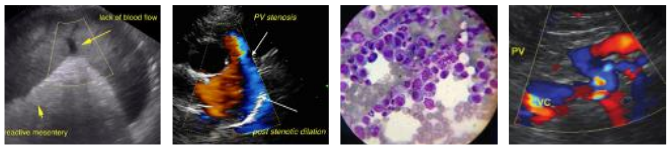
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Piper Ferguson

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

16 Years

WEIGHT

6 Pounds 9 Ounces

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Andover AH

REFERRING VET

Dr. Binlear

INVOICE

17552

DATE

10/3/22

PRESENTING CLINICAL SIGNS

History: Persistently elevated liver enzymes since 3/2022. Losing weight, ++increased appetite. Current meds: Denamarin 90mg q24h, Metro 50mg q12h, amoxi 50mg q12h. Note: P presented with increased respiratory effort and fast echo scan was performed to assess. BP post scan (tail) 118/98(99)

Abnormal PE/Chem/CBC/UA Results: 9/29-ALT 510, ALP 329, BILI 1.4, Leukocytosis w/neutrophilia and monocytosis.

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	0.55	1.2	0.5	35	--
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	0.8	--	--		--	--	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 left heart was unremarkable. The aorta in this patient was dilated with a splitting cranial wall and echogenic debris, consistent with aortic dissection. This is severe consequence to systemic hypertension or underlying disease process. Prognosis is poor. Septal and free wall thickness were unremarkable. The aortic valve was mildly thickened. The **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted or chamber overload. **Tricuspid** valvular assessment demonstrated adequate linear morphology and kinetics. 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). No visible **pericardial** or free pleura fluid was noted or extra cardiac pathology in the visible planes. The cranial **mediastinum and pericardial regions** were free of masses in the visible window. Periodic arrythmia was present. No volume overload was noted.

ULTRASONOGRAPHIC FINDINGS

- Aortic dissection

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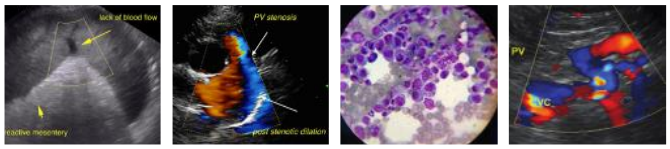

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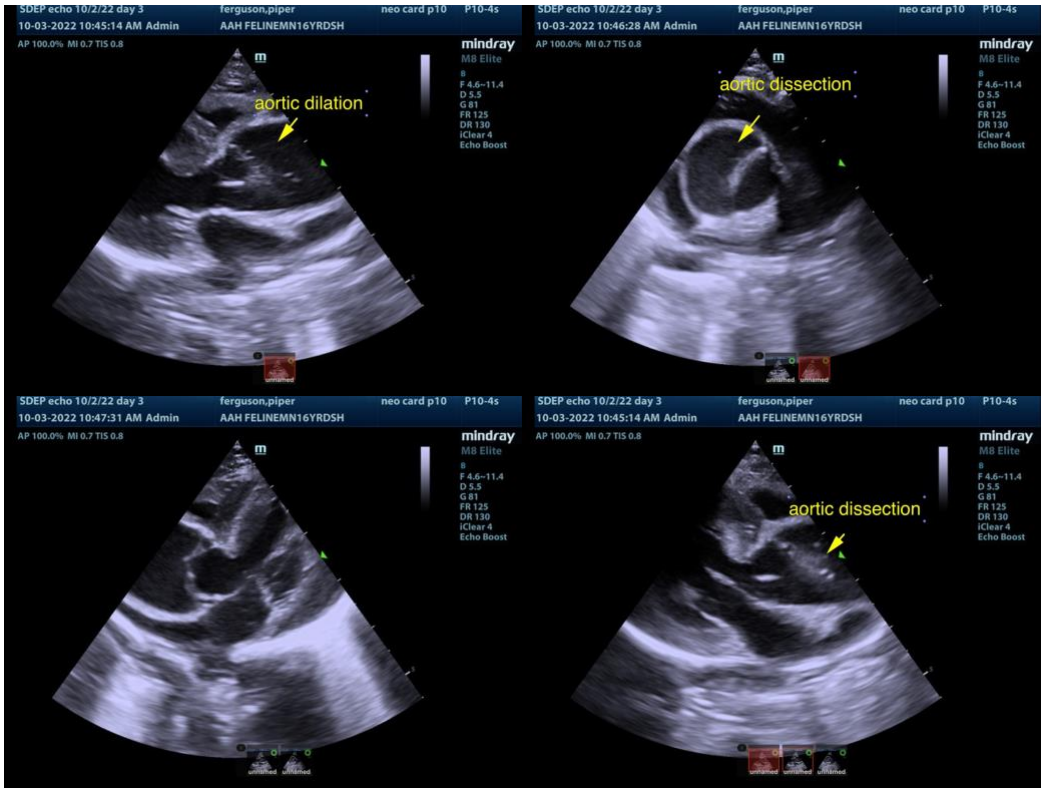
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The causes of abdominal evaluation for cause of underlying disease is indicated with search for causes of hypertension. However, prognosis is poor, and this patient is at high risk for sudden death. Thromboembolic episodes may also be playing a role given the increased respiratory effort. EKG is indicated to assess periodic arrythmia yet was paroxysmal during the exam.



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
info@SonoPath.com