



## PATIENT

Tuxedo Grenot

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

11 Years

## WEIGHT

14.12 Pounds

## PRESENTING CLINICAL SIGNS

History: Anorexic, arrhythmia, pulmonary effusion. No current meds.

Abnormal PE/Chem/CBC/UA Results: Elevated CPK

## ULTRASONOGRAPHIC EXAMINATION OF THE HEART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm)	LVIDd (cm)	LVWd (cm)	FS (%)	EF (%)
<b>NORMAL PARAMETER</b>	-----	150-240	0.3-0.6	1.0-2.1	0.25-0.6	35-67	80-100
<b>PATIENT</b>	--	220	0.38	1.43	0.56	28	58
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/)	
<b>NORMAL PARAMETER</b>	<1.5	0.88-1.79	0.7-1.7	<1.6	<1.3	40-60	
<b>PATIENT</b>	0.9	--	1.03	1.00	1.00	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

VCA Blirstown AH

## REFERRING VET

Dr. Clegg

## INVOICE

20231

## DATE

12/23/22

## Cardiac Presentation

The echocardiogram in this patient demonstrated subnormal **left atrial** size, if the patient has been given diuretics, this would explain the presentation. 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 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** 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). A large amount of thoracic fat was noted in this patient. No evidence of pleural effusion. B-lines were noted in the caudal lung field, likely indicative of alveolar disease.

## ULTRASONOGRAPHIC FINDINGS

- Normal echocardiogram with volume contraction
- Large amount of thoracic fat
- No evidence of pleural effusion.



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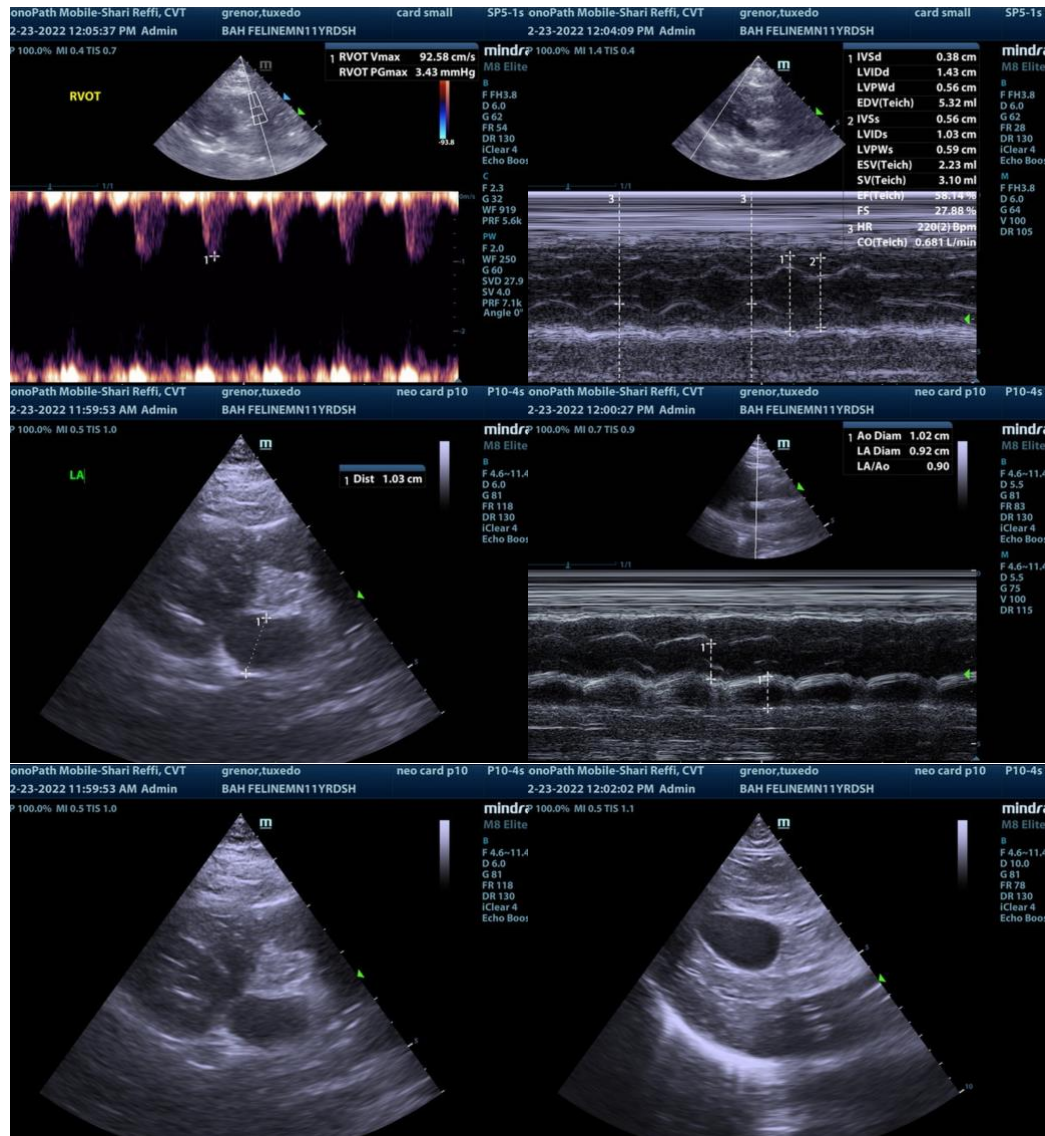
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

I recommend assessment of hydration status and volume restitution in this patient. The cause of anorexia is not evident in the thorax, unless pulmonary disease is an issue. There may be an arrhythmia, yet structurally and functionally the heart is normal, yet volume contracted. Abdominal sonogram is recommended to assess any comorbidities that may be playing a role.



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.



**PATIENT**

**Eric Lindquist**, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
info@SonoPath.com

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