measured 3.77 cm.

Adrenal Glands



PATIENT	Both adrenal glands were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 0.47 cm. The left adrenal gland measured 0.5 cm.
Missy Piggy Falco	
SPECIES	Spleen
Feline	The spleen revealed multifocal hyperechoic lipogranulomatous type nodules, not likely pathological.
BREED	Liver
DLH	The liver images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild age-related parenchymal remodeling was noted but likely not clinically significant at this time. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable. The gallbladder was empty. The vena cava was dilated (0.8 cm).
SEX	
Spayed Female	
AGE	Gastrointestinal
11 Years	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.
WEIGHT	Pancreas
12.9 Pounds	The base and limbs of the pancreas were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal, and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.
INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
Eric Lindquist, DMV DABVP, Cert. IVUSS	<ul style="list-style-type: none"> • Severely precarious heart with left sided heart failure and pleural effusion owing to unclassified cardiomyopathy and aggressive arrhythmia. Emerging right sided failure with dilated hepatic veins. • Severe right renal dystrophy and mild left renal dystrophy • Multifocal hyperechoic lipogranulomatous type splenic nodules, not likely pathological • Age-related hepatic changes
IMAGING PERFORMED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Kelly Vazquez	This patient is at high risk for sudden death. I recommend off-label use of Pimobendan 0.3 mg/kg BID and increasing Lasix to 12.5 mg BID. EKG is indicated and monitoring of basil respiratory rate (target <25 p/m). Body temperature should be kept at >98° Fahrenheit. Prognosis is extremely guarded. Continuation of the Plavix and Enalapril are also indicated. Recheck echo in one month if the patient is able to stabilize.
HOSPITAL NAME	
Sova AH	
REFERRING VET	
Dr. Bott-Wentworth	
INVOICE	
20663	
DATE	
1/20/23	



