



PATIENT

Alex Woodbury

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

16 Years

WEIGHT

12.5 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ebersole

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Rudenberg/Dr. Friel

INVOICE

14088

DATE

10/30/21

PRESENTING CLINICAL SIGNS

History: Gallop rhythm and severe ascites. Suspect cardiomyopathy. Littermate was hyperthyroid with cardiac signs. Started on Lasix transdermal 5mg BID pending echo. Torbugesic 0.15mL IV for sedation.

Abnormal PE/Chem/CBC/UA Results: PE: BCS 2/9, muscle wasting, abdominal distension. No heart murmur audible, but gallop rhythm intermittently. T-4: 3.6, BUN 33, Creat 2.2, Amylast 1,212. Rest WNL. Abd tap: SG 1.022, Prot 200, pH 7.0, Bld 80

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	0.5	1.1	0.5	45%	--
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	1.33	1.33	--	--	.92	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

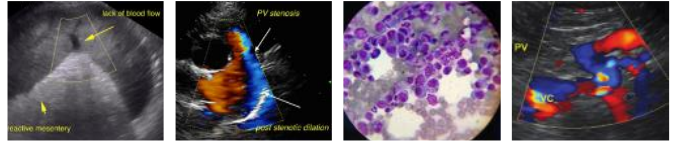
The cardiac presentation in this patient presented severe arrhythmogenic activity with normal left atrial volume. Septal free wall thicknesses were normal with adequate contractility. However, severe right sided enlargement and volume overload with tricuspid insufficiency present. RA Max was 2.06 m/s. Passive congestion pattern noted with the hepatic veins and vena cava with secondary ascites owing to right sided heart failure. Slight pericardial effusion was also noted.

ULTRASONOGRAPHIC FINDINGS

- Right sided heart failure
- Pericardial effusion

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cardiac presentation does not fall into any specific cardiomyopathy category. May represent a form of unclassified cardiomyopathy yet control of the arrhythmogenic activity, treating volume overload and preventing thromboembolic events should be the focus of therapy in this patient. I recommend Lasix at 6.25 mg BID with monitoring of azotemia and Pimobendan (off-label) at 0.3 mg per kg BID. Plavix therapy warranted as well as Ace-Inhibitor therapy at 0.5 mg per kg SID, possibly progressing to BID. However, prognosis is extremely guarded. The patient is at high risk for sudden death. Anti-arrhythmic therapy may be necessary based on EKG results; however, reduction of overall



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volume may improve the arrhythmogenic activity secondarily. Recheck echo in 1-2 weeks.

