

PATIENT

Boa Dalton

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

13 Years

WEIGHT

11.25 Pounds

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Liberty AH

REFERRING VET

Dr. Paoletti

DATE

1/6/23

Invoice

20411

PRESENTING CLINICAL SIGNS

History: Pet was brought in for concerns of difficulty breathing BAR, BCS 3/5; abd palp wnl; h/l clear; increased resp rate rads- pleural effusion, mild ascites? sedated w/0.2c torb IV blow by oxygen x few minutes thoracocentesis 170cc clear fluid, saved purple/red for cytology/culture? rads after- much better u/s little fluid remaining within chest rec animal sounds ASAP Primary Question/Differential to Be Answered in This Exam what is the cause of pleural effusion

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	--	--	--	--	--
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	2.0	1.95	--	1.30	.60	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 in this patient revealed relatively normal to slightly thickened septal and free wall thicknesses with echogenic myocardial remodeling. Mild volume overload was noted in the left ventricle. Mitral and tricuspid insufficiencies were noted with volume overload of both and right atria. No evidence of smoke or clots are noted at this time, however, could develop. Aortic outflow velocity was acceptable at 1.30 m/s. Mitral insufficiency velocity measured 5.0 m/s. Tricuspid insufficiency measured 2.50 m/s. The hepatic veins were dilated. A slight amount of pericardial effusion was noted. Pleural effusion was also noted in this patient with minor areas of lung consolidation. Contractility appeared adequate. Occasional arrhythmia was noted. B-lines were noted, as well as shower curtain lung pattern, consistent with pulmonary edema.

ULTRASONOGRAPHIC FINDINGS

- Unclassified cardiomyopathy with left and right sided heart failure
- Arrhythmia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

All of the effusions can be justified by left and right sided heart failure. I recommend off-label use of



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Pimobendan 0.3 mg/kg BID, Lasix at 12.5 mg BID, reducing to 6.25 mg/kg BID (as respiratory rate normalizes), Ace-inhibitor 0.5 mg/kg SID, and Plavix therapy is also indicated. BUN, creatinine, hydration status and urine specific gravity should be monitored. Target respiratory rate <25 p/m. No overt evidence of neoplasia is present. Recheck echocardiogram in 1-2 weeks to refine therapy. Blood pressure measurements and body temperature should be monitored. EKG is indicated.

