



PATIENT PRESENTING CLINICAL SIGNS

Molly Hartley **General Appearance:** Depressed **Hydration:** Moderate dehydration **Eyes:** No exudate observed, no redness present **Ears:** No exudate observed, no redness present **Oral Cavity:** Tartar moderate **Nasal Cavity:** No obvious abnormalities observed **Cardiovascular:** Abnormal: Tachycardia with muffled heart sounds. Weak femoral pulses. mm = light pink, tacky, CRT = 2 sec TFAST: Moderate to large amount of pleural effusion, No pericardial effusion, Echo views no obtained. **Respiratory:** Abnormal: Tachypneic with abdominal respiratory effort. VetBLUE: 2-3 lung rockets in the middle lung fields bilaterally **Abdomen:** Abdomen distended and uncomfortable with suspected fluid wave. AFAST: 3/4 FAF score **Rectal:** Did not perform rectal exam **Musculoskeletal:** Normal ambulation **Integument:** Dull, unkempt hair coat, delayed skin turgor **Lymph Nodes:** Lymph nodes are all normal in size **Urogenital:** External genitalia appears normal; bladder palpates normally **Neurologic:** No apparent abnormalities

Abnormal PE/Chem/CBC/UA Results: Ddx bicavitary effusion: CHF, sepsis, neoplasia, viral injection - OPEN Discussed finding of bicavitary effusion with owner and the above differential list. Recommended keeping her in oxygen while performing diagnostics: bloodwork, thoracocentesis, abdominocentesis, radiographs, and fluid analysis. Heart Rate and Respiratory Rates 200 hr and 30 rr Blood Pressure Measurements upto Current Medications gabapentin 200mg given @8am

WEIGHT ULTRASONOGRAPHIC EXAMINATION OF THE HEART

4.73 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Wilvet South

REFERRING VET

Dr. Seyler

INVOICE

42928

DATE

11/23/22

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	0.52	1.66	0.4	60	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	1.2	1.25	1.7	1.0	0.90	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. Mitral insufficiency noted. 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**



PATIENT

Molly Hartley

SPECIES

Feline

BREED

DMH

SEX

Spayed Female

AGE

16 Years

WEIGHT

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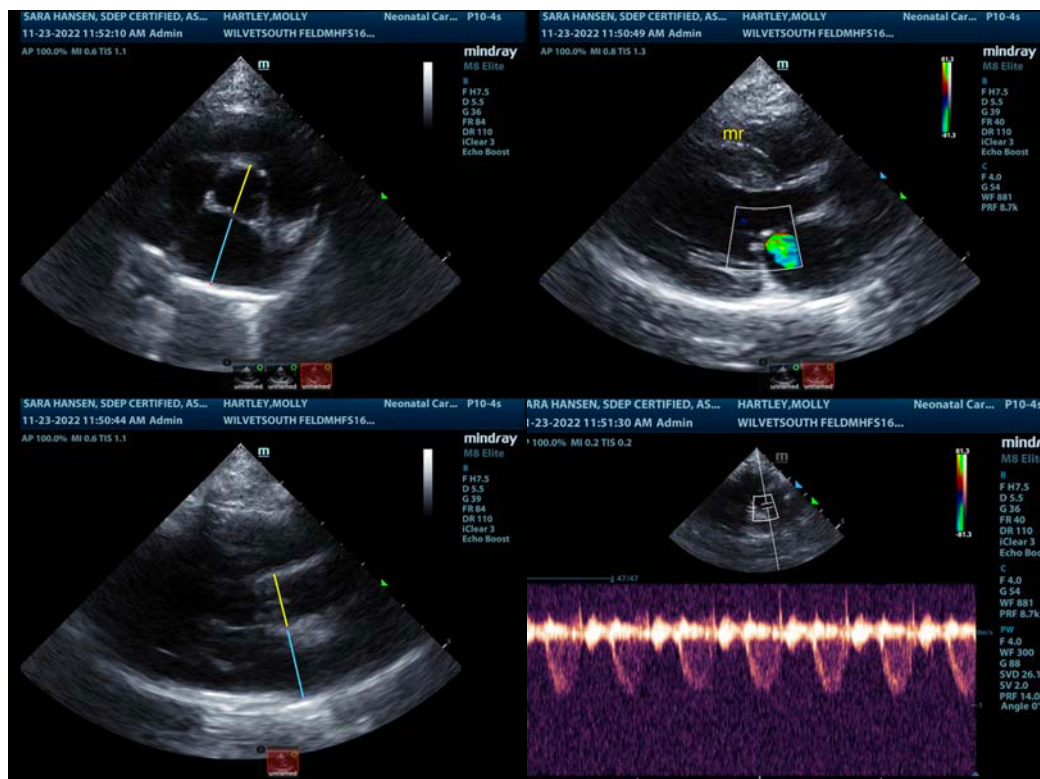
and auricle revealed normal size, structure and content. No evidence of masses was noted or chamber overload. Trivial **tricuspid** insufficiency noted at 1.6 m/sec. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. **Pulmonic** 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.

