



**PATIENT**

Keke Cabral

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

4

**WEIGHT**

5.1 kg

**PRESENTING CLINICAL SIGNS**

Presented for increased respiratory effort at home noticed this morning. She has had a decreased appetite for the past few days, her last full meal was about a week ago. She has been very lethargic at home the past 2 days, she is found laying and sleeping on the floor which is very abnormal for her. When by her food she was noticed to gag a few times. She has not had any episodes of open-mouth breathing. Owner has noted some weight loss over the past few weeks. No changes in urination or defecation. No V/D/C/S. Not on any medications. No major medical history.

Abnormal PE/Chem/CBC/UA Results: Diagnostics: CBC: within normal limits Chem/Lytes: Glu 309, Creat 2.3 (Mildly high), BUN 47 (H), ALT Lactat: 3.1 Radiographs: 1. Generalized cardiomegaly. Otherwise unremarkable thorax. 2. Gastrointestinal changes are suggestive of a functional ileus, possibly secondary to gastroenteritis and/or pancreatitis. There is no evidence of small intestinal obstruction. 3. Desiccated fecal material is compatible with constipation. 4. Wispy increased opacity of the mesenteric fat raises the suspicion of a scant amount of peritoneal effusion or reactive peritonitis. APOCUS: Scant free fluid by the liver and by the bladder. Too small to sample. UA (Sedivue): USG 1.050, Protein 500mg/dL, WBC 1/hpf, RCB 3/hpf Treatments: Butorphanol 0.2mg/kg IV Hospitalization Plan: Weight | q12h Temperature | q6h HR, RR, RE | q6h IV Fluids - LRS | 12 mL/hr | q4h | 12mL/hr LRS Maropitant (Cerenia) 10 mg/mL injection | 1mg/kg, 5.1mg | IV | q24h Appetite - Offer Food / Water / Note | q8h Open to transfer - hospitalization 5-6k but give another fluid bolus if no reasonable blood pressure. BP 114/106

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Frank Antonopoulos

**HOSPITAL NAME**

Veterinary Emergency Group - Nanuet

**REFERRING VET**

Dr. Ashley Newman

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

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	0.45	3.0	0.4	~10-12	--
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	~2.5	>2.0	2.0		--	--	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							

**INVOICE**

44570

**DATE**

1/27/23

**Cardiac Presentation**

The cardiac presentation presented severe volume overload in all 4 chambers with spontaneous contrast, thin myocardial walls, and poor contractility. Trace pericardial effusion noted. Trace pleural effusion noted.

**ULTRASONOGRAPHIC FINDINGS**

- DCM type presentation with left-sided heart failure and potential right-sided failure



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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Taurine deficiency should be considered in this patient as well as myocarditis. Quadrotherapy recommended with Lasix at 12.5 mg BID, diminishing to 6.25 mg BID pending potentially normalized respiratory rate and monitoring of azotemia. Off-label Pimobendan at 0.3 mg/kg BID, ACE inhibitor 0.5 mg/kg SID, and Plavix therapy also indicated. Consideration of infectious agents such as bartonella should be evaluated. Prognosis is very guarded. Recheck echocardiogram in one week.

13 video clips submitted. MP4 submitted, please submit in DICOM in the future.



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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