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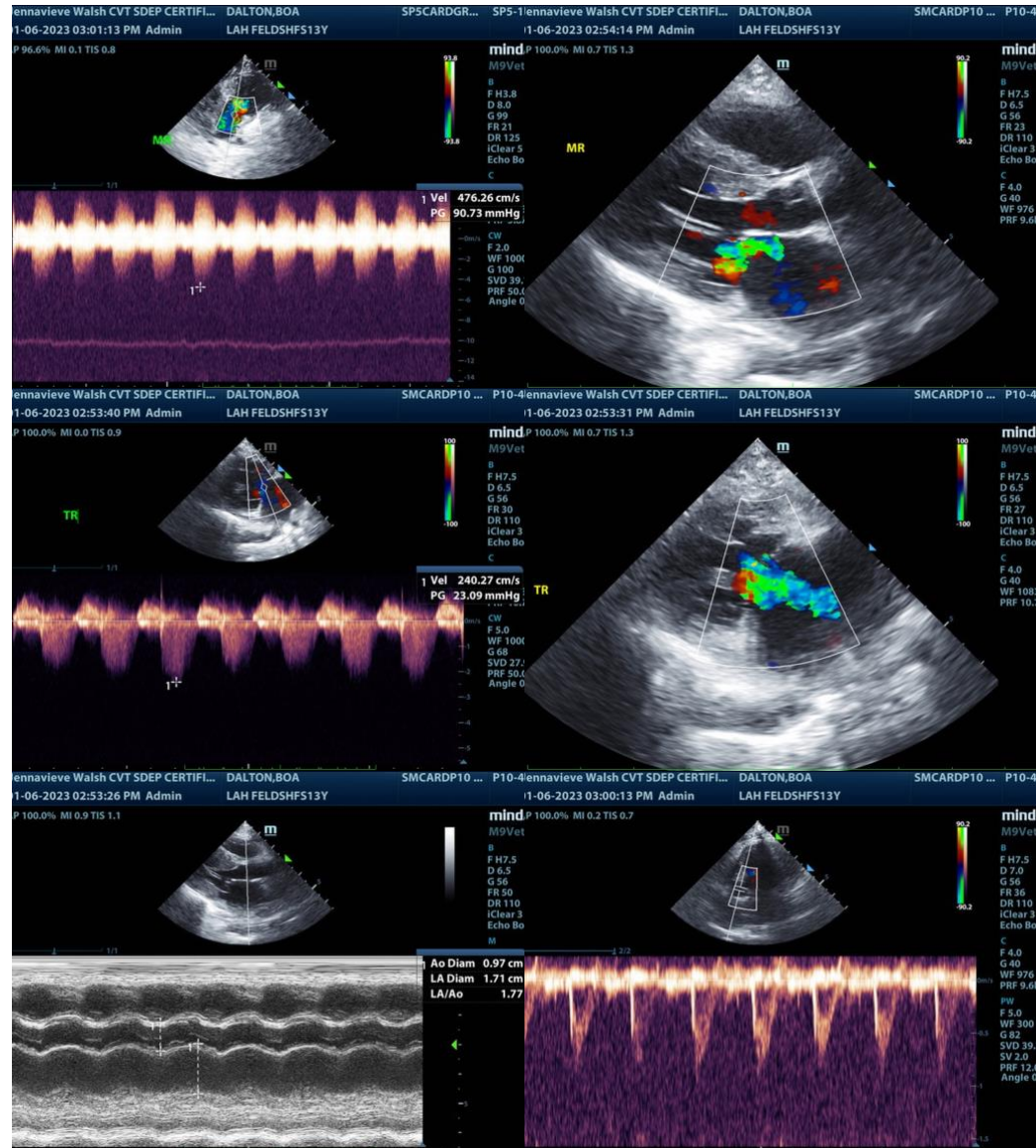
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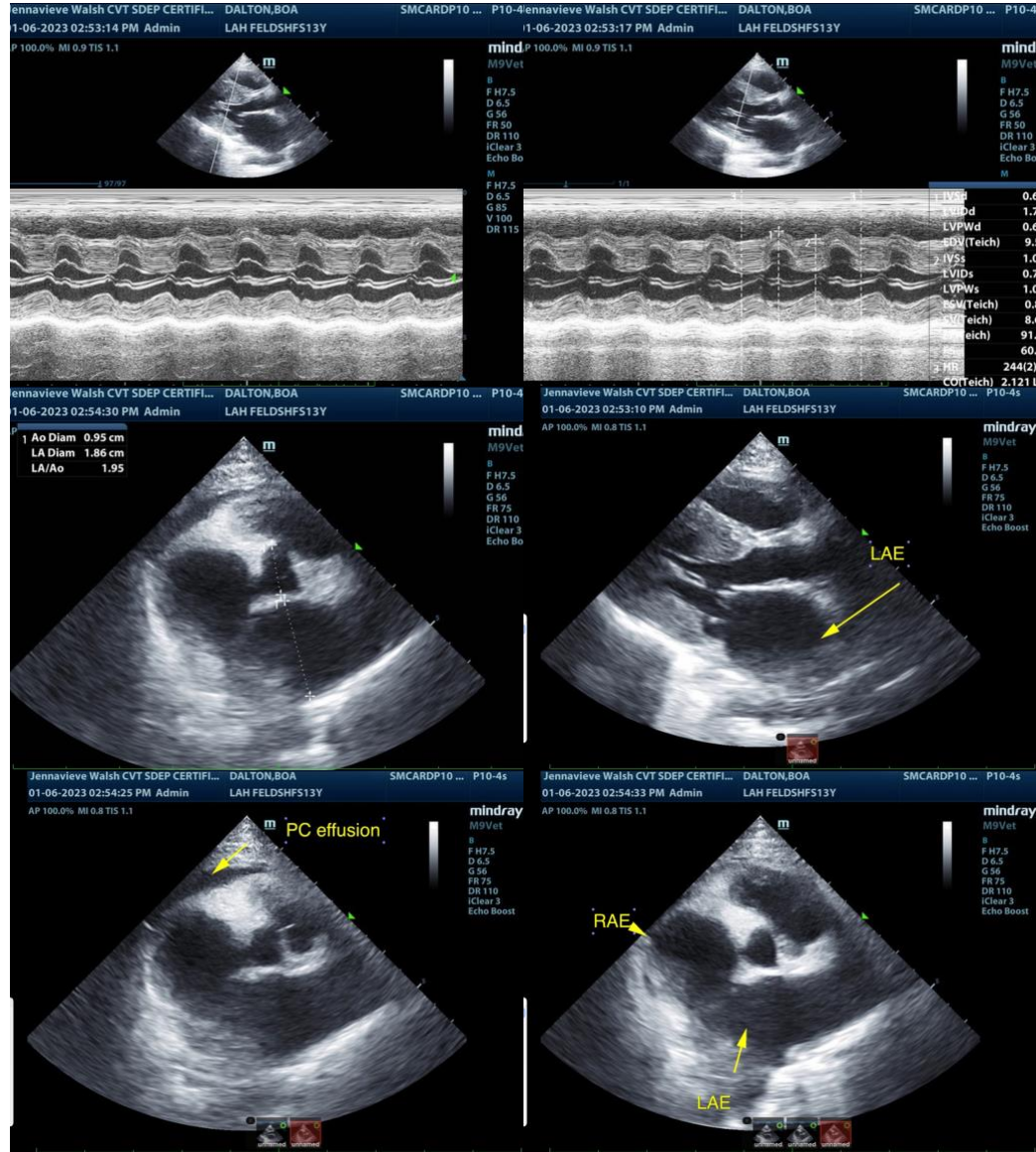
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS

CEO of Sonopath.com



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Eric.Lindquist@SonoPath.com

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