



PATIENT

Sookie Cooksley

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

12 years

WEIGHT

13 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Kalenius

HOSPITAL NAME

Willamette VH

PRESENTING CLINICAL SIGNS

Pet has been hospitalized since 12/29 for azotemia and one IV fluids. Today significant weight gain, increased RR/RE noted along with SQ edema on ventrum. TFAST = pleural effusion, AFAST abdominal effusion. Thoracocentesis performed removed 100 ml straw colored fluid.

Abnormal PE/Chem/CBC/UA Results: tachypnea, normal heart sounds. Overweight, ventral SQ edema. Eating well. Decreased urine production today. 2 pm EPOC = CREA 3.38, BUN 65 mg/dl, K+ 3.5
Thoracic radiographs (post-thoracocentesis) = cardiomegaly and pulmonary interstitial pattern, vascular enlargement.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The echocardiogram in this patient revealed fairly normal septal and free wall thicknesses and adequate contractility. However, right atrial and left atrial enlargement is present. The left ventricular internal diameter was at the upper limits of normal. Trace pleural and pericardial effusion was noted. Passive congestion pattern was noted in the liver with secondary ascites.

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		204	0.6	1.17	0.65	56	89
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	1.4	1.6	1.7 max			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							

REFERRING VET

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ULTRASONOGRAPHIC FINDINGS

Early left and right-sided heart failure appears to be present in this patient. This is consistent with unclassified cardiomyopathy. However, there is likely both an extracardiac and cardiac component to this case. Other causes of pleural and pericardial effusion such as occult neoplasia should be considered. Myocarditis is also a potential.



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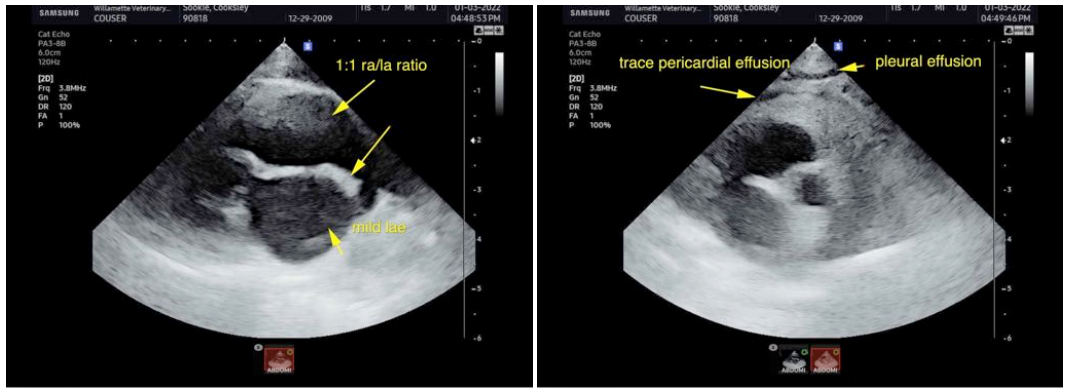
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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