



PATIENT

Ash Hassan

SPECIES

Feline

BREED

Persian Cross

SEX

Feline

AGE

3 years

WEIGHT

2.96 lbs

PRESENTING CLINICAL SIGNS

History: The patient was presented with dyspnea 2 days ago. Initial cage-side US exam showed enlarged LA. Feline proBNP was abnormal. Therapy for CHF was started and today the complete scan was done following the stabilization. Current average RR is between 25-30/min
 Abnormal PE/Chem/CBC/UA Results: Abnormal proBNP SNAP test result

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The **left atrium** was significantly enlarged in this patient with atrial septal deviation. **Mitral** valve insufficiency was noted with spontaneous contrast in the left atrium/smoke. The mitral insufficiency measured > 3.0 m/sec. The **left ventricle** revealed measurably normal septum and free wall. However, a false tendon or papillary dysplastic change was noted in the left ventricle. It appears to be connecting the septum to the free wall. **Myocardial** thinning was noted linked to a thrombotic event/infarct. **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** insufficiency was noted. 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.

INTERPRETED BY

Eric Lindquist, DMV
 DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Inam II haq

HOSPITAL NAME

City Veterinary Clinic

REFERRING VET

Dr. Inam II haq

INVOICE

42732

DATE

2/13/23

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	0.29	1.57	0.35	45	80
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	> 2.5	> 2.5				0.83	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							



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ULTRASONOGRAPHIC FINDINGS

Left ventricular papillary dysplasia with mitral and tricuspid insufficiency.

Myocardial bridging and remodeling. Papillary dysplasia, possible congenital form versus cardiomyopathy and myocardial infarct/aneurysm is likely.

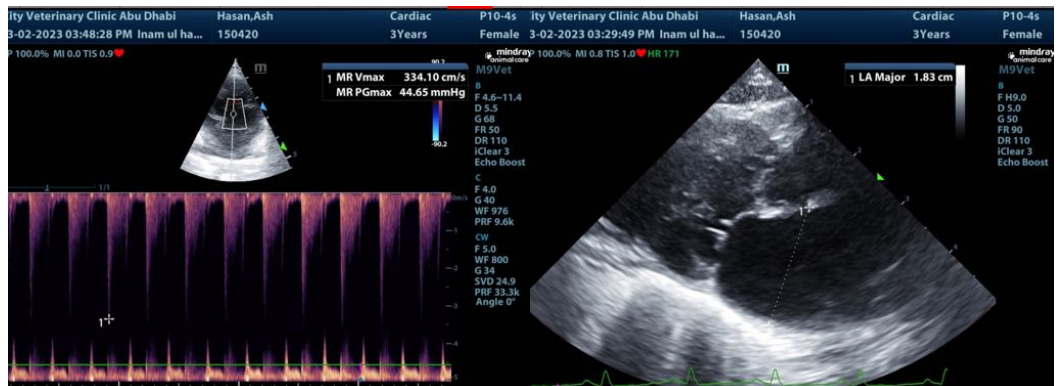
Mitral and tricuspid insufficiency.

Left atrial enlargement.

Left-sided heart failure.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The myocardial bridging in this patient may be congenital or a form of cardiomyopathy. I recommend continuation of Pimobendan and Spironolactone as well as Furosemide. If this is a Maine Coon I do not recommend Spironolactone as this is contraindicated in Maine Coon patient's. Ace inhibitor is also indicated at 0.5 mg/kg s.i.d. Plavix therapy is also recommended. The prognosis is guarded to poor depending on respiratory therapy. A recheck echocardiogram is recommended in 2 weeks. The patient is at high risk for sudden death/thromboembolic events. BUN, creatinine, urine specific gravity and blood pressure measurements as well as target respiratory rate < 25 should all be monitored.





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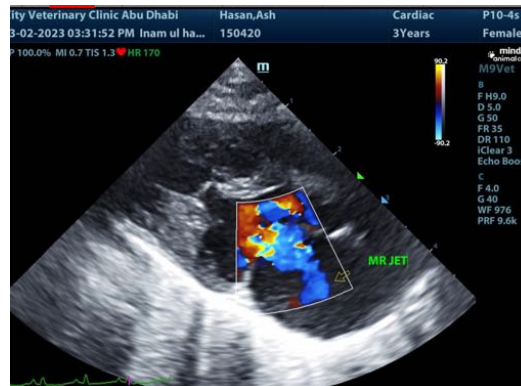
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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