



**PATIENT PRESENTING CLINICAL SIGNS**

Alexander Suprono

acute onset dyspnea. Prior hx of stable stage 1-2 CKD, well controlled hyperthyroidism and systemic hypertension. Also hx of elevated liver values attributed to idiosyncratic reaction to Semintra; as of Monday liver values had steadily improved but not normalized. Labored breathing started being noted 2 days ago @ home.

**SPECIES**

Feline

Abnormal PE/Chem/CBC/UA Results: Respiratory distress/open mouth breathing on exam Thoracic rads: pleural effusion w/ suspect cardiomegaly, otherwise NSF No improvement despite furosemide 2mg/kg IM; patient extremely agitated - Ultrasound/IVC placement and blood draw performed with alfaxalone 3mg/kg IM. repeated furosemide 2mg/kg IV. Removed 145mls of light tan clear fluid from pleural space while sedated.

**BREED**

DLH

**SEX**

Neutered Male

**AGE**

15 Years

**WEIGHT**

12.8 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**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                        | 0.79   | 1.39            | 0.7             | 61        | 92     |
| 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              | 1.2                       |  | 1.46            | 0.83            | 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

**IMAGING PERFORMED BY**

Dr. Jessica Bailes

**HOSPITAL NAME**

All Creatures  
Great & Small

**REFERRING VET**

Dr. Jessica Bailes

**INVOICE**

26674

**DATE**

10/27/21

**Cardiac Presentation**

Septal and free wall thickness were slightly excessive in this patient. Contractility was adequate. Left atrial size was contained. The right ventricle and right atrium were dilated. Right atrial enlargement noted. Tricuspid insufficiency noted. Multifocal lung consolidations were noted in this patient as well as non-cardiogenic pleural effusion. Hepatic veins were dilated in this patient. The vena cava was dilated.

**ULTRASONOGRAPHIC FINDINGS**

- Suspect pneumonitis with secondary right-sided heart failure and pulmonary hypertension

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given that the left atrial size is relatively under control, both cardiogenic and pulmonary pathology likely playing a role in this patient. Primary respiratory protocol, bronchodilators, coverage for thromboembolic disease with Plavix therapy and Lasix all indicated, as well as oxygen therapy. Abdominal sonogram recommended to assess for primary disease in case predisposing issues are present in the abdomen. I do not believe this to be a primary heart failure issue. The right-sided enlargement and pulmonary hypertension is likely secondary to increasing pulmonic pressures from primary respiratory disease. Pleurocentesis and cytopsin recommended to assess for exfoliating neoplasia.



