


PATIENT

Chompy Edmonds

SPECIES

Feline

BREED

DMH

SEX

Spayed Female

AGE

5 Months

WEIGHT

2.47 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

 Dana Alterman,
 RDCS, LVT

HOSPITAL NAME

Eubank Animal Clinic

REFERRING VET

Dr. Rouse

INVOICE

45497

DATE

2/26/23

PRESENTING CLINICAL SIGNS

Presented to ER for not eating/ breathing issues/ lethargy /not acting like herself after falling. Diagnostic tests revealed pleural effusion and hepatic congestion and cardiomegaly. Thoracocentesis: 50ml grossly clear fluid removed from pleural space. rx: Furosemide 4mg/kg IV then 2mg/kg IV q4h + Pimobendan 0.3mg/kg PO TID BP: 71/55 mean 60

Abnormal PE/Chem/CBC/UA Results: i Ca 1, bun 39, K 4.3, Na 141, glu 222

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	0.2	2.3	0.26	Approx. 5	--
FELINE CARDIAC PARAMETERS	LA/AO (Boon)	LA/AO HEART BASE (Sisson)	LA 2D 4-chamber long axis AS to FW (Sisson) (cm)		LVOT VEL. (cm/s)	RVOT VEL. (cm/s)	IVRT (m/)
NORMAL PARAMETER	<1.5	0.88-1.79	0.7-1.7				40-60
PATIENT	2.0	2.2	1.5		6.0	21.0	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 heart presented 4-chamber severe volume overload and severe hypocontractility with minor pleural and pericardial effusion. The septal and free wall thicknesses were subnormal. The mitral valve was thickened. Complete lack of apposition of the tricuspid valve leaflets noted. Slight ascites noted as well.

ULTRASONOGRAPHIC FINDINGS

- Left- and right-sided heart failure owing to myocardial insufficiency, DCM type presentation

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Taurine deficiency and myocarditis may be playing a role in this patient. Recommend quadrotherapy, continuing Lasix at 6.25-12.5 mg BID, monitoring hydration and azotemia, as well as blood pressures, and Pimobendan off-label 0.3 mg/kg BID. ACE inhibitor could be considered at 0.5 mg/kg SID. Taurine levels and taurine supplementation warranted and assessment for infectious agents such as bartonella, toxoplasmosis, or regional infectious agents causing myocarditis. Plavix therapy should also be considered. This is a severe presentation. There is high risk for sudden death. No overt congenital defects noted in this patient. This appears to be all secondary to DMC type presentation. Prognosis is extremely guarded. Heat support also warranted to maintain body temperature >98.0. If the patient is able to survive this immediate crisis, recheck echocardiogram in approximately 10-14 days after further diagnostics have been achieved. The aortic velocity was approximately 60 cm/sec, however may be underestimated. Pulmonic velocity of 21 cm/sec is also likely underestimated.