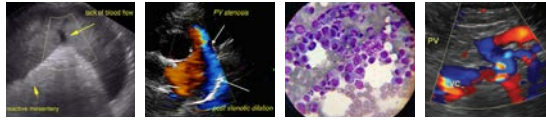
ULTRASONOGRAPHIC FINDINGS

- Compensated mitral and tricuspid insufficiency, structurally normal heart otherwise

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of cardiac failure. No pleural effusion noted during the exam. Abdominal sonogram recommended to assess for other pathology.





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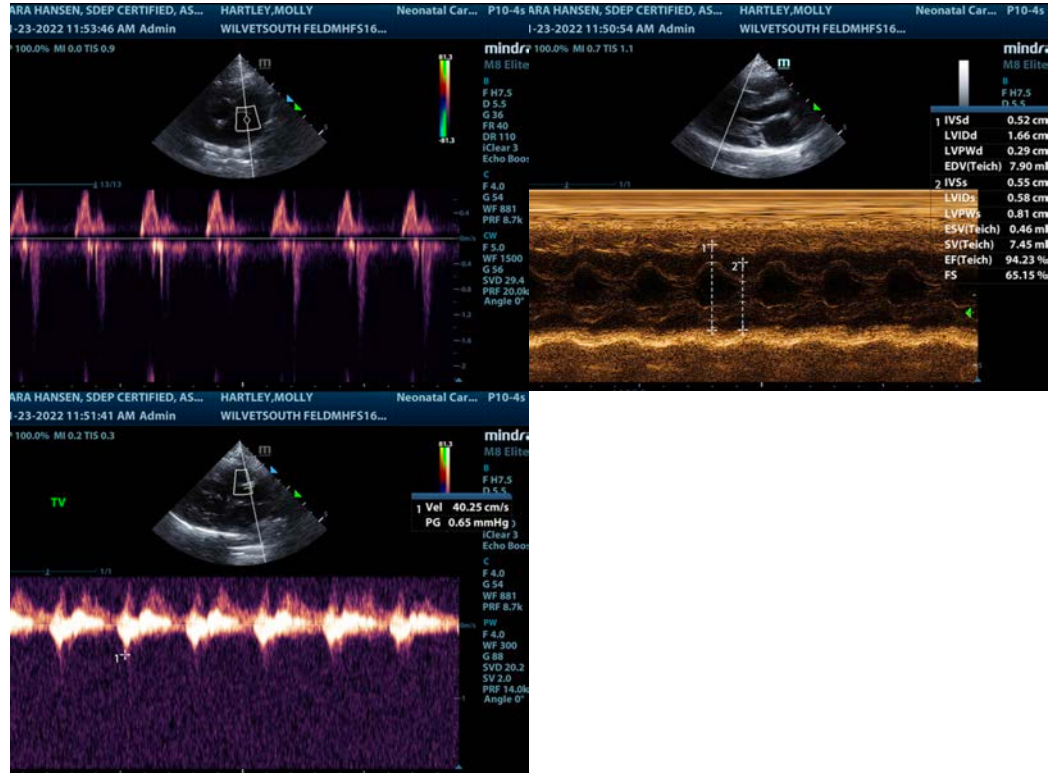
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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