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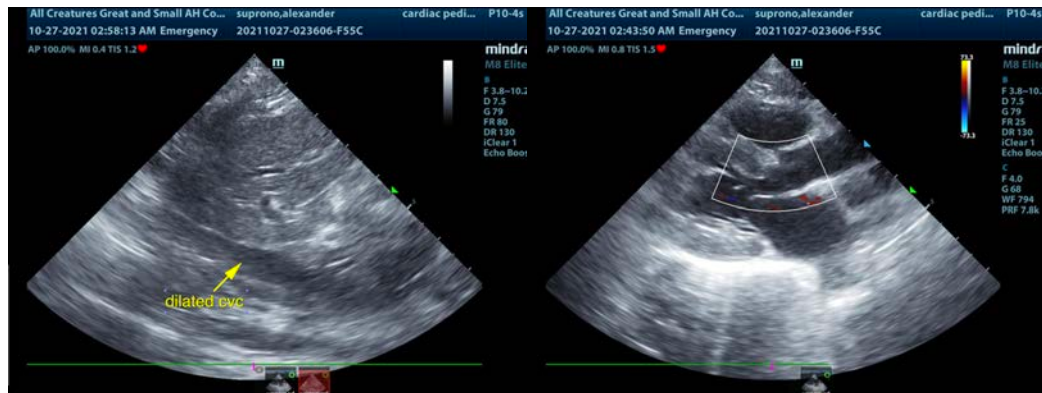
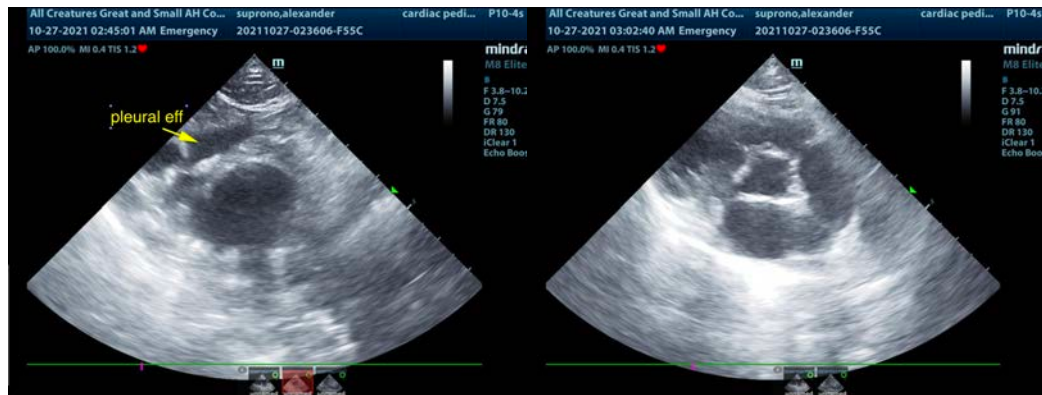
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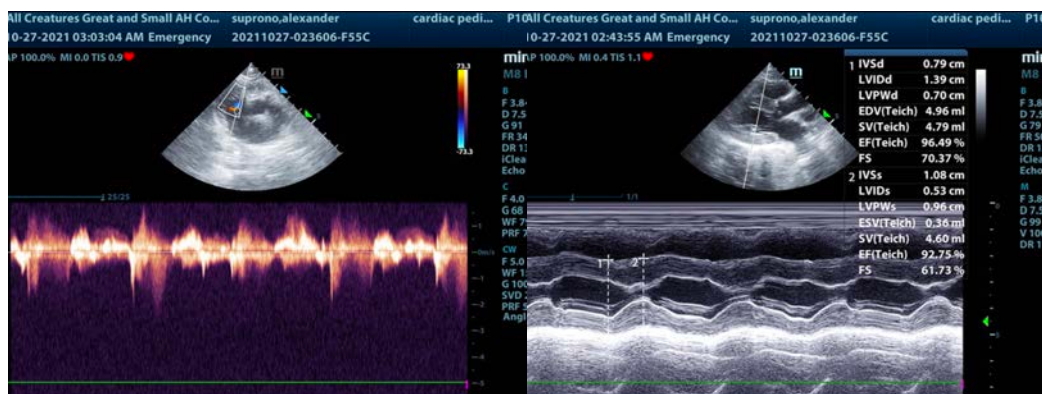
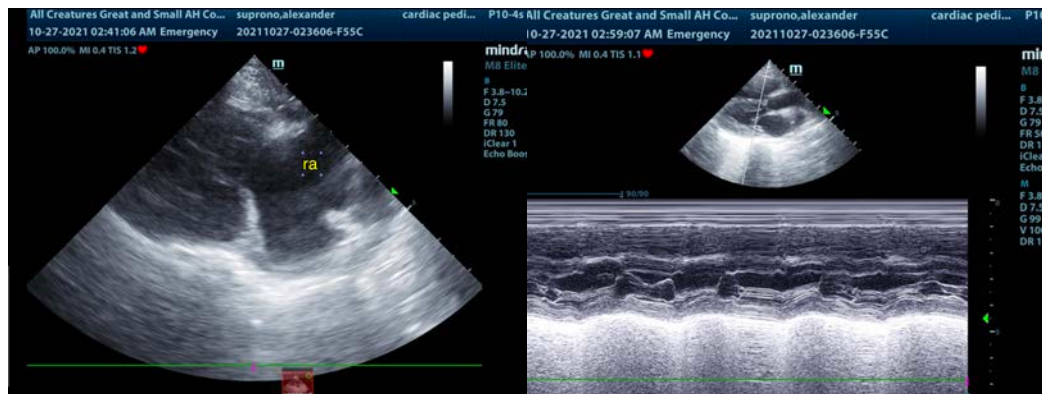
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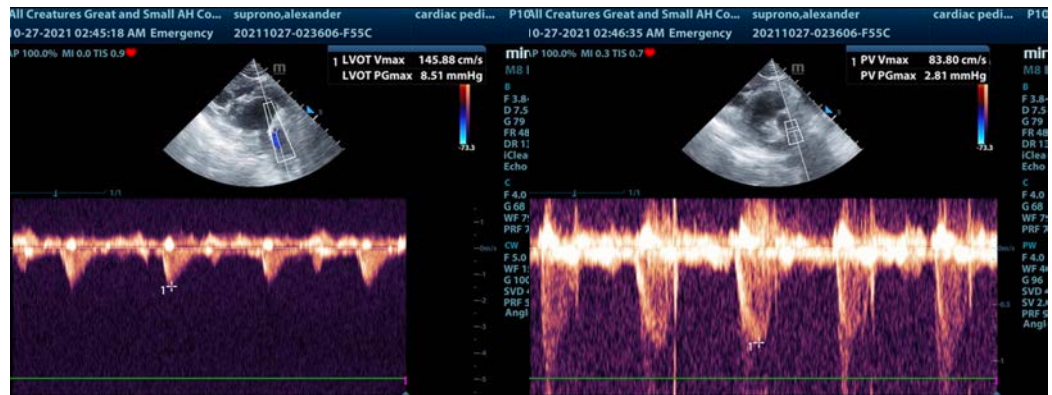
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, CEO of SonoPath.com  
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