



PATIENT PRESENTING CLINICAL SIGNS

Leet Kliesh Open mouth breathing, inappetence, raised trachea, PE, possible mass cranial to heart. Current meds: Gabapentin for echo.

SPECIES Abnormal PE/Chem/CBC/UA Results: Pending

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

BREED	FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm)	LVIDd (cm)	LVWd (cm)	FS (%)	EF (%)
DSH			150-240	0.3-0.6	1.0-2.1	0.25-0.6	35-67	80-100
SEX	NORMAL PARAMETER	-----	150-240	0.3-0.6	1.0-2.1	0.25-0.6	35-67	80-100
Neutered Male	PATIENT		265	0.43	2.03	0.43	15	34
AGE	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/)
16.5 Years								
WEIGHT	NORMAL PARAMETER	<1.5	0.88-1.79	0.7-1.7		<1.6	<1.3	40-60
12.1 Pounds	PATIENT	2.65	2.4			0.80	0.63	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								

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

ACC Flanders

REFERRING VET

Dr. Villari

INVOICE

42739

DATE

11/11/22

Cardiac Presentation

The cardiac presentation revealed severe volume overload of the left atrium and left ventricle as well as moderate volume overload of the right ventricle and right atrium. Aortic velocity is likely underestimated. Hepatic vein dilation noted. Pleural and pericardial effusion noted. Consistent with left- and right-sided heart failure. Septal and free wall thicknesses were measurably normal. However, contractility was significantly subnormal, consistent with myocardial insufficiency. "Smoke" noted in the left atrium, indicative of prothrombotic state.

ULTRASONOGRAPHIC FINDINGS

- Left- and right-sided heart failure
- Unclassified DCM type cardiomyopathy presentation

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Extremely guarded prognosis in this patient. Recommend quadrotherapy with Pimobendan off-label 0.3 mg/kg BID, Lasix 12.5 mg BID, diminishing gradually as respiratory rate diminishes, and also dependent upon hydration status. ACE inhibitor indicated at 0.5 mg/kg SID. Plavix therapy warranted as well. No masses noted. All of the thoracic presentation can be justified by cardiac failure. Underlying myocarditis cannot be completely ruled out. Prognosis is extremely guarded to poor long-term, depending on if the patient is able to stabilize over the next 48-72 hours. Cage rest recommended. Target respiratory rate of <25/min. Recheck echo in two weeks if the patient survives the immediate episode.



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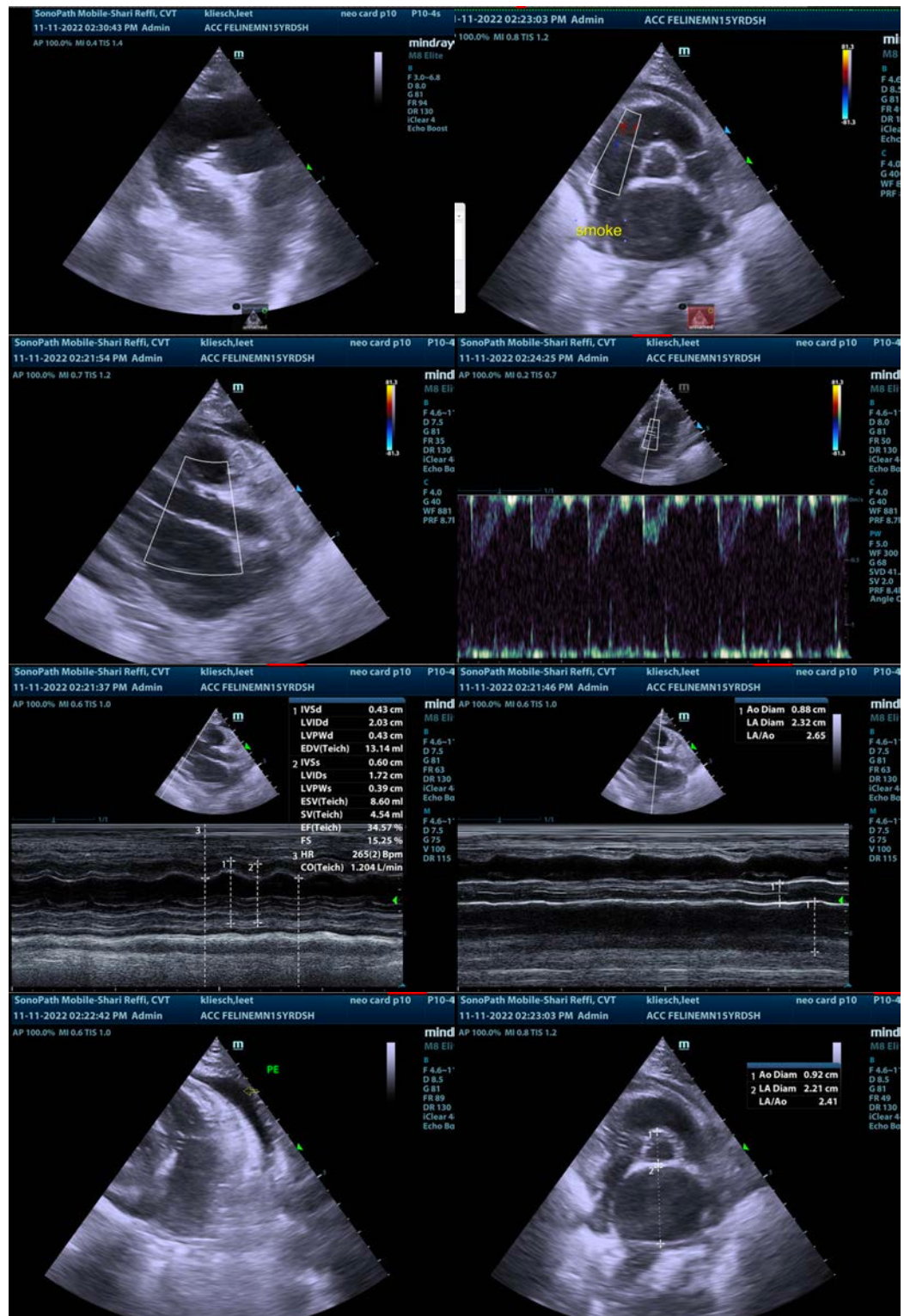
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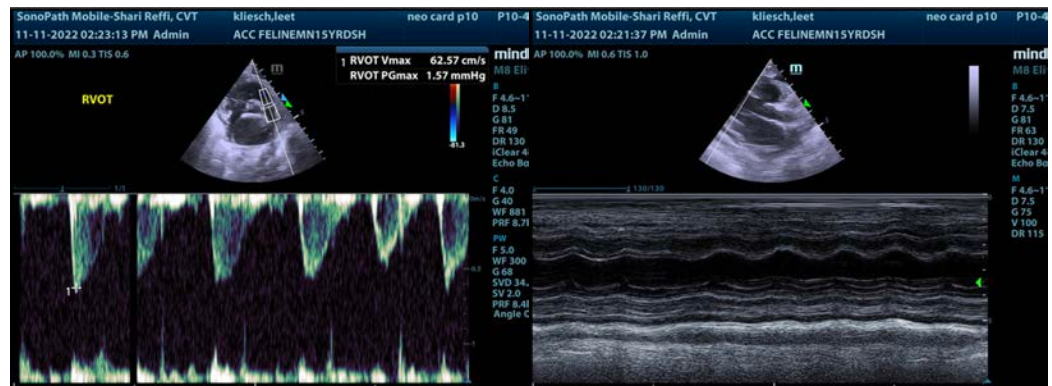
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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