

PATIENT

Shadow Bailey

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

9 years

WEIGHT

8.6 lbs

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Q Street AH

REFERRING VET

Dr. Cone

DATE

10/22/21

Invoice

13987

PRESENTING CLINICAL SIGNS

History: - Rapid/more labored breathing intermittently for several years, even at rest. Always a less active cat. Non-productive retch or cough developed in the last few weeks. - PE findings: quiet to muffled lung sounds; tachypnea (RR=50) with mild increase in effort Current Medications Furosemide 9 mg PO BID

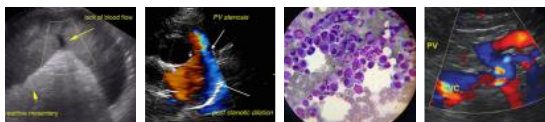
Abnormal PE/Chem/CBC/UA Results: - Mild hyperproteinemia, moderate lymphopenia - Thoracocentesis on 10/12/21 removed 248 ml chylous fluid from pleural space. Fluid was analyzed at Antech and did not contain any overt infectious or neoplastic cell populations.

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	--	203	0.47	1.25	0.49	51	90
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	1.1	1.14	1.0	1.10	.51	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 echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate LA measurements. The cranial and caudal **mitral** valve leaflets presented normal linear structure and kinetics. The **left ventricle** presented normal thicknesses with linear contour and was not dilated nor restricted. The **myocardium** presented normal echogenicity without subjective evidence of significant fibrotic or ischemic disease. **Contractility** of the ventricular walls was adequate and in normal range for this patient evidenced by the fractional shortening measurement and subjective evaluation of the different regions and angles of the myocardium. The **left ventricular outflow** tract demonstrated normal laminar flow and subjective structural integrity. The **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted or chamber overload. Trivial **Tricuspid** insufficiency noted at 1.5 m/s. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. **Pulmonic** tract assessment revealed normal valve structure, laminar flow, and diameter (approx. 1:1 pa/ao ratio). Non-cardiogenic pleural effusion noted



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throughout the extracardiac space. Areas of lung consolidation (of approximately 3.0 cm at the heart base) noted with irregular contour-strongly suggestive for a neoplastic process.

ULTRASONOGRAPHIC FINDINGS

- Normal echocardiogram with non-cardiogenic pleural effusion

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I'm concerned for a neoplastic process or other causes of lymphatic obstruction. Idiopathic chylothorax also possible. I recommend abdominal sonogram to assess for primary disease. If no evidence of primary disease noted, then pleural drainage and CT of the chest with contrast would be appropriate. A fresh pleurocentesis sample with immediate cytospin recommended with immediate slide preparation may allow for a more diagnostic evaluation of the cellularity in the chest.

For an additional charge, internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>

