



PATIENT

Pickles Parrish

SPECIES

Feline

BREED

Domestic Longhair

SEX

Spayed Female

AGE

6 years

WEIGHT

8 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kelly Romero

HOSPITAL NAME

Fort Collins VEH

REFERRING VET

Kelly Romero

INVOICE

95460

DATE

1/24/22

PRESENTING CLINICAL SIGNS

Approximately 20 minutes before presentation, pt seemed like she was coughing up a hairball; she ran upstairs and developed labored breathing. Pt had a similar panting session a couple weeks ago that ended after a few minutes. She has not been exposed to known toxins or chemicals. She has been eating, drinking, urinating, and defecating normally. She has not been vomiting. Medical History: Pt was diagnosed with a heart murmur 5 years ago; she has never elected to treat or look further in to this. She had 4 seizure-like episodes between 2-3 years old. The episodes consist of tensing and shaking and last a minute or less; she is cognizant during these episodes. Two of the episodes happened during a bath and two happened after coughing up a hairball. She had unknown bloodwork performed after at least two of these episodes and the results were normal. The last of these episodes was 3 years ago. She has anxiety.

Abnormal PE/Chem/CBC/UA Results: blood gas panel showed very mild azotemia and decreased potassium; urine specific gravity 1.001 (after furosemide). T4 = 1.4 (WNL) radiographs show atrial enlargement/elongated heart, very mild residual hilar interstitial fluid, no vessel enlargement blood pressure 140 systolic Has had three doses of furosemide and had to be sedated for diagnostics as very fractious (echo performed with alfaxalone, Butorphanol and a 2 mcg/kg dexmedetomidine dose). Planning to send home on just once daily furosemide 2 mg/kg since most of fluid has resolved and balancing mild azotemia

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The echocardiogram in this patient demonstrated enlarged **left atrial** size with normal structure and no evidence of “smoke” or thrombi. The cranial and caudal **mitral** valve leaflets appeared mildly thickened with some insufficiency noted on Doppler. The **left ventricle** presented variable excessive thickening with sectorial hypertrophy and excessively thickened papillary muscles along with fixed LVOT impingement by the left ventricular septum. The **left ventricular outflow** tract revealed systolic anterior motion. This is indicative of dynamic obstruction. 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. No echographically detectable evidence of infiltrative disease was visible. The **mediastinum** was free of masses in the visible window. Arrhythmogenic activity was noted.



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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		NM	0.62	1.7	0.73	51	85
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	1.9	2.36	2.1	Excessive at 4.0	Variable 60-100 with average 80	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

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ULTRASONOGRAPHIC FINDINGS

Fixed and dynamic left ventricular outflow obstruction with hypertrophic cardiomyopathy and left atrial enlargement.

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

Arrhythmogenic activity present.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend Lasix in this patient at 6.25 mg b.i.d. Ace inhibitor could be considered at 0.5 mg/kg s.i.d. +/- Atenolol at 6.25-12.5 mg s.i.d. to b.i.d. as necessary primarily based on EKG results. The patient was sedated at the time of the sonogram. The prognosis is guarded. This aptiety is at risk for sudden death. A recheck echocardiogram is recommended in a month. EKG is recommended 3-5 days after initiating Atenolol therapy presuming Atenolol is compatible with an arrhythmia noted on EKG.

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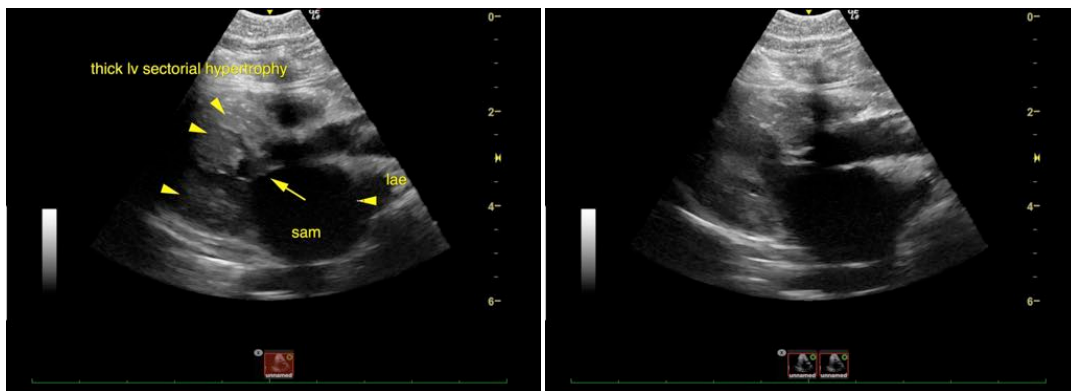
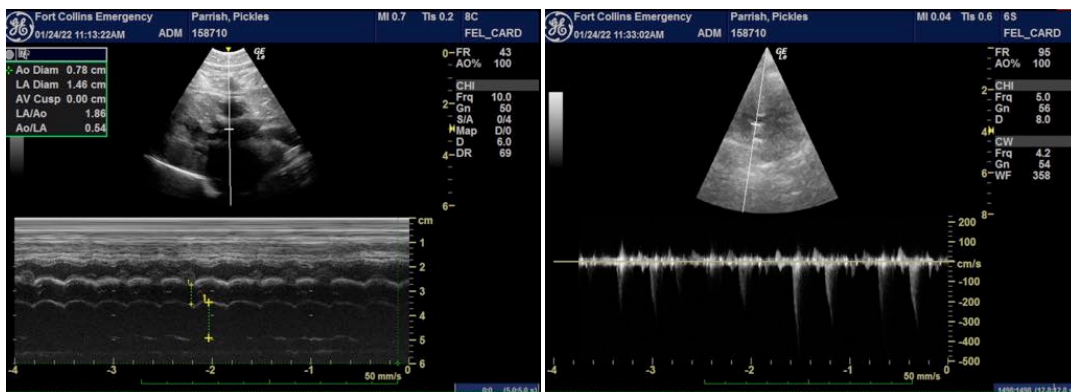
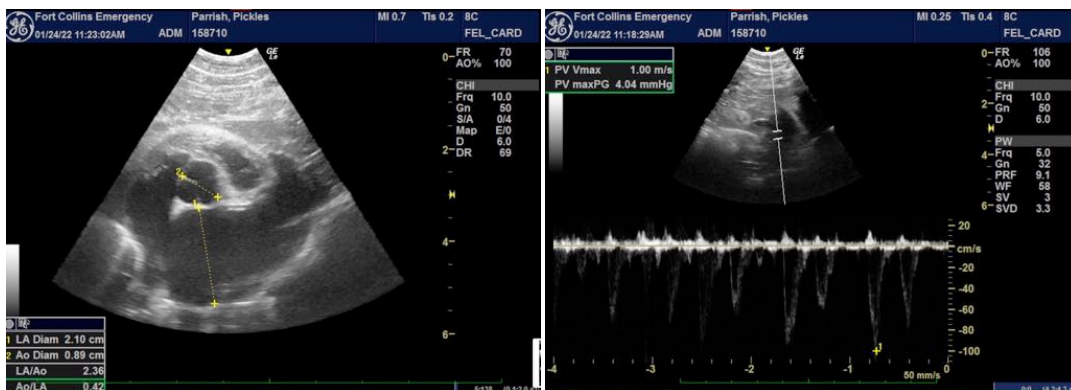
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



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

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