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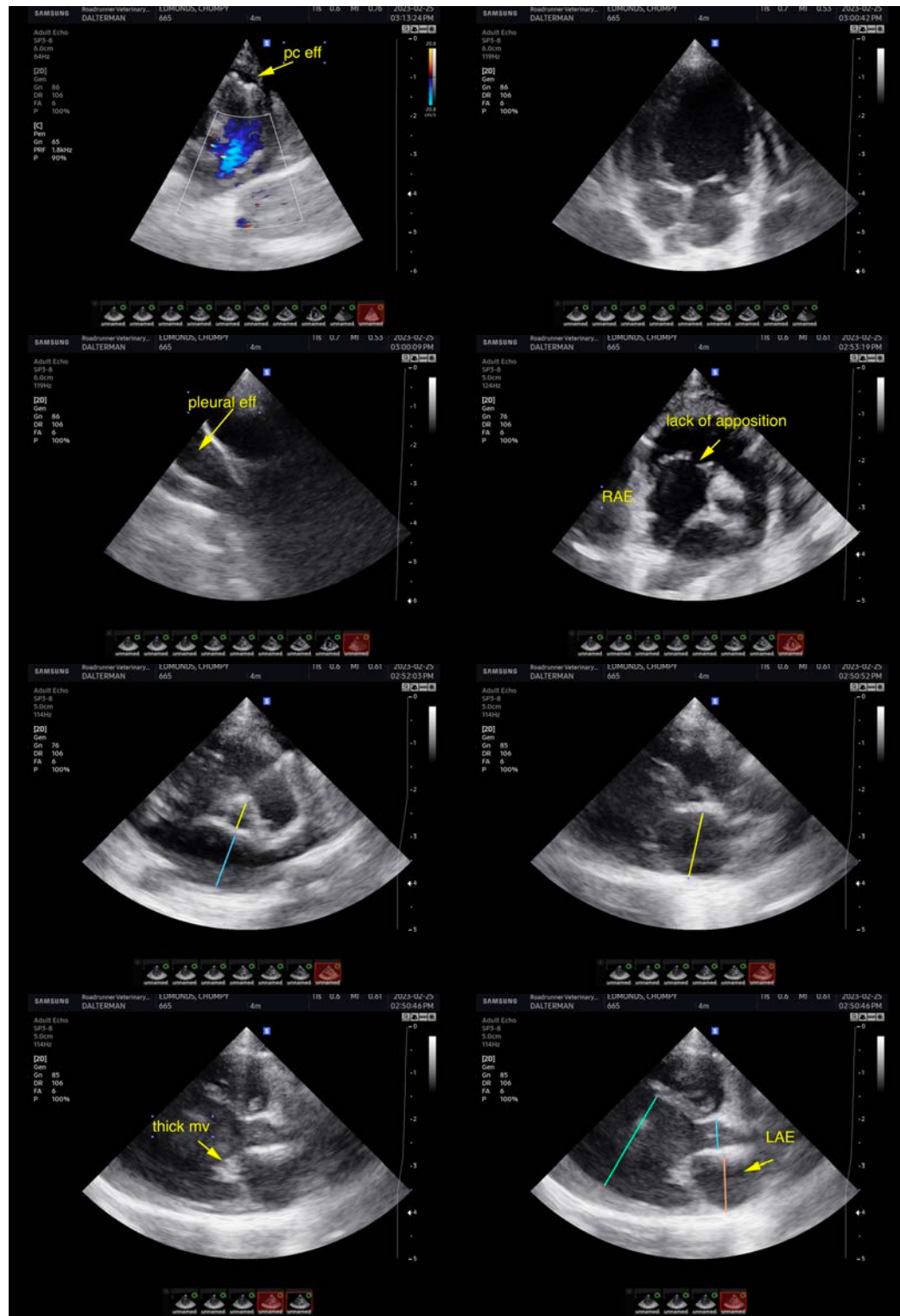
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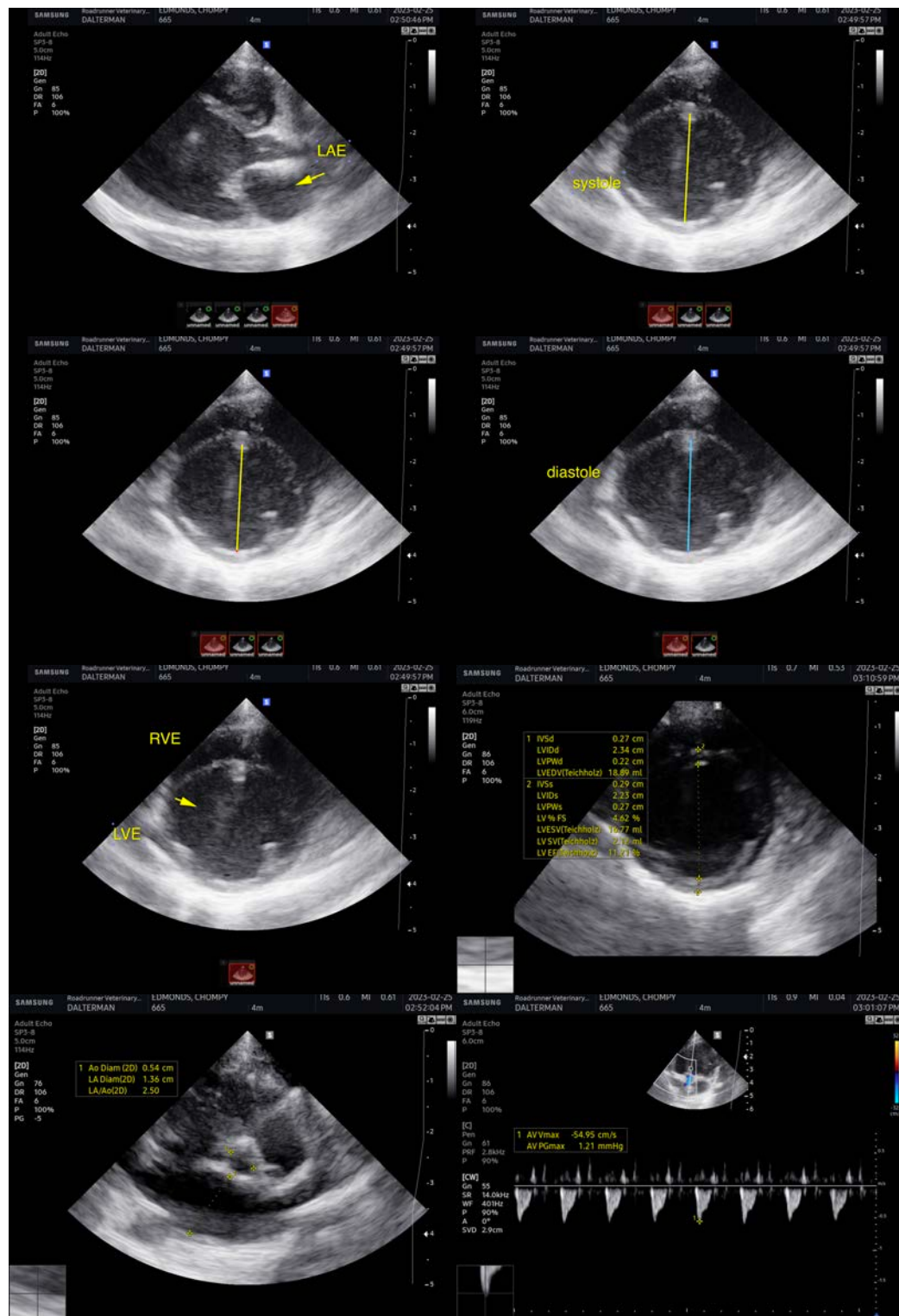
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@SonoPath.com