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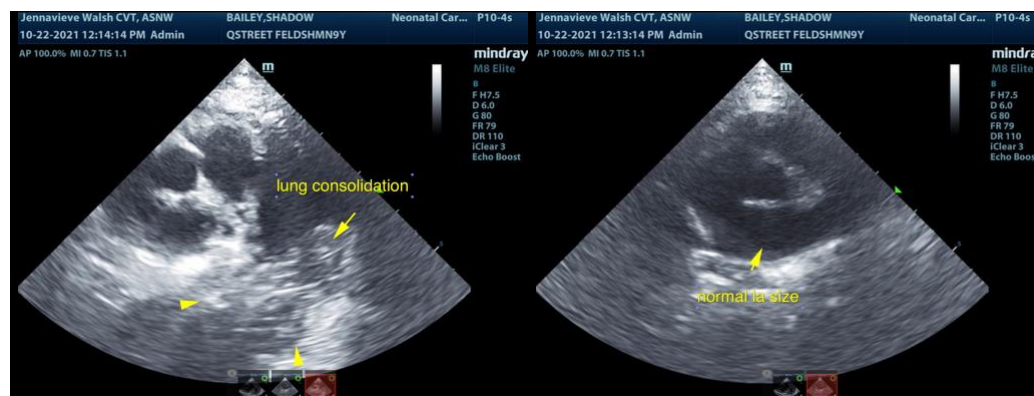
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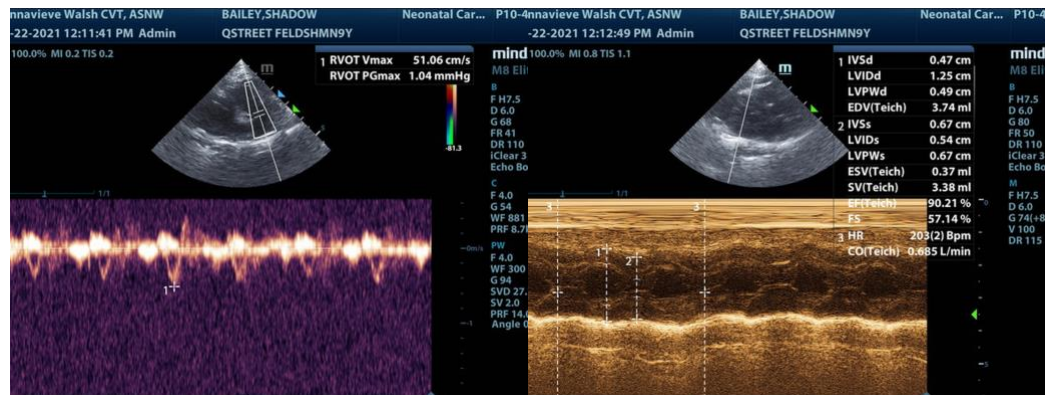
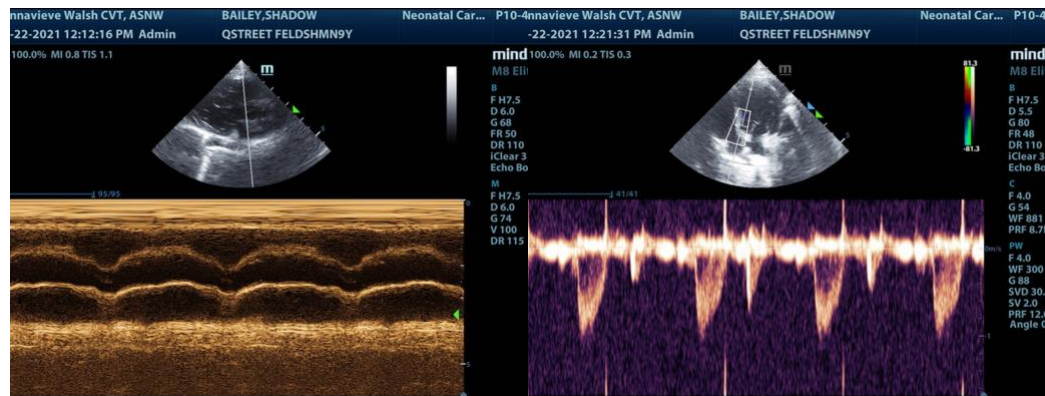
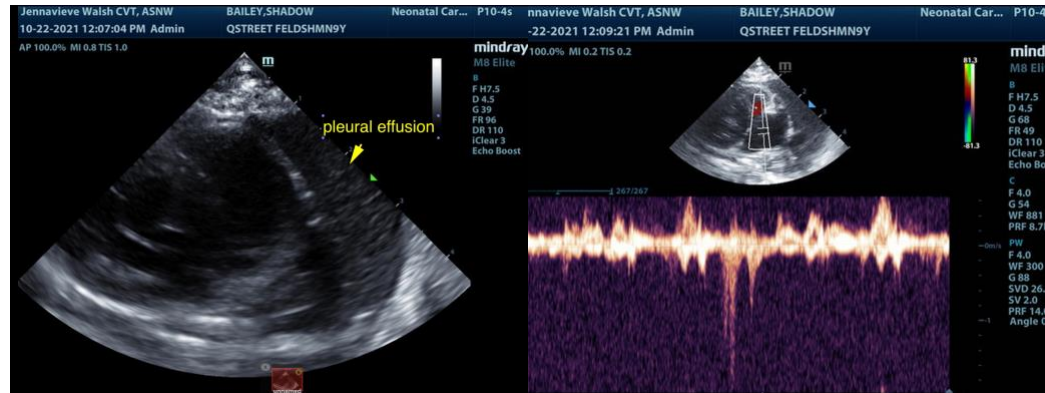
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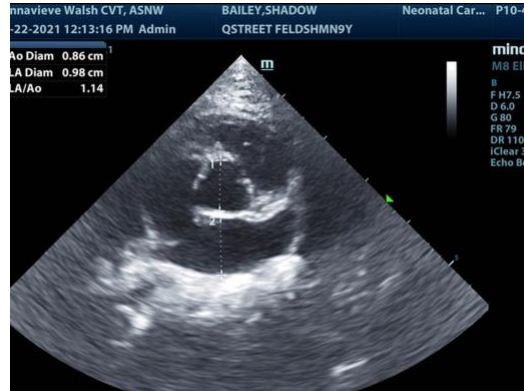
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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