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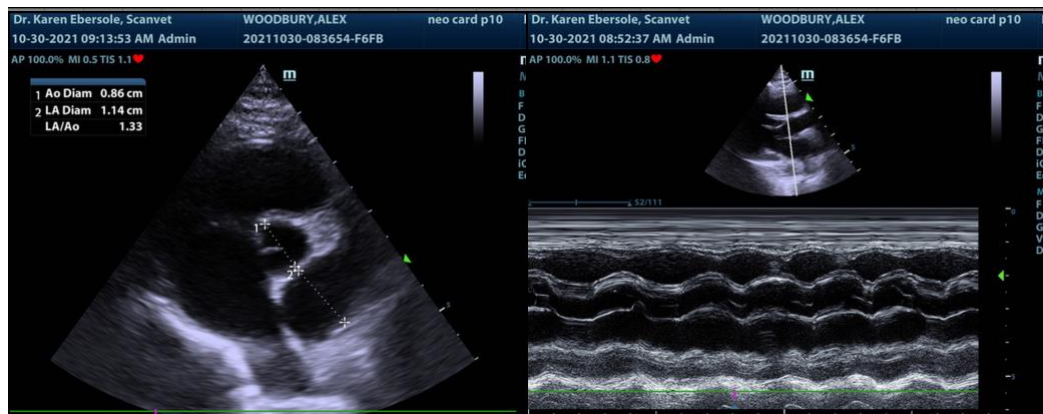
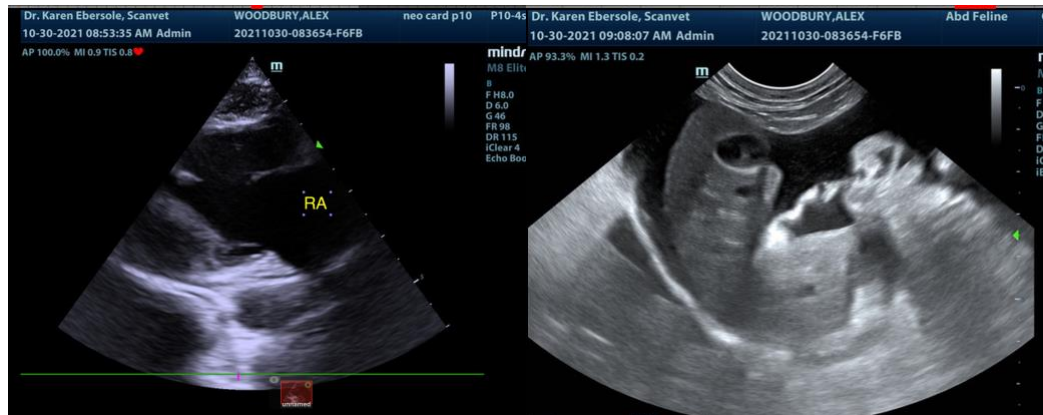
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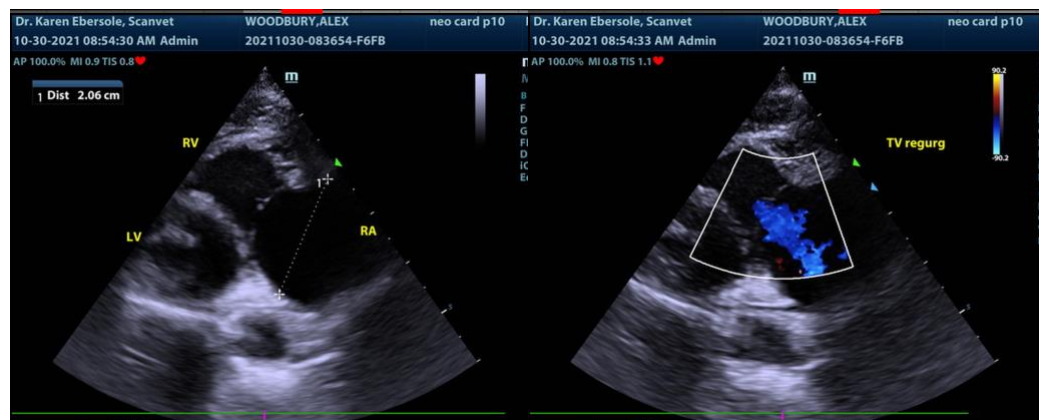
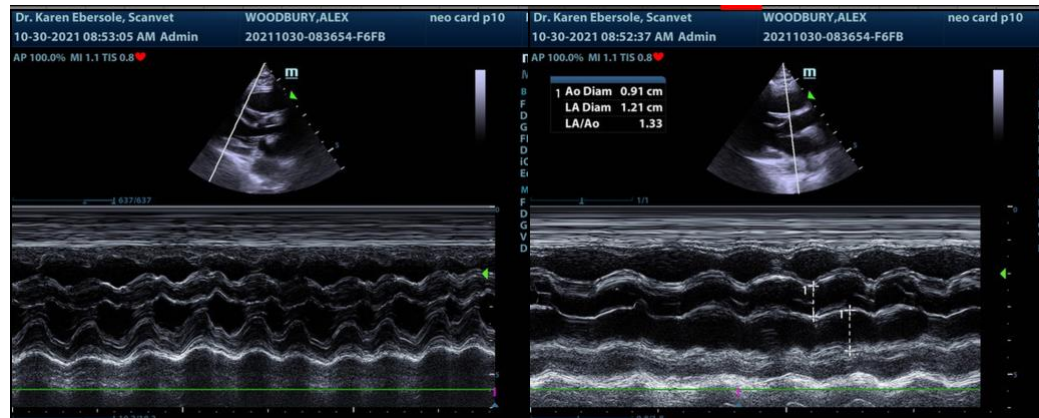
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com