



PATIENT

Opal Warchol

PRESENTING CLINICAL SIGNS

Presented for open mouth breathing, tachycardia. Rads – Mild cardiomegaly.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

BREED

DSH

SEX

Spayed Female

AGE

2 Years

WEIGHT

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		300	0.61	1.2	0.64	59	91
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	1.7	1.7			1.9	0.86	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

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Eric Lindquist, DMV
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HOSPITAL NAME

Butler Vet Hospital

REFERRING VET

Dr. Gallo

Cardiac Presentation

The echocardiogram for this patient presented excessive **left atrial size** expressed both in the LA/AO and LA max measurements. Chamber volumes and echogenicity were normal. The cranial and caudal **mitral** valve leaflets appeared mildly thickened with some insufficiency noted on Doppler. The **left ventricle** presented excessive free wall and septal thicknesses with hypertrophic thicknesses compared to normal for this species. The **myocardium** presented essentially normal echogenicity without immediate signs of fibrotic or ischemic disease. **Contractility** of the ventricular walls was considered excessive for this patient evidenced by the elevated fractional shortening measurement. The **left ventricular outflow** tract demonstrated turbulent laminar flow. Subjective assessment of the **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted. **Tricuspid** valvular assessment demonstrated linear morphology. The **right ventricle** was of normal size with normal chordae structure, myocardial echogenicity and thickness. **Pulmonic** tract assessment revealed normal valve structure, laminar flow, and diameter. No visible **pericardial** or free pleura fluid was noted. Areas of comet tail lung pattern noted, matching the radiographs, which would suggest a combination of bronchial and pulmonary edema. Left atrial size was large enough to justify pulmonary edema.

ULTRASONOGRAPHIC FINDINGS

- Hypertrophic cardiomyopathy with left atrial enlargement, emerging left-sided heart failure

INVOICE

34992

DATE

1/21/22

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Based on radiographic findings, a combination of bronchial and cardiac disease with early pulmonary edema suspected. Recommend Lasix at 6.25 mg BID, Zithromax SID and Atenolol 6.25 mg BID. Target heart rate <200. Recheck radiographs in 24-48 hours and STAT EKG recommended based on the 300



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heart rate.

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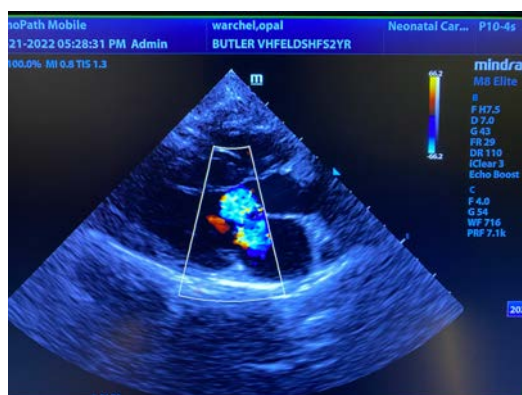
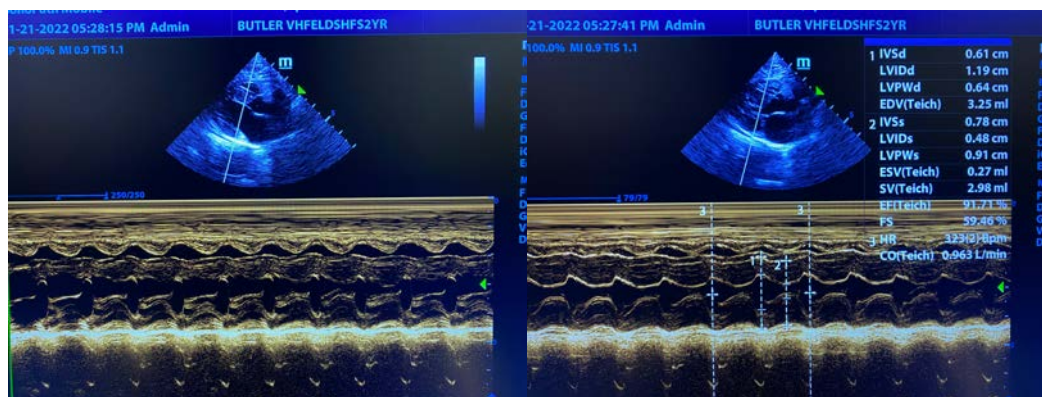
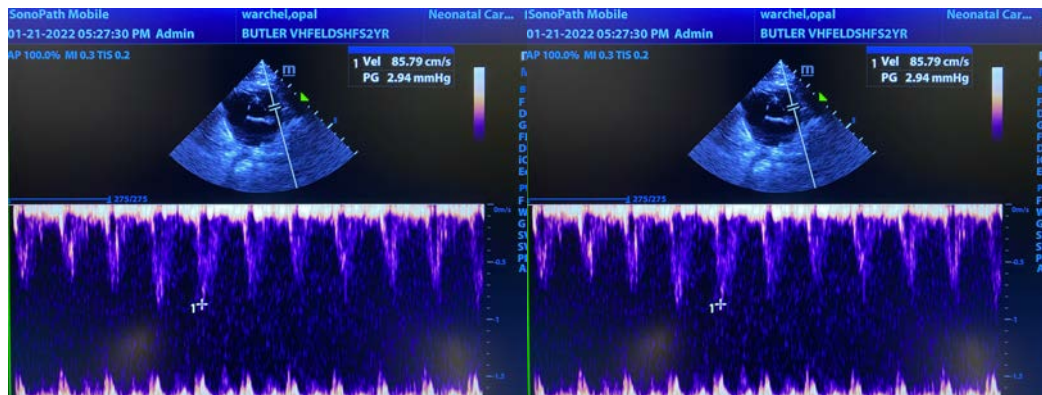
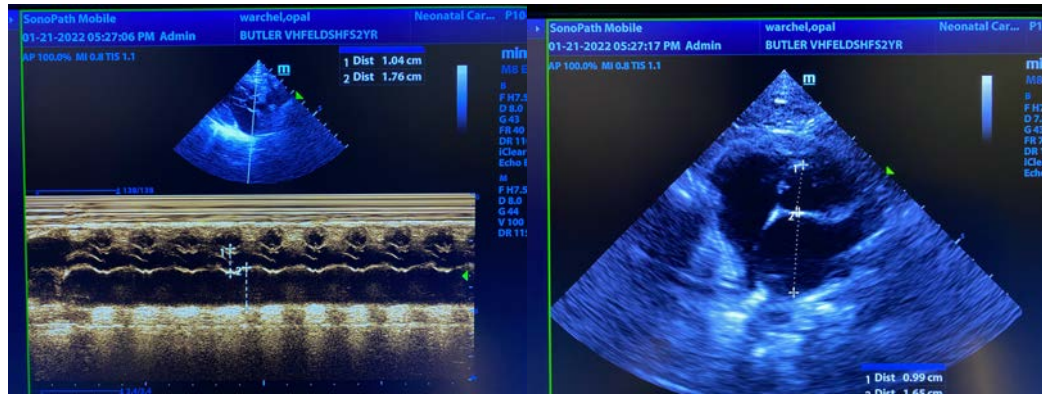
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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info@SonoPath.com

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