PATIENT

Missy Piggy Falco

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

11 Years

WEIGHT

12.9 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Sova AH

REFERRING VET

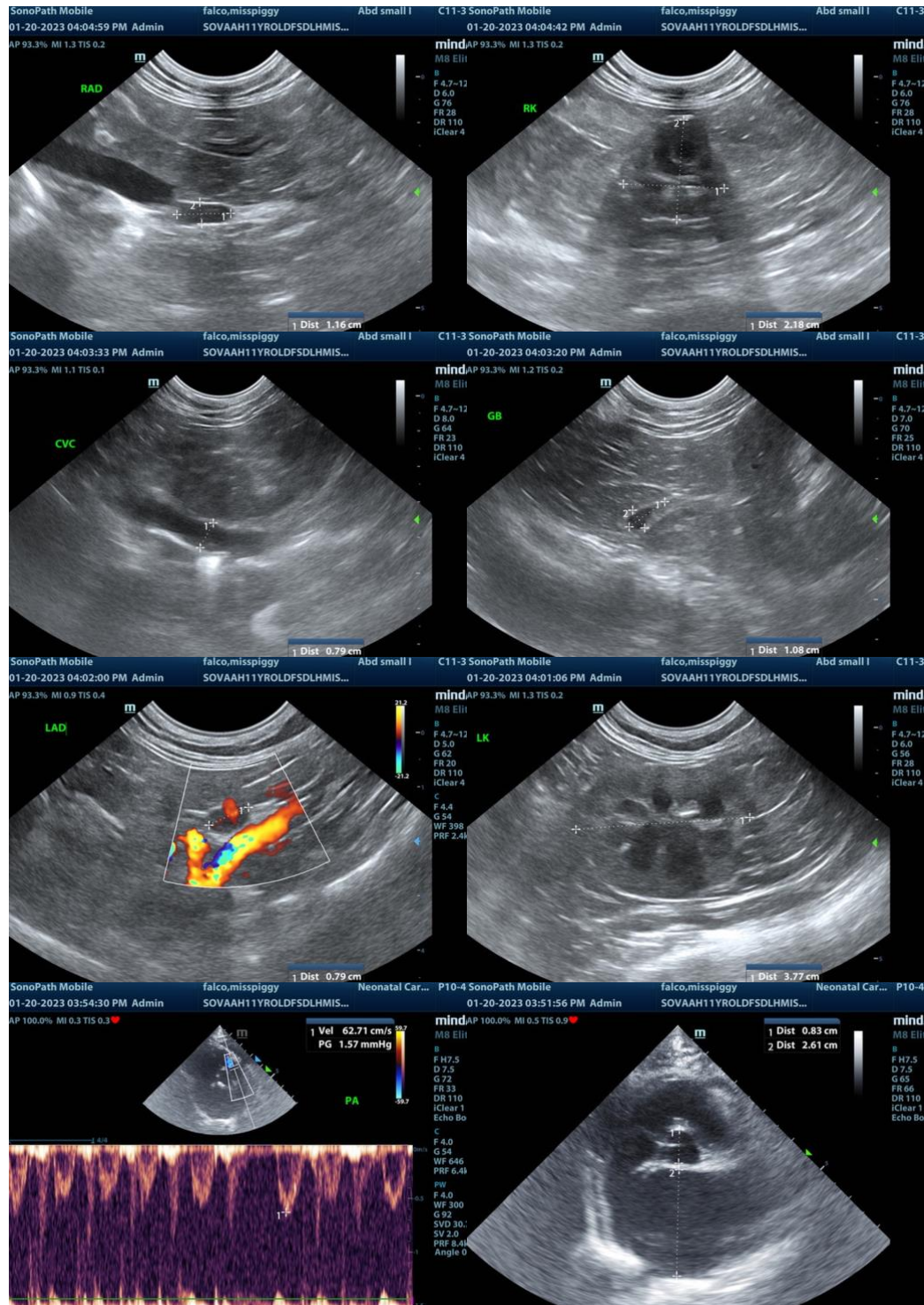
Dr. Bott-Wentworth

INVOICE

20663

DATE

1/20/23





PATIENT

Missy Piggy Falco

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

11 Years

WEIGHT

12.9 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Sova AH

REFERRING VET

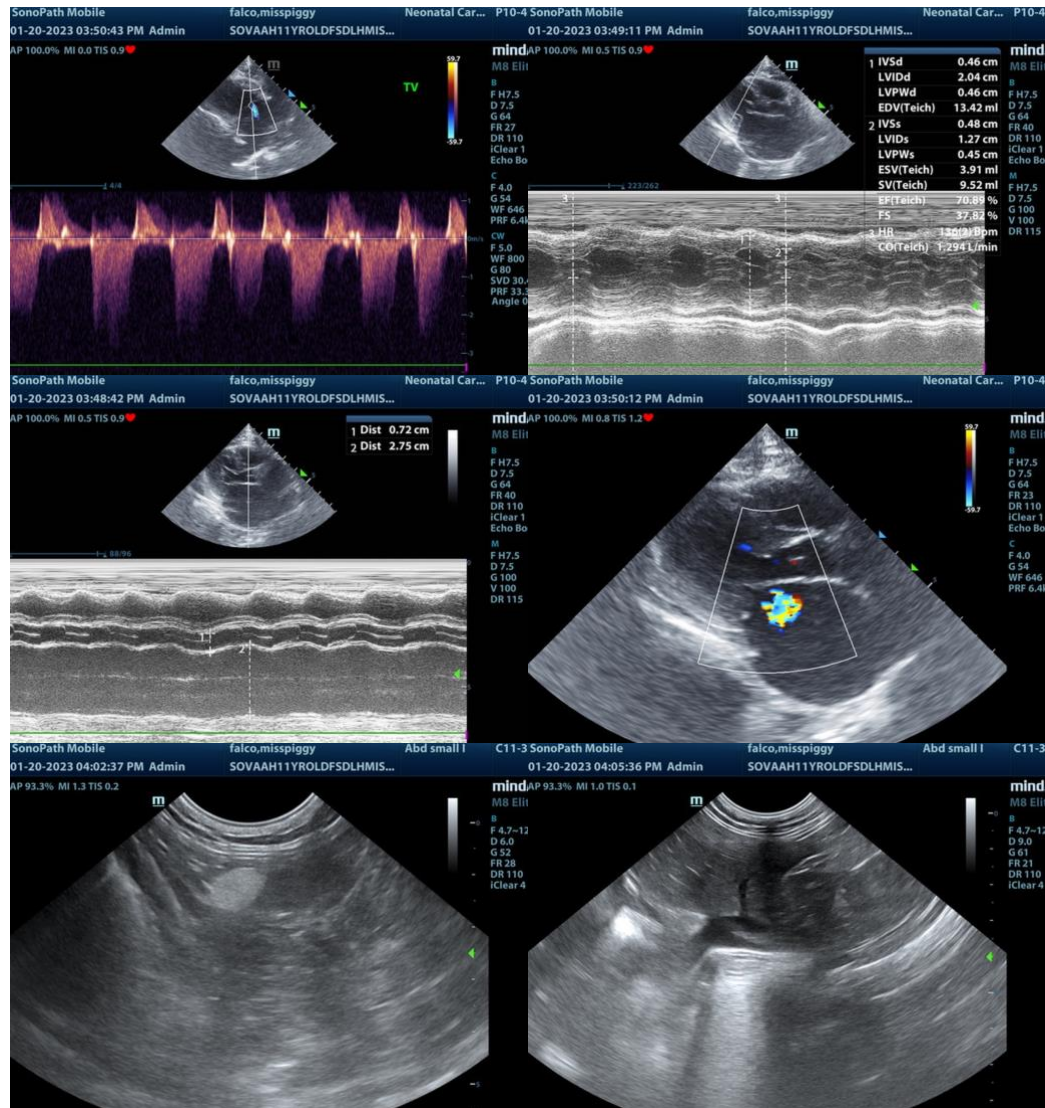
Dr. Bott-Wentworth

INVOICE

20663

DATE

1/20